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

UIA U.5.11711 Ch# 3801

	NOTIFIC	ATION	OF AS	C 8:60 and 12	:120)		. / (1. 0			-
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Agencies Notified Type Notification										
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	(3)	1 PAG	95200 1		1					
Name of Facility Where Abatement is Taking Place	.,					chapter 8 (C	other than K-12) te & commercial but	dings,	home	es,
				5	D Suit	er (i.e. prival	6 8 001111101	Bldg. A	ae	
Street Address					Square	Feet	of Floors	8		
City (5) Ch	)				1210	00	being demolished)			
City (5) PLAIN FIELD NO	<u>) ·</u>	Coun	ty Code	(7)	Current	Use (Prior ii	10USE			
County (6)		(STAT	TE USE	ONLT)	Name of Abate	ment Contra	ctor (9)			
Name of Monitoring Firm Hired by Building Owner	r (8)	AS	CM No	•	NOVAI	Ech	INC			
Name of Monitoring Fifth Filed 3)					Street Address	()	14			
Street Address						) 0 . 1	The state of the s		17	
2fleet various					City, State, Zir	51000	N.D. C	188	51	
City, State, Zip Code			GTROMORES AN		The state of the s		License No.			
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Project Manager for Monitoring Firm		1	tion Da	te (11)	TALL OF OST	A Monnor	inc			
10 4 (40)	heduled	Comple	)	16	Name of OST	CCVI				
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	Is	Location	n					T	1	
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Location of Asbestos-Containing Material (ACM)	MA	intenan	ce/		rmal systems instruction of the contracting in the		SF or LF)	Removal	Repair	psula
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*		-	1	PIPE	INSULA	TION	41004	7	-	+
BASEMENT		-	K	111/5				+-	+-	+
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		1	NUDEP'	Maste T	Cubic Yards	Name	of Registered Landf	11		
Name of Registered Waste Hauler		1	-lauler I	D No.	of Waste		, R.O.W.S	- A		
NOVATECH INC			18	501	Disposal Date	City, S	State	PF	١.	
City, State	7	A 0 <	267	-	12/12/1	o Hun	RISUITE	Date	1.	T
OID BRIDGE NI	J. Title	70	021		Signature	(SAL	In evel of	11	11	1
Completed by AMEIDA	1100	1-106	51D	ENT	1 / 0	41784	1			ad z
CARIOS HITETOTI					* Do not	use this form	for asbestos licens	nte ex	empti	en o

### Check#2627

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

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DHSS	Amendment #  Emergency (includ	lina			n, NJ 07960		1.7	elephone Numb	er-	4.5
DCA (NJAC 5:23-8)	justification)	9	Nan	ne of Co	ontact		L	Cicpriant Entro		action 7
(NJAC 5.23-6)	Cancellation		Chri	s Deve	ereux					
			F	ACILIT	Y INFORMATION					
ame of Facility Where At	natement is Taking Pla	ace (3)				Type of F				
	Jatement to Tanning					School	anter 2 (	Other than K-1 2)		
vate house						Other	(i.e., priv	ate and commer	cial buildi	ngs,
reet Address						home	es, etc.)			
			4177			Square F	eet	# of Floors	Bldg.	Age
ty (5)										
orristown, NJ 07960			TC	ounty Co	de (7) (STATE USE ONLY)	Current	Use (Prio	r if being demolis	shed)	
ounty (6)			10	ounty oo						
orris	0	701	1000	DAA Mo	Name of Abaten	nent Contra	actor (9)			
lame of Monitoring Firm	Hired by Building Ow	ner (8)	ASI	CM No.						
					Gr Tech LLC Street Address					
Street Address						#283				
					576 Valley Rd City, State, Zip	Code				
City, State, Zip Code										
					Wayne, NJ 07-	+70		License No.		
Project Manager for Mor	nitoring Firm	T	eleph	one No.	4			01127		
		1								
					973-638-1777	Monitor		01127		
Start Date (10)		led Com	pletio	n Date	(11) Name of OSHA	Monitor		01127		
Start Date (10)		iled Com	ipletio	n Date	(11) Name of OSHA  Envirovision (	Monitor Consultan	ts,Inc	0112		
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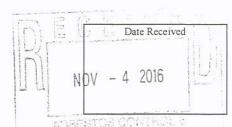
#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Databar 21 20	16			Name of Building					<u> </u>	111	10		
	October 31, 20					Ronal	d Schneider	American Street of Street Stre	market and the	50	64			
Agencies Notified  X EPA	Type of Notific				Street Address			INEG	7	W		1771		
DEP		al Notifi	cation otification						ACCUPATION OF THE PARTY OF	LANGE PARTY.	eraning (			
[x] DOL	1 20 M Ye	endment			City, State, Zip Co									
			including			Param	nus, NJ 07652	III NOV	- 4	2016	-	المسا		
[x] DOH		ification) cellation			Name of Contact			Telephone Numbe	r	11		- 1		
[ ] DCA	[ ] Can	cellation			Ronal	d Schneid	der	L Asserbit	15 UU	TTERT.	en Ex	2		
				FAC	CILITY INFORM	IATION			JENSI		and the f			
Name of Facility Where Ab		g Place (3	3)				Type of Facility (	(4)						
	idence						[ ]	School (k-12)						
Street Address			1				[ ]	Subchapter 8 (c				1220		
							[x]	Other (i.e., priv homes, etc.)	ate & co	ommero	ial buil	dings,		
City		Coun	ty (6)		County Code (7)		Square feet	# of Floors	Bld	lg. Age				
I D Turn					(STATE USE ONL	Y)	900 sf	1	0.0		60			
LB Twp.		Ocea	an				and the second of the second o	or if being demolished dence	1)					
Name of Monitoring Firm I	Hired by Building	Owner (	8)		ASCM No.	Name of	Abatement Contract							
N/A	<u> </u>							dian Contracting	, Inc.					
Street Address						Street Ad		D . 0 W . 6						
City, State, Zip Code						City Stat	e, Zip Code	Route 9, Unit 6	1					
1 1 200 (100 (100 (100 (100 (100 (100 (1						City, Stat		s River, New Jer	sev 08	755-1	271			
Project Manager for Monito	ring Firm		Telephone	Number			e Number	License 1	Number		-/1			
Scheduled Start Date (10)			Scheduled (	Completi	on Date (11)	732-349	9-9932 OSHA Monitor	00624						
11/10/16			11/11/		on Date (11)	Name of		S.L. Analytical						
Occupancy Status During A						Street Ad		o.b. I mary trous						
	ity Closed/Vacated						1056	Stelton Road						
F 3	ement Performed r – Describe	Outside (	of Normal Fa	icility Ho	urs	City, State	e, Zip Code							
[ ] Other	- Describe							taway, New Jers	ey 088	354				
Scope of Work (Check all th	nat apply)	==//				[ ]	Full Containme	ent with Negative Pre	ssure					
2 3						[ ]	Mini-Enclosure							
0 0	or ≥3 If		[ ]	Renovat		[ ]	Glovebag Proce	edure						
[X] ≥160	sf or ≥260 lf		[ x ]	Demolit	ion	[ x ]	Non-Exempted	(*) and Non-Friable	Procedu	ire				
									Abat	tement '	Гуре			
			Is Location		]	Description	n of					Ī.		
Location of Asbestos-Containing Ma		N	Normally us			estos-Cont		Amount	R	R E	E N	E N		
TO BE ABAT		Main	Solely by tenance/Cu			faterial (A) , thermal s		(Specify SF	M	P	C	C		
in facility		17,44111	Staff	stodiai		lation, sur		or LF)	0	A	A P	L		
(13)			(12)			VAT, or			V	R	S	S		
					othe	r miscella			A		U	U		
		YES	NO	N/A					L		L E	R E		
Exterior			X		Asbestos sidin	2 & transi	ite skirt	900 sf	X					
						9		700 51	71					
												-		
		-							+					
Name of Registered Waste H	auler	IN	JDEP Waste	Hauler I	D No. Cubic Yar	ds of Waste	Name of Regis	stered Landfill						
Guardian Con				)223	3	and traste	T.R.R.F.	secon Bandini						
City, State	T T.			Disposa		City, Stat	e			-				
Toms River, N Completed by (Print or Type)		Title		11/14/	716 Signature	Tullyto	wn, Pennsylvan	ja	T-					
Nicholas Ferni			ct Manage	r	Signature	_ /	1.1		Date 10/3	31/201	6			
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	1		10/3	1/201	J			

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





Opera	ntor Project #:	Postmark:		Notification	on: AGBESTOS V	) (17 . 1 %	an Lagrania
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - C	ancelled):	0	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contractor	r and other o	operator)				
	OWNER NAME: Ronald Schnei	der					
	Address:						
	City: Paramus State:	New Jer	rsey	Zip:	07652		
	Contact: Ronald Schneider			Tel:			
	REMOVAL CONTRACTOR: Guardian Cont	racting, In	ıc.		NJ License: 00624	1	
	Address: 1889 Route 9,	Unit 61					
	City: Toms River State:	New Jer	rsey	Zip:	08755		
	Contact: Nicholas Ferni	cola		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	E - Emergency Re	novation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a	nd floor or re	oom number)				
	Building Name: Residence						
	Address: 8 W Rosemma Avenue						
	City: LB Twp. State:	New Jer	rsey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 900 sf # of Floo	rs:	1	Age in Ye	ars: 60		
	Present Use: Residence		Prior Use:	Residenc			
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AI	PPROPRIAT	E, USED TO DETEC	T THE PRES	ENCE OF ASBESTOS MATER	IAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:						riable
	Regulated ACM to be removed		RACM		LOCATION		Material To Be
	Category I ACM not removed     Category II ACM not removed		To Be Removed		LOCATION		noved
	Pipes (Linear feet):					Cat I	Cat II
	* 1	40.1	.1	1.			
	Surface Area (Square feet): 900 sf	Asbesto	s siding & transit	e skirt	Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	11/10/1	6	Complete: 11/	11/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

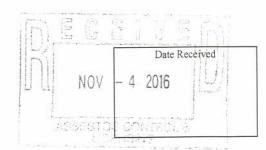
X.	DESCRIPTION OF PLANNED DEMOLITION (	R RENOVATION W	ORK, AND METHOD(S)	TO BE USED	CELVERN
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONT	TROLS TO BE USED TO	PREVENT EMISSIONS OF	ASBESTOS AZONE DEMOLITION
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be pla	e roped off with caution t ced in double 6 mil. Bags	ape and warning signs. Plastic , sealed and labeled and placed	sheeting will be placed on the g	sal.
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	, Inc.		
	Address: 188	9 Route 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nic	nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:		70		
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	R.F.			
	Location: Bor	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	ASE IDENTIFY THE AGE	NCY BELOW AND ATTA	CH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	n (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	ons or would cause eq	uipment damage or an unre	easonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE	OWED IN THE EVE D, PULVERIZED, OF	NT THAT UNEXPECTED R REDUCED TO POWDE	ASBESTOS IS FOUND C	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND EVAVAILABLE FOR INSPECTION DURING NOR	IDENCE THAT THE	REQUIRED TRAINING	HAS BEEN ACCOMPLISH	ART M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner)	(Operator)	October 31, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		// 1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/	Operator)	October 31, 2016 (Date)

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	October 28, 2016			N	Name of	Building O	wner/Oper DS Bu			2	0 0	64	2	
Agencies Notified  [ X ] EPA	Type of Notification		on	S	Street Ad	dress	8 Gefe	n Dr	rive	D) E C				1
DEP X DOL	Amend	led Notific Iment # ency (incl		(	City, Stat	e, Zip Code		ood,	, NJ 08701	NOV NOV	- 4	201	6	
[x] DOH [] DCA	justific [ ] Cancel	ation)	11,		Name of	Danny	Snyder		Tel	ephone Number	OU U	- , za 7 T T T		
		1 (2)		FACIL	ITY I	NFORM	ATION	Tym	be of Facility (4)	1	en en en en en	21) 4 L.	ar and the	20,240,00
	sidence	lace (3)						171	[ ]	School (k-12) Subchapter 8 (oth				
Street Address										Other (i.e., private homes, etc.)	& com	mercia	l buildir	ngs,
City		County (	6)		ounty Co	ode (7) JSE ONLY	·)		uare feet 800 sf	# of Floors	Bldg.	Age 6(	)	
Lakewood		Ocean							rrent Use (Prior if b Residence	e				
Name of Monitoring Firm N/A		wner (8)		A	SCM N	0.	Name of	Abate	ement Contractor (9 Guardiar	Contracting,	Inc.			
Street Address	•						Street Ac		1889 Ro	ute 9, Unit 61				
City, State, Zip Code							City, Star		Toms Ri	ver, New Jerse		55-12	71	
Project Manager for Monit	oring Firm		elephone Nu				Telephor 732-34	9-99	932	License N 00624	umber			
Scheduled Start Date (10) 11/9/16			11/10/16		Date (1	1)	Street Ac	CONTRACTOR OF THE		. Analytical				
[ ] Aba	Abatement (Check of ility Closed/Vacated tement Performed C er – Describe	During E					City, Sta		1056 Ste	elton Road vay, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[ ]		Full Containment v Mini-Enclosure	vith Negative Pres	sure			
L J	sf or ≥3 lf 60 sf or ≥260 lf			Renovation Demolition			[ ] [x]	ĺ	Glovebag Procedur Non-Exempted (*)		Procedu	re		
[7]											Abat	ement 7	`ype	
Location Asbestos-Containing N TO BE ABA in facilit (13)	Material (ACM) ATED	No	s Location ormally use Solely by enance/Cus Staff (12)	:d		Ast N (i.e. inst	Description bestos-Conflaterial (A Anterial (A Anterial (A Anterial (A VAT, A Ber miscell	ntain ACM syste irfaci or	ing () ems ing,	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 house			X		Asbe	stos sidir	ng			700 sf	X			
											-			
Name of Registered Waste	Hauler ontracting, Inc.	N.	JDEP Waste	Hauler I	D No.	Cubic Ya	ards of Was	ste	Name of Register T.R.R.F.	red Landfill				
City, State			20	Disposa 11/11/			City, S		n, Pennsylvania					
Completed by (Print or Ty Nicholas Fe	r, New Jersey  pe)  micola	Title Proiec	t Manage		Signat	ure	Tuny	LO 111	/ / · · · · · · · · · · · · · · · · · ·	1	Date 10/2	28/16		
	· ·	25-1-20 M			for asb	estos licer	nsure exe	mpte	d activities.					

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



#### DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Po	ostmark:	Notificati	on:		
I. TYPE OF NOTIFICATION (O - Original R - Revi	ised C - Car	ncelled): O	II.	IS ASBESTOS PRESENT? (Y	res/No):	Y
III. FACILITY INFORMATION (identify owner, remov	val contractor	and other operator)				
OWNER NAME: DS B	uilders					
Address: 8 Gefen Drive						
City: Lakewood	State:	New Jersey	Zip:	08701		
Contact: Danny Snyder			Tel:	732-600-8065		
REMOVAL CONTRACTOR: Guard	dian Contra	acting, Inc.		NJ License: 0062	4	
Address: 1889	Route 9, U	Jnit 61				
City: Toms River	State:	New Jersey	Zip:	08755		
Contact: Niche	olas Fernic	ola	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 E - Emergency R	enovation):	D		
V. FACILITY DESCRIPTION (Including building name	ne, number ar	d floor or room number)				
Building Name: Residence						
Address: 1417 Tanglew	vood Lane					
City: Lakewood	State:	New Jersey	County:	Ocean		
Site Location: Exterior						
Building Size: 800 sf	# of Floor	rs: 1	Age in Y	ears: 60		
Present Use: Residence		Prior Use:	Residen	ice		
VI. PROCEDURE, INCLUDING ANALYTICAL MET	THOD, IF AP	PROPRIATE, USED TO DETI	ECT THE PRE	SENCE OF ASBESTOS MATE	ERIAL:	
20						
IS MATERIAL ASSUMED TO BE ASBESTOS?	G				Non	friable
VII. APPROXIMATE AMOUNT OF ASBESTOS INC.	LUDING:				Asbesto	s Material
Regulated ACM to be removed     Category I ACM not removed		RACM To Be		LOCATION		To Be noved
Category I ACM not removed     Category II ACM not removed		Removed			Cat I	Cat II
Pipes (Linear feet):						
Surface Area (Square feet): 700 sf		Asbestos siding		Exterior		
Sarana Variance services		30				
RACM Off Facility Component (Cubic feet):						
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/	DD/YY)	Start: 11/9/	16	Complete: 1	1/10/16	

## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

х.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WC	ORK, AND METHOD(S) TO	D BE USED  [D] E G E B V	
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE:				1
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed	oped off with caution ta d in double 6 mil. Bags,	pe and warning signs. Plastic si sealed and labeled and placed in	n a locked container for disposal 1000000	sol à
xii.	WASTE TRANSPORTER #1 Name: Guard	dian Contracting	, Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip: 08755	
	Contact Person: Nicho	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				F3
xiii.	WASTE DISPOSAL SITE Name: T.R.I	R.F.			
	Location: Bord	entown Road			
	City: Tullytown	State:	Pennsylvania	Zip: 19007	
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLE	ASE IDENTIFY THE AGE	NCY BELOW AND ATTACH COPY OF C	ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begi	n (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	equipment damage or an uni	reasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE	LOWED IN THE EV ED, PULVERIZED, (	VENT THAT UNEXPECTE OR REDUCED TO POWD!	D ASBESTOS IS FOUND OR PREVIOUSL ER	Y NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	RMAL BUSINESS H		vember 20, 1991)	BE ONSITE DURING PERSON WILL BE ber 28, 2016
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Own	16	(Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIO	N IS CORRECT.			20.0017
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u>er</u> _	(Signature of Own		(Date)

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

Check # 0494

Agencies Notified   Type Notification   Type	Date of Notification (1)				N	ame of E	Building Ow	ner/Ope	erator (	2)	Cri	ec.	1	0 1		1	
Agencies Notified   Park   Now   Part   Pa					E	BCSI Ir	nc				- OF THE PERSON				100	1	_
DDP					10000					1	$\mathbb{D}^{1}$		i de la constanta de la consta	- position and			
DOH	The state of the s		Amended		11233						In	MOV	- 4 2	016	1		
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)	X DOL				2.0	-		NJ					phone Nun	nher	1	-	
Name of Facility Where Abbatement is Taking Place (3) Residential House  Street Address  City (5) For Lee County Code (7) Code County Code (7) Code County Code (7) Code Code Contracting Inc County Code (7) Code Code Contracting Code Code Code Code Code Code Code Code	X DOH		justification)	loluding	N	ame of (	Contact								1		
Name of Facility Where Abatement is Taking Place (3) Residential House  Street Address  City (5) Fort Lee  County (6) Bergen  County (6) Bergen  County (6) Residential House  Resident	DCA		Cancellation					TATIO!	NI .		4.1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0000	THUL T	¥		
School (K-12)   School (K-1	15 - 116 - Mhos	a Abat	oment is Taking	Place (3)		FACIL	IIY INFOR	MATIO	N	Type o			Sales State Control	o seed to be the			
Square Feet	Residential Hous		ement is raking	1 1800 (0)						F 9	ubchanter 8	(Othe	r than K-12	2)			
County (6)   County Code (7)   County Code (7)   Current Use (Prior if being demolished)	Street Address									e	tc.)						,
County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) N/2 Street Address	City (5)											1000	110013		20		
Residential House   Resi	Fort Lee						. (2)					(C)	n demolis				-
Name of Monitoring Firm Hired by Building Owner (8)  n/a  Street Address n/a  City, State, Zip Code n/a  Project Manager for Monitoring Firm n/a  Project Manager for Monitoring Inc  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026									_				ig dome.	,			
n/a Harmony Contracting inc  Street Address n/a  City, State, Zip Code n/a  City, State, Zip Code n/a  City, State, Zip Code Garfield, NJ 07026  Telephone No. n/a  Name of SHA Monitor  Harmony Contracting Inc  Telephone No. n/a  Telephone No. n/a  Telephone No. n/a  Telephone No. n/a  Name of SHA Monitor  Harmony Contracting Inc  Telephone No. n/a  Street Address 360 Palisade Ave City. State, Zip Code Garfield, NJ 07026  Telephone No. n/a  Street Address 360 Palisade Ave City. State, Zip Code Garfield, NJ 07026  Telephone No. n/a  Street Address 360 Palisade Ave City. State, Zip Code Garfield, NJ 07026  Telephone No. n/a  Street Address 360 Palisade Ave City. State, Zip Code Garfield, NJ 07026  Telephone No. n/a  Street Address 360 Palisade Ave City. State No. Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous)  Nor License No. n/a  Telephone No. n/a  Street Address 360 Palisade Ave City. State Ase Telephone No. n/a  Telephone No. n/a  Street Address 3	Nergeri	irm Hir	ed by Building C	Owner (8)		ASCM	No.		Name	of Abat	ement Cont	ractor	(9)				
Street Address n/a  City, State, Zip Code n/a  Project Manager for Monitoring Firm n/a  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Screet Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Abatement Name of Ostha Monitoring Firm n/a  Project Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026  Project Abatement Name of Ostha Monitoring Firm Name of Ostha Monitoring Firm Name of Registered Landfill Name of Register			ou by building c														
10/2 State, Zip Code 10/2 City, State, Zip Code 10/2 Coupandy Status During Abatement (Check Only One) 11/10/16 Start Date (10) 11/14/16 Name of OSHA Monitor 11/14/16 Start Date (10) 11/14/16 Name of OSHA Monitor 11/14/16 Start Date (10) 11/14/16 Start Date (10) 11/14/16 Start Date (11) 11/14/16 Start Date	1								Street	Addres	S						
City, State, Zip Code n/a  Project Manager for Monitoring Firm n/a  Telephone No. n/a  Name of OSHA Monitor  Harmony Contracting Inc  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Telephone No. n/a  Name of OSHA Monitor  Harmony Contracting Inc  Telephone No. n/a  Telephone No. n/a  Name of Registered Masterial (ACM) Normally Used Solely by Maintenance/ Custodial Staff?  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill  Telephone No. n/a  Telephone No. n/a  Street Address 360 Palisade Ave City, State Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill  Row Solely Systems Name of Registered Landfill  GROWS Landfill  GROWS Landfill  GROWS Landfill  TBD  City, State Garfield, NJ  Completed by  Title  Signature  Title  Signature									360	Palisa	de Ave						
Project Manager for Monitoring Firm											A CONTRACTOR OF THE PARTY OF TH						
Project Manager for Monitoring Firm   Telephone No.   n/a   Stephone No.   973460.6026   01255							<u></u>			Supplied of the				1-			
Start Date (10)  Start Date (10)  11/10/16  Cocupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 if  ≥160 sf or ≥260 if  Expendition  Location of Asbestos-Containing Material (ACM) In Facility (13)  Interior  Name of Registered Waste Hauler Harmony Contracting Inc  Scheduled Completion Date (11)  11/11/16  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave  City, State, Zip Code Garfield, NJ 07026  Street Address 360 Palisade Ave City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip	Project Manager for M	Monitori	ing Firm				ne No.							NO.			
Start Date (10)  11/10/16  Coccupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Garfield, NJ 07026    Street Address 360 Pallisadde Ave City, State, Zip Code Garfield, NJ 07026    Scope of Work (Check All That Apply)   ≥ 3 sf or ≥3 if	n/a												01255			All E-S	
Occupancy Status During Abatement (Check Only One)    Street Address   Sa0 Pallisade Ave						pletion [	Date (11)					na Inc	;				
Scape of Work (Chosed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Scope of Work (Chock All That Apply)		-i A I	hatamant /Chao						7,100,000	2011-1 <b>5</b> 1		-					
Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 lf    Renovation   Demolition   Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*									360	Palisa	ade Ave						
Scope of Work (Check All That Apply)	Facility Closed/V	/acated	d During Entire I Outside of Norm	period of A	Hours	ent		t	City, S	State, Z	p Code						
Renovation   Demolition   Procedure   P	Other - Describe	e:	× = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =					-	Gar	field, l	NJ 07026						
Renovation   Demolition   Procedure   P	Scope of Work (Chec	k All T	hat Apply)														
Location of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A	≥3 sf or ≥3 lf			TERRIDA.						Mir	ni-Enclosure	e cedure					
Secretion of   Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A							1		Ŀ	× No	n-Exempted	(*) an	d Non-Fria	able Pro			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Harmony Contracting Inc  Name of Registered Waste Hauler Harmony Contracting Inc  City, State Garfield, NJ  Completed by  Title  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME of Registered Landfill  GROWS Landfill  City, State Garfield, NJ  Completed by  Tittle  Signature  Date 11/01/16				ls	Locat	ion											
Name of Registered Waste Hauler Harmony Contracting Inc  City, State Garfield, NJ  Completed by  NJDEP Waste Hauler ID No. 033137  Disposal Date TBD  Cubic Yards of Waste TBD  Name of Registered Landfill GROWS Landfill  City, State Morrisville, PA  Date 11/01/16	Asbestos-Contair TO BE In F	ABATI acility	aterial (ACM) ED	Use Ma Cust	d Sole intena todial ( (12)	ely by nce/ Staff?	Asbest (i.e.	os Cont thermal surfac	aining systen cing, V	Materia ns insul AT, or	ation,	(	Specify	Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Harmony Contracting Inc  City, State Garfield, NJ  Completed by  NJDEP Waste Hauler ID No. 033137  Disposal Date TBD  Date 11/01/16				Yes	No				VAT			5	00 SF	,			
Name of Registered Waste Hauler Harmony Contracting Inc  City, State Garfield, NJ  Completed by  Title  Hauler ID No. 033137  Of Waste TBD  Of Waste TBD  Of Waste TBD  City, State  Morrisville, PA  Date  11/01/16	Int	terior				X			VAI				00 01				
Name of Registered Waste Hauler Harmony Contracting Inc  City, State Garfield, NJ  Completed by  Title  Hauler ID No. 033137  Of Waste TBD  Of Waste TBD  Of Waste TBD  City, State  Morrisville, PA  Date  11/01/16							-							-			-
Name of Registered Waste Hauler Harmony Contracting Inc  City, State Garfield, NJ  Completed by  Title  Hauler ID No. 033137  Of Waste TBD  Of Waste TBD  Of Waste TBD  City, State  Morrisville, PA  Date  11/01/16																-	-
Name of Registered Waste Hauler Harmony Contracting Inc  City, State Garfield, NJ  Completed by  Title  Hauler ID No. 033137  Of Waste TBD  Of Waste TBD  Of Waste TBD  City, State  Morrisville, PA  Date  11/01/16									V		Nome	Pagic	ered I and	fill			
Harmony Contracting Inc  O33137  TBD  GROWS LandIII  City, State  Garfield, NJ  Completed by  Title  Disposal Date  TBD  City, State  Morrisville, PA  Date  11/01/16	Name of Registered	Waste	Hauler		1 1 2 2						0.0000000000000000000000000000000000000	-76-84- <del>7</del> 6-4					
City, State Garfield, NJ  TBD Morrisville, PA  Completed by Title  Signature  Date 11/01/16	Harmony Contra	ecting	Inc		0.25			TBD					matili				00 TO 10
Completed by  Title  Signature  11/01/16										te			PA			7.4	
Completed by 11/01/16				Title				18	Signatu	ıre	80						
	Tina Caporino				retar	y		1	in	LC	anone	no		11/01	/16		

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

				(Pursua	ant to N	JAC 8:60-7 and 12:12	20-7)		C	h#8	30	65	
Date of Notification (1	) 10/5/16					r/Operator (2) velopment Auth	ority						
					וכ שפו	velopinent Auth	ionly						_
Agencies Notified	Type of Notificat			Address est Sta	te St		-		P 0 11/1 17	i pro	1		
[x] EPA	[x] Initial			001 016	01.	•	) to the state of	MEG	E I V				
[] DEP	Notification	C		ate, Zip C			The state of the s	UIT	Name of Street, or other party of the street, or other party or ot	111	1		
[X] DOL	[] Amended		rent	on, NJ	0862	25-0990		M	- 4 2016		1		
[X] DOH	Notification [ ] emergency	1.1	ame o	of Contac	t			Telephone		- 1	7 1		-
[x] DCA		J	ame	s Sara	ceno		1	11-1		and the second	27.474		
	[] Cancellation	n				TY INFORMATION		ASSEST	OS CONTROL	5	- 1		_
Name of Facility When	re Abatement is Ta	king Pla	ce (3)		ACILI	TT INFORMATION	Type of F	Facility (4)	<u>CENSING</u>			_	_
Building 691		9	(-)					School (K-12) Subchapter 8 (O	ther than K-12)				
Street Address		77.72					- tĵ,	Other (i.e. private	and commercia	buildir	ngs,		
691 Highway 1								homes, etc.)					
City (5)		County	(6)		Too	ounty Code (7)	Square F 20000	eet # of F	loors Bl	dg. Ag	е		
North Brunswick	N.I.08902	Middl		,		TATE USE ONLY)	TO THE RESIDENCE OF THE PARTY O	Jse (Prior if being		00			-
							Office/wa	rehouse					_
Name of Monitoring Fi ATC Group Se		ng Owne		ASCM No 00098	0.	Name of Abatem			Convioso I	20			
Street Address	EI VICES, LLC			00098		Street Address	upiter E	nvironmental	Services, II	IC.	_	_	
3 Terri Lane, Su	ite 4						323 Chai	ngebridge Ro	ad. Suite 10	00			
City, State, Zip Code						City, State, Zip C			,	0.500			-
Burlington, NJ 0								ok, NJ 07058	8				
Project Manager for M	lonitoring Firm	0.0000000000000000000000000000000000000		Number		Telephone Numb		0700	License 1			-0	
John Lutz Scheduled Start Date	(10) Scher			9-8512 Date (11		Name of OSHA	973-575	-8700		0	085	02	_
11/14/			30/1		,			onmental La	boratories, I	LLC			
Occupancy Status Du	ring Abatement (Cl	heck onl	y one)	)		Street Address							-
	ed/Vacated During erformed Outside o					2	2333 Roi	ute 22W					
Desc	ribe:		i i doll	ity i louis		City, State, Zip C		11.07000					
[] Other – Desc	ribe: partially vacar	<u>nt</u>					Union, N	J 07083					
Scope of Work (Check	( all that apply)									-			
[] Demolition				[]	Renov	vation	[x] [1]	Full Containme Mini – Enclosu	ent with Negative are	e Press	sure		
[] ≥3 sf or ≥3 lf							[ ]	Glovebag Prod	edure				
[x] ≥160 sf or ≥2	260 If						[]	Non – Friable I	Procedure				
		1000	Loca	tion Used		Descr	ription of			Ab		men	1
Locatio			Solely	by		Asbestos -	- Containin	g	Amount	R	R	E	E
Asbestos – C Material (		100000000000000000000000000000000000000		ce/Cus ff (12)			al (ACM) mal systems		(Specify SF or LF)	E	E P	N	1
TO BE AB		toul	ai Old	11 (12)		insulation, s			SF ULF)	M	A	C A	1
In Faci		V	Ma	NI/A			iscellaneou			V	1	Р	(
(13)		Yes	No	N/A						A L	R	S	1
Main floor			X		Drywa	all joint compound,	duct insul	ation, VAT	2100 SF	×			
													_
													-
Name of Registered W	/aste Hauler			Waste	С	Subic Yards	Name o	f Registered Land	lfill				_
Jupiter Environm	nental Service	-0	uler II 04782		0	of Waste		ce Landfill					
City, State			J4182			30 Disposal Date	City, Sta	nte.			-		
Pine Brook, NJ					1,000	1/30/16	Taylo						
Completed By (Print or	г Туре)	Title				Signature		S4	Date				-
Pane Repic		Gen	eral	Manag	ger			10	10/5/	16			
R. // 1						17							_
B-41 N 95						₹.:							

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

CHECK# 9185

The state of the s	****	T Na	me of B	uilding O	wner/O	perator (	2)			6	G		W
Date of Notification (1)								MAN					
Agencies Natified Type Notification		St	reet Add	irèss					1000	NOV	_	1 2	016
EPA Initial Amended	^	C C	h, Cinto	, Zip Cod	9			110		1401		4 6	-1
DEP Amended Amendment	· }_	- 3	14. State	AUNE	- A]	.5	074	170					
Emergency (	ncluding	N	ame of C	Contact	*			-	Telephon-ASI	強eST	OS (	CON	TH
DOH justification Cancellation		name and the state of the		14		PAU	BE_						ŧ
Name of Facility Where Abatement is Taking	Place (3)		FACILI	TY INPO	RMATI	ON I	Type o	of Facility (4)	)				7
LESIDOVE	, , , , , , , , , , , , , , , , , , , ,					secured see		ichool (K-12	)				different de
Street Address						and temporal	S C	lubchapter E Wher (i.e. or	(Other than K-12 wate & commerci	!) al buildi	ngs, l	nomes	and the same
						atomorphic and a second	8	tc.) e Feet	# of Floors		dg. Ag		-
City (5)						ALL MITTERS AND	Squar	500	2				- Andrews
WAYNE.		To	ounty Co	ode (7)					r if being demotist	red)		-	
PASS AIC				SE ONLY)				9	DNTIAL.				- Total
Name of Monitoring Firm Hired by Building	Owner (8)	7	ASCM	No.		E		ement Cont					-
								ntracting	HIG.				_
Street Address							Addres Vreela	s ind Ave.					
City, State, Zip Code								p Code					
City, diate, 24 out						Midla	and Pa	ark, NJ					
Project Manager for Monitoring Firm		T	elephon	e No.			nane No )262-5		License N 00156	lo.			
0.	C-54-4	C6	loffor F	Into (111)		1 .		IA Monitor	100.00				_
Start Date (10) / 01/16	Scheduled / /	1/12	112	eases (11)					ital Services				
Occupancy Status During Abatement (Cher	k Only One	12	110	***********			Addres						
Facility Closed/Vacated During Entire	Period of Ab	ateme	ent			1	Huyle			-care representatives			
Abatement Performed Outside of Norm Other - Describe:	nal Facility I	Hours						ip Code ck, NJ 07	808				
Scope of Work (Check All That Apply)						Liau		On, 100 07					
Z ≥3 sf or ≥3 lf	M Re	novati	on			Second.	] Ful	I Containme	ent with Negative	Pressui	re		
2160 sf or ≥260 ff	PRETORE	molitic				Control of the Contro		ni-Enclosure svebag Proc					
						Donald	] No	n-Exempted	(°) and Non-Fria	ble Pro			
	- \$00 mm	ocatio						Analysis and the second	7	-		ement pe	
Location of Asbestos-Containing Material (ACM)		ormally Solety		åehae	Di	escription ntaining (	n of Material	LACM)	Amount			m	
TO BE ABATED		itenani idial Si		(i.e.	therma	il system	is insula	ation,	(Specify SF or LF)	Rer	N	nca	End
In Facility (13)		(12)	1			acing, V/ miscella		and the control of th	2. a r.)	Removal	Repair	ncapsulate	Enclosure
	Yes	No	N/A					POLICENTAR		-		ile	đ
BASEMENT				つい	PE	IA)C	N A	TION	60LF	1/			
DEMEN			-	- 11		77 9	UVOR	11010	000	1	Ì		
	Transition of the same of the							and the state of t		Name of the least	-		
	gelisti quasi							Name of the last o		-	-		
Name of Registered Waste Hauter	- Anna	N.	JDEP W	aste	Cubi	c Yards		Name of	Registered Landf	1	1	-	
Newark Carting , Inc.		2	auler ID 509	No.	08 AN	aste /		IESI PA	Bethlehem L	andfill	Cor	p.	
City, State		104			Disp	osal Date	5. 1	City, Stat					
Newark, NJ					141	04/11/6		Bethleh	em, PA				
Completed by	Title	)-a-:-			Constituent	Signatu	e A	t /_		ate /	0. 5	16	
Joseph Vocaturo	Vice F	resic	ent		-		1	- VO2		11	011	N	

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## State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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CHECK#	1	85
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	19C	(Pur	suant to	NJAC 8:50 at	rd 12:12	3)		F		f S	12	43	
Date of Hollification (1),		N	-	Building Owner			1,,,1			15		- I	
70 /29 16 Agencies Notified Type Notification		9	treet Ada	tu HON)	)	700	MAN		NOV	-	1 21	016	
1		)	0.00						MOA	4	÷ [-1	710	
EPA Initial DEP Amended		C		, Zip Code	2 who		1000						
DOL Amendment in Emergency (in		-		AUNE, M	ر. ل	074	10	ASB Telephone Num	EST(				
XI DOH justification)	11.51.52.50.22.564	10	legite of (	Contact	KLA	USE		7 10005010110 11011		.1-10,	711.47	4	
T South Shand		· Property	70.	TY INFORMA									
Name of Facility Where Abatement is Taking	Place (3)					ATTHEOR	of Facility (4						
LESIDENCE_						TT s	icheol (K-12 Jubchapter I	3 (Other than K-12	)				
Street Address							Ather (i.e. pr (c.)	ivate & commercia	il buildi	ngs, n	omes	i i	
City (5)							e Fest	# of Floors	Bk	dg. Ag	e K		
WAYNE							500	r if being demoäsh	orli	40	U		
County (6)			County C STATE U	ode (7) SE ONLY)		Currer		DNTING.	cuj				
VASSAIC.  Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.	Name	e of Abat	ement Con						
easte of worthoring , and those by					AM	IAC Co	ntracting	Inc.					
Street Address			-			Addres	s Ind Ave.						
						State, Zi				-		_	
City, State, Zip Code							ark, NJ						
Project Manager for Monitoring Firm		-	Telephor	e No.		phone No		License N 00156	0.			0.0.0.0	
•		d Cémplellon Date (11) Na				1)262-	IA Monitor	00100					
Stan Dage (10) PO-STPONED	Schedule	d Cam	niejion L	rate (11)	Om	e or Osr ega Er	vironmer	ital Services					
Occupancy Status During Abatement (Chec	k Only On	e)	<del></del>		Stree	et Addres	SS					-	
Facility Closed/Vacated During Entire F	Period of A	batem	ent		1	Huyle							
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours			80 50	State, Z	ip Code ck, NJ 07	606					
Scope of Work (Check All That Apply)				aparts		01101100							
7 ≥3 sf or ≥3 %	Ø R	enova	lon .					ent with Negative i	ressu	re			
2160 sf or ≥260 If		emoilt	ion			L GK	ni-Enclosure ovebag Prod	edure					
	1					L No	n-Exempter	i (°) and Non-Friat	ile Pro	cedure Abate			
		Locati Iormal				-	ristance		-	Ту			
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbestos C	Descripti ontaining	Materia	I (ACM)	Amount	+		m	m	
TO BE ABATED In Facility		odial S		(i.e. then	nal syste rfacing. \		ation,	(Specify SF or LF)	Removal	Repair	cap	Enclosure	
(13)	1	(12)	,	oth	er miscell	laneous)	Market Company		Javal	air	Encapsulate	Sure	
	Yes	No	N/A						١.,		40		
BASEMENT			V	PIPE	110	SULA	TION	60LF	V				
							2000						
	ATTOCATON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES		Name of the						-				
			sa) prime dia										
Name of Registered Waste Haufer			JDEP W lauler ID		bic Yards Maste			Registered Landfi Bethlehem L		Con	2		
Newark Carting , Inc.		0	4509	The second secon	1				ver 1 - 2 ( ( )				
City, State Newark, NJ				Dis	posal Da	المرق	City, State	e nem, PA					
Completed by	Title				Signat	ure .	<i>A</i>	~ ID	ate ;				
Joseph Vocaturo	Vice	Presi	dent		and the same	Constitution of the Consti	- 11/2	1 Cons	0/	1	16		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 0-29-2016 David Roeber Type Notification Agencies Notified Street Address Initial EPA City, State, Zip Code DEP Amended DOL Amendment# Haddon Emergency (including Telephone Number Name of Contact DOH justification) David Roeher DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hesidential Dwelling School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Haddon Heights 58yrs 1600SF County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. **Quality Environmental Concepts** None Quality Environmental Concepts Street Address Street Address 1053 North Tuckahoe Road 1053 North Tuckahoe Road City, State, Zip Code City, State, Zip Code Williamstown, New Jersey 08094 Williamstown, New Jersey 08094 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01086 Edward Knorr 856-629-1166 856-629-1166 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 11-08-2016 11-09-2016 Quality Environmental Concepts Occupancy Status During Abatement (Check Only One) Street Address 1053 North Tuckahoe Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other - Describe: Real Estate Transaction Owners

May be home
Scope of Work (Check All That Apply) City, State, Zip Code Williamstown, New Jersey 08094 ≥3 sf or ≥3 # Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 lf Demolition Mini-Ericlosure Glövebag Procedure Non-Exempted (\*) and Non-Friable Procedure **Abatement** Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No WA Passment 65 LF

Williamstown, New Jersey Completed by

City, State

Name of Registered Waste Hauler

Quality Environmental Concepts

Edward Knorr Vice President Disposal Date

rbu

Signature

Cubic Yards

of Waste

NIDEP Waste

Hauler ID No. .

19710

Name of Registered Landfill Salem County Landfill

City. State

Allowa

10-59-5014

## State of New Jersev

		NO	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											
Date of Notification (1)	2			(1.	Building Owner/C	perator	(2)	tod	9.80 F	C E		$\mathbb{V}$		
Agencies Notified  EPA DEP	Type Notification  Initial Amended			Street Add	dress e, Zip Code	-	1		No.	101	- 4	2016	3	
DOL DOH	Amendment #_ Emergency (in- justification)	cluding		Solame of 0	Contact	ity	, N	10	Telephone Num	STOS LICE	S CO	NTR NG	OL	
DCA	Cancellation	17			Uillian ITY INFORMATI	1								
Name of Facility Where A	batement is Taking I	Place (3)					Sch Sul	Facility (4 hool (K-1) bchapter her (i.e. p		) Il build	ings, l	nome	s,	
City (5)	City						Square		# of Floors	BI	dg. Ag			
County (6)	0.0			County C	ode (7) SE ONLY)				or if being demolish	ed)				
Name of Monitoring Firm	Hired by Building Ov	vner (8)		ASCM	No.		of Abater	ment Con	tractor (9)	Λ 0.c	<u></u>	) /	10	
Street Address	/A						Address	1	Abater Left Av	e e	]1		-0	
City, State, Zip Code		4				City S	tota Zin	Code	ek, NJ (	)8C	99			
Project Manager for Mon	itoring Firm		1	Γelephon	e No.	Teleph	none No.		License No	о.				
Start Date (10)	0	Scheduled	/11		Date (11)	Name	of OSHA		A					
Occupancy Status During	g Abatement (Check ated During Entire Pe	eriod of Al	batem	/ ent			Address	0-1-						
Other – Describe:		I Facility	Hours			City, S	State, Zip	Code	9					
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	II That Apply)		enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		100000	Location	50.000	_			Exemple	a ( ) and von i nas		Abate	ement		
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	d Solel ntenar odial S (12)	ly by nce/	Asbestos Cor (i.e. therma surfa		Material (/ is insulati AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
T./10.5		No	N/A	· ·	dia	21 /		1560 SF	X		0			
Exter	(04	X		5.0	dine			7360 01						
Name of Registered Wa	ste Hauler	NJDEP Waste Cubic Yards of Waste T & T						Registered Landfil		lr	e	+		
Timsfert City, State West C	Nee VIN		010		osal Date		City, Sta		P	A				
Completed by		Title	L Dotto								, 1,	2.0	, [	

2016

Completed by

Owner-Saseway

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

									In E	G [		`₩	
Date of Notification (1) 11/1/2016			Name of	Building		operator nble	(2)		TK .	ΩV	4	004	0
Agencies Notified Type Notification		1	Street A	ddress						U¥-	4	201	0
EPA Initial Amended Amendment	#		City, Sta	te, Zip Co	Lov	ve La	adie	es, NJ 08	008 ASBES	STOS	S CC	NTR	OL a
Emergency (injustification)		-	Name of	Contact	55-576				Telephone Num		.1401	7	
DCA Cancellation			EACI	LITY INFO	Sha				<u> </u>				
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITTINE	JKMAII	ON	Тур	e of Facility (4)					
Residence								School (K-12)					
Street Address							X	Other (i.e. prietc.)	(Other than K-12 vate & commercia	l build			
City (5) Love Ladies								1400 SF			ldg. A	9e 0+	
County (6) Ocean			County (	Code (7) JSE ONLY	)		Cur		if being demolish esidence	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	1 No.		Name Sa	of Ala	Nay Aba	actor (9) tement LL	С			
Street Address						Street 12	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ess Bartlett Av	/e				
City, State, Zip Code				1		City, S	tate, est	Zip Code Creek, N	NJ 08092				
Project Manager for Monitoring Firm		T	Telephor	ne No.		Teleph 60	one 9-	No. 276-0540	License No.	319	)		
Start Date (10) 11/16/2016	Scheduled 11	Com /17	pletion [7/201	Date (11)		Name	of OS	SHA Monitor	N/A				
Occupancy Status During Abatement (Check						Street	Addr	ess	B-11-Wa-marina				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:					City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)			1000										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	NORWEGO)	nova				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	Ι					<u> 1</u> 2	N	on-Exempted (	*) and Non-Friabl	1	Abate		
Location of	No	ocation rmall	ly		De	scription	of				Ту	ре	1
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)		tenar	staff?		thermal surfa	taining N systems cing, VA niscellar	s insu T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	-	No	N/A		0:1				4000 25			(0)	
Exterior		X			Sid	ing			1400 3F	X			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of Re	egistered Landfill				
Timster Trucking Inc		0.0000	auler ID 210	No.	of Was	ste	3D	Wa	ste Manag	gen	nen	t	
City, State West Creek, NJ	Disposal Date TBD City, State Tully				Tullytown	, P	A						
Completed by Amanda Mears	ner	r- Sat	feway	S	ignature	7		Dat	e	1/	16		

CK100								many of Afficial Property desirates	D)-	E G L	3	$\mathbb{V}$ :	握	40
Date of Notification (1) 11/1/2016		Ţ	Name o	f Building		Operator eg Ad		6	100 Maria 100 Ma	NOV	- 4	2016	1 H	IJ
Agencies Notified Type Notification  EPA Initial			Street A			<u> </u>			AS	BESTOS	s coi	NTRO	DL &	
DEP Amended Amendment Emergency		_	City, Sta	ate, Zip C	<sup>ode</sup> Wa	arren,	NJ	0705		LICE	ENSIN	IG_		
DOH justification)  DCA Cancellation			Name o	f Contact	Sha	iron			To	lanhono Ni	mhar			į.
Name of Facility Where Abatement is Takin Residence	g Place (3)		FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)					
Street Address								School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	er than K- & commerc	12) cial bui	ldings	, hom	ies,
City (5)  Barnegat Light								re Feet 1890 S	3H	f Floors 2	- 17	Bldg.	36	
County (6) Ocean			(STATE	Code (7) USE ONLY	n				Resi	ing demolis dence				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/ No.		Sa	feV		ontractor oaten	nent Ll	_C			
Street Address							3 Ba	artlett .	Ave					11
City, State, Zip Code						We	est		, NJ	08092				
Project Manager for Monitoring Firm			Telepho			Teleph 60	one N )9-2	°. 76-05	40	License 1	%. 1319	9		
Start Date (10) 11/14/2016	11	/15	Completion Date (11) /15/2016				of OSI	HA Monito	N/	Ά		(80)		
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Aba	atem												
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Rer X Der	novati	ion on			X	Mir	ni-Enclosur vebag Pro	re ocedure	Negative			e	
		catio	3557.0							2 11011 1 1101		Abate	ement pe	ŧ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely enan	y by ce/		tos Cont thermal surfac	scription taining M systems cing, VAT niscelland	aterial insula , or		(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
Exterior	Yes No					ina			10	00.00	-  -	_	ite	Ф
EXTEND		X			Sidi	irig			10	90 SF	X			
Name of Registered Waste Hauler Timster Trucking Inc		NJDEP Waste Cubic Y Hauler ID No. of Wast				D			red Landfil Mana		nen	t		
City, State West Creek, NJ		-			Dispos	al Date TB	D	City, Sta	te Tu	llytow	n, P.	A		
Completed by Amanda Mears	ted by Title									Da	ate	1	16	

			Sta	te of N	New J	ersey			Check #	1572	24				
						TOS ABATEMENT 7 and 12:120-7)		100-1	E C	G		<i>[</i> ]			
Date of Notification	n (1)	(Fursu				Owner/Operator		115							
11/1/2016					_	rillo		Commence of the commence of th	NOV	- 4	20	116			
Agencies Notified	Type Notificat	tion	Stree	t Addre	ss			The same of the sa							
[ ]EPA	[ ]Initial							1 1	DECTO	0.00	7817	001			
[ ]DEP	Notifica	tion	City.	State,	Zip	Code		AS	BESTO	ENS					
	[ ]Amended		(A)			y,NJ,07306	5	ž.	110	-140	11 11 11				
[X]DOL	Notifica	tion			-	2 / /									
[X]DOH	[X] EMERGENCY	.	Application of	of Cont			Telephor	ne Number	-						
[ ]DCA	[ ]Cancellat		Ang	gela	Pet	rillo	-	2	4						
				FACII	ITY I	INFORMATION									
Name of Facility Who		s Taki	ng Pla	ce (3)			Type of Facil	ity (4)							
Angela Petri	110						[ ]School	(K-12)							
Street Address								ter 8 (Othe							
Street Address								i.e., priva homes, etc		mmer	cial	i i			
										J = 7					
City (5)	6	ounty	(6)		Cou	nty Code (7)	Square Feet	# of Floo	IS BI	dg. 1 86	ige				
Jersey City		Ess			1777	ATE USE ONLY)		2			11				
octocy crty		200	CA			1992	Current Use (	Prior ii be	ing der	OLIS.	nea)	į.			
Name of Monitoring I	Firm hirod by E	nildin	~ 7.00	M No.		Name of Abato	ment Contracto	~ (0)				-			
Owner (8)	errm nired by E	bullulli	g Asc	M NO.											
N/A						AZTECH MANAGEMENT, Inc.									
Street Address						Street Addres									
						86 Chris	topher St								
City, State, Zip Cod	de					City, State,	Zip Code								
						Montclai	r, NJ 070	42							
Project Manager for	Monitoring Fir	m Te	lenhon	e Numbe	· · ·	Telephone Num	her	т.	icense	Numb	or				
rioject Manager Ioi	Monitoring Fir		N/A	e numbe		(973) 744		ľ	0037		CI				
									0007						
Scheduled Start Date				Date (		Name of OSHA	Monitor								
	016   1	venera se	03	2016	)	N/A									
Month Day Y Occupancy Status Dur	ear Mon		Day	Year	_	Street Address	e					_			
[X]Facility Clo						Derect naures.									
of Abatemen		F W-		7											
[ ]Abatement Pe Hours - Desc		S OI NO	ormar i	acilit	Y	City, State,	Zip Code								
[ ]other - Desc															
Scope of Work (Check	all that appl	y)				H									
5 N N		-				[X]Full	Containment wi	th Negative	Pressu	ire					
[X] >3 sf or			1000000	vation			Enclosure								
[ ]≥160 sf o	DI 2260 II	r	] Demo	lition			bag Procedure								
		Τ.	Is.		\$2-e4				Aba	temer	nt T	ype			
Location			Location Normal			Description			R		E	E			
Asbestos-Cor Material			Used	,		Asbestos-Con Material (		Amount (Specify	E	RE	C	C			
TO BE AB			ainten	ance/		(i.e., thermal		SF or	0	E	A P	D O			
In Facil	Lity		ustodi taff (1		in	sulation, surfa		LF)	V	AI	SU	S			
(13)		Yes	No	9	or other misce	llaneous)		L	R	L	R				
Basement		-		x		Boiler		28 SQF	r x		•	E			
Dasement		-	-	A		DOTTEL		20 001.	2		-				
		-	-												
								L							
Name of Registered V			JDEP W			bic Yards	Name of Regi								
AZTECH MANAG	EMENT, INC	:. H	1704	ID No.	or	Waste 1.5	Minerva	Enterp	rise	TNC	;				
City, State					Dis	sposal Date	City, State			-					
Montclair, NJ	07042				10000000	1/04/2016	The second of th	urg, Ohi	Lo 44	688					
						24	11 -	-							
Completed By (Print	or Type) Titl	e			_	Signature	11/11	1	Date						
Dimitri G Te	midis   Sa	ales				1 Dem	to (1/1/		11/1/	2016					
						1/5011/h	11-11/1								

			Sta	te of 1	New Je	ersey		Cl	neck #	1572	3
						OS ABATEMENT and 12:120-7)		ME	C		$\mathbb{V}$
Date of Notification	(1)					Owner/Operator		1			
11/01/2016	S 11* 50**)			sho				And the control of th	NOV	- 4	2016
Agencies Notified	Type Notifica	tion	Street	t Addre	ss						
[ ]EPA	[X]Initial							L	ESTO	200	UTD!
[ ]DEP	Notifica	ation	City,	State,	Zip	Code		ASO		ENSIN	
[X]DOL	[ ]Amended		Mil	lbur	n,N	J,07041		-			
[X] DOH	Notifica	AUGUSTA COLONIA COLONI	Name o	of Cont	act		Telephon	e Number			
[ ]DCA	[ ]EMERGENC	- 1		Sho		es	No.			•	
	[ ]Cancella	tion					1				
Name of Facility Whe Ann Shoshkes	ere Abatement	is Takir	ng Pla	177 St. 17 (178 St. 17	LITY I	NFORMATION	Type of Facili		than	¥-12\	
Street Address							[X]Other (i	.e., privat homes, etc.	e & cc		ial
							Square Feet	# of Floor	s Bl	dg. Ag	
City (5)		County				nty Code (7) ATE USE ONLY)	1800	2		90	
Millburn		Esse	X		(51	aria oba ordar,	Current Use (I	Prior if bei	ng dem	olish	ed)
Name of Monitoring F Owner (8)	Firm hired by	Building	g Asc	M No.		H. Alexandra and the same transfer	ment Contractor				48-11-
N/A Street Address	*******************					Street Address	topher St.				
City, State, Zip Cod	le					City, State,					
Project Manager for	Monitoring Fi	rm Tel	ephon	e Numbe	er	Telephone Num			cense	Numbe	r
		The state of the s	1/A			(973) 744			0037	1	
Scheduled Start Date	The state of the s	d. Compl				Name of OSHA	Monitor				
			.1 Day	2016 Year	5	N/A					
Month Day You Occupancy Status Dur [X]Facility Close of Abatement	ring Abatement sed/Vacated Du	(Check	only	one)		Street Address	3				
[ ]Abatement Per Hours - Descr [ ]other - Descr	rformed Outsid	de of No	rmal I	Facilit	Ÿ	City, State,	Zip Code				
Scope of Work (Check	all that app	ly)									
[X]>3 sf or [ ]>160 sf o	≥3 lf	[2		vation dition		[ ]Mini- [X]Glove	Containment wit Enclosure bag Procedure riable Procedur		Pressu	ire	
			Is ocatio	_		1900 NASS	928		Aba	temen	
Location Asbestos-Con Material TO BE AB In Facil (13)	taining (ACM) ATED	By Ma	ormall Used Solely ainten istodi aff (1	ly / ance/ al		Description Asbestos-Con Material ( i.e., thermal sulation, surf or other misce	taining (ACM) . systems acing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I	E F F F F F F F F F F F F F F F F F F F
Basement				x	Pir	e Insulat	ion	60	X		·   F
Garage				x		e Insulat		20	X		
Name of Registered W AZTECH MANAG		C. Ha	DEP Wauler	ID No.	1	oic Yards Waste 1.5	Name of Regis	Enterpr		INC	
City, State Montclair, NJ	07042	1				sposal Date 1/12/2016	City, State Waynesb	urg, Ohi	0 44	688	
Completed By (Print Constantine V	3 (0.00)	cle ceside	ent			Signature	July lks		Date 11/	01/20	16

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## State of New Jersey

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Date of Notification (1) 11/0//2016		- North Comment of Street, Str			f Building ie Taylo		Operator	(2)				9102 114	4	12	S
Agencies Notified	Type Notification	ı	7	Street A	ddress					7	115		П	77 0	<u> </u>
× EPA × DEP × DOL	Initial Amended Amendmen				ate, Zip C ng Ridg		7920								
DOH DCA	Emergency justification Cancellation	)		1100110	f Contact ie Taylo					Tel	ephone N	umber			
Name of Facility Where	Abstractic Table	Di //		FAC	ILITY INF	ORMAT	ION								
Residence	Audiement is Taki	ng Place (.	>)					Тур	e of Facility (4						
Street Address	.,		10					×	School (K-1: Subchapter Other (i.e. p etc.)	8 (Oth			dings	hom	es,
City (5) Basking Ridge	***************************************							Squ	are Feet	# of	Floors	E	Bldg. F	\ge	
County (6) Somerset					Code (7) USE ONLY	0			rent Use (Prio idence	or if bei	ng demoli	shed)	-		
Name of Monitoring Firm n/a	Hired by Building	Owner (8)		ASC	И No.				atement Con rporation	tractor	(9)				3750
Street Address							Street 606		ess ride Ave						
City, State, Zip Code							Zip Code d Park, NJ	0742	4						
Project Manager for Mor	Project Manager for Monitoring Firm						Teleph 973-				License 01104	No.			
Start Date (10) 11/11/2016		Schedule 11/15/2		npletion	Date (11)		100000000000000000000000000000000000000		SHA Monitor onmental L	.abora	atories,L	LC		#87 -1 * 8 - 10 ; 4" - a	
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)	St				Addre							
× Facility Closed/Vac	ated During Entire	Period of	Abaten	nent				2333 Route 22 West							
Other - Describe:		nai raciiity	nouis	•			City, State, Zip Code Union, NJ 07083								
Scope of Work (Check A  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	іі Гпат Арріу)	promoting .	tenova emolit	337555			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			Locati										Abate	ement	
Location Asbestos-Containing			lormal d Sole		Ashaa	De	scription	of				-	1 y	pe	T
TO BE ABA In Facili (13)	intenar odial S (12) No		Asbestos Containing (i.e. thermal system surfacing, V/other miscella			s insu T, or	lation,	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure		
baseme		X	-	pipe	insula	tion		5	5 LF	×		****			
attic		×			rmiculi				0 SF	x		meetin a v			
														mp and the	
Name of Registered Was	te Hauler		1000	JDEP W		Cubic			Name of R	Registe	red Landfi	 	L		
Lilich Corporation	Hauler ID No. of Waste					GROWS	S, Lan								
City, State Woodland Park, New				Disposal Date City, State n/a Morrisville, PA				Α							

Completed by

Momo Glavatovic

Title

vice president

Date

11/01/2016

Signature

YAGE LOTZ

## State of New Jersey

Cherkt 100	173	NOI				C 8:60 and 5:10		B					
Date of Notification (1)				Name	e of Buildin	g Owner/Operator (	2)	H H NOV		4 21	016	-1	
11/3	/10	6		Ca	mden Co	unty Technical S	Schools Board	of Education					
Agencies Notified Type N	otification	1		Stree	t Address			ASBEST	OSC	CON	TRO	T S	
	ıl			343	3 Berlin C	ross Keys Rd -	Buildina No. 1	4					
☐ DOLWD ☐ Ame					State, Zip 0								
	ndment #		-			NJ 08081							
DCA Eme (NJAC 5:23-8)  justi	rgency (infication)	ncludin	g		of Contac			Telephone Num	har			_	
	cellation			I Manager and	o Aceve			a relebilione Nulli	Jei				
				FA	CILITY IN	IFORMATION							
Name of Facility Where Abatemen		-	e (3)				Type of Facility				100,00		
Camden County Technical	School						School (K-1)	2) 8 (Other than K-12	\				
Street Address							Other (i.e., p	private and commer	) cial br	uilding	IS.		
343 Berlin Cross Keys Roa	d						homes, etc.	)					
City (5)							Square Feet	# of Floors	BI	ldg. A	ge		
Sicklerville							various	1		50+			
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)				
Camden							Adult Tech	nical School					
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)					
Health and Safety Services				117		Controlled Er	nvironmental	Systems					
Street Address						Street Address		<u>v70</u>				-	
PO Box 365						1121 N. Bethl	ehem Pike - S	Suite 60					
City, State, Zip Code						City, State, Zip Code							
Berlin, NJ 08009						Spring House							
Project Manager for Monitoring Fire	m		Tele	phone	No.	Telephone No.	,	License No.		V	- 3.77	_	
Jim Proctor				9 839		215 542 7000 00847							
Start Date (10)	Sched	duled C			ite (11)	Name of OSHA Monitor							
11 /14 /16				) /	and the second second	CES							
Occupancy Status During Abateme	ent (Chec	k only	one)			Street Address							
☐ Facility Closed/Vacated During	- Octobrond Control Control			ment			ehem Pike - S	uite 60					
Abatement Performed Outside	of Norma	I Facilit			scribe	City, State, Zip Co		uito oo					
Time of Abatement: 7:00AM-M			_PM-	-	AM	Spring House							
Scope of Work (Check all that appl	N) SO	ME	hol.	علمهاء	:	Opining House	, I A 13411						
	37					☐ Full Cont	ainment with Neg	gative Pressure					
≥3 sf or ≥3 If     ≥160 sf or ≥260 If			novat			☐ Mini-Enc							
△ ≥160 \$1 01 ≥260 II			emolitio	on		☐ Glovebag		on-Friable Procedur	·e				
		Is	Locat	ion	T	Z3 TYOTI EXOL	mpted ( ) dild ite	T T TIGDIC T TOCCOU	1	ateme	ont T	vno	
Location of		1	Norma	lly		Description of	f			-		T	
Asbestos-Containing Material (A	ACM)		ed Sole			stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Enc	Enclosure	
TO BE ABATED IN Facility		(0),0795	todial		(i.e	., thermal systems i		(Specify	VOL	<u>a</u>	aps	1050	
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>m</u>		Encapsulate	e	
		Yes	No	N/A							(D)		
Building 1 Door/Window-Exte	erior				ACM Ca	aulk/Glazing		Apx 8200 LF					
Building 2 Door/Window-Exte	erior				ACM Ca	ulk/Glazing		Apx 9100 LF					
Building 5 Door/Window-Exte	erior		$\boxtimes$		ACM Ca	ulk/Glazing		Apx 6800 LF					
Building 6 Door/Window-Exte	rior		$\boxtimes$		ACM Ca	ulk/Glazing		Apx 8420 LF				Г	
Name of Registered Waste Hauler		1	N	JDEP V	Naste	Cubic Yards of	Name of Regis	stered Landfill					
Geppert Recycling			Н	auler II	O No.	Waste	M	erks Communti	v Lar	ndfill			
Dity, State						24,000 yrd Disposal Date	City, State			400000000000000000000000000000000000000			
Hatfield, PA						Disposar Date	Birdsboro,	PA 19508					
Completed By (Print or Type)	Title	2				Signature		Da	to				
Patricia Visco		e Office I	Mana	705		Signature	11	, Da	. 1	,			
		mice I	ridiid	901		y Blice	is Usa	ce	11/3	3/14	3		
SB-41 AN 13 PAGE OF ZF					for asbesto	os licensure exemp	ted activities.		11   7	5/10	5		

HEE ZON						ew Jersey		ME	P	厚	n i	N// [			
	NOTIFICATION OF ASSESTED ADATEMENT														
al 10973)			(Pt	ırsuar	it to NJA	C 8:60 and 5:10	6)								
Date of Notification (1)				Name	of Building	g Owner/Operator (	2)		Nev		1 2	016			
/	3 / 16	<u> </u>		Car	nden Co	unty Technical S	Schools Board	of Education			Ť	0.0			
Agencies Notified	Type Notification				Address			ASBE	STC	OS C	ON	TRO			
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amended					ross Keys Rd -	Building No. 12	Adminstration	LIC	ENS	SINC	à			
⊠ DOH	Amendment #			-	State, Zip C										
DCA	☐ Emergency (in	cluding	9			NJ 08081									
(NJAC 5:23-8)	justification)				of Contac	ā		Telephone Numb	er						
	☐ Cancellation				o Aceved				_						
				FAG	CILITY IN	IFORMATION									
Name of Facility Where A		g Place	(3)				Type of Facility (	1000							
Camden County Te	chnical School						School (K-12)	) (Other than K-12)							
Street Address 343 Berlin Cross Ko	evs Road							ivate and commerc		ilding	IS,				
City (5)	-,						Square Feet	# of Floors	Ble	dg. A	ne en				
Sicklerville							various	1		50+	90				
County (6)		-		Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	-			-			
Camden					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Adult Techn		,						
Name of Monitoring Firm	Hired by Building (	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
Health and Safety S	Services			117			nvironmental S	ystems							
Street Address						Street Address		<del></del>							
PO Box 365						1121 N. Beth	lehem Pike - Sı	uite 60							
City, State, Zip Code						City, State, Zip Co	ode								
Berlin, NJ 08009						Spring House	e, PA 19477								
Project Manager for Moni	toring Firm		Tele	phone l	No.	Telephone No.		License No.							
Jim Proctor			60	9 839	2432	215 542 7000		00847	47						
Start Date (10)	Val 180			tion Da		Name of OSHA Monitor									
11 /14 /		8 /	30	_ / -	17	CES									
Occupancy Status During						Street Address									
☐ Facility Closed/Vacate							ehem Pike - Su	uite 60							
Abatement Performed Time of Abatement: 7					cribe AM	City, State, Zip Co									
Mights waste	nos - some		old			Spring House	e, PA 19477								
Scope of Work (Check all	that apply)					☐ Full Cont	ainment with Neg	ativa Praesura							
≥3 sf or ≥3 lf			novati			☐ Mini-Enc	losure	ative i ressure							
≥160 sf or ≥260 lf		☐ De	molitic	n		☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure									
		Is	Locat	ion		M Non-Exe	Impled ( ) and 1401	1-1 Hable 1 Tocedure	_	ateme	ant T	vno.			
Location	of	1	Vorma	lly		Description o	f		-	_					
Asbestos-Containing I		1000000	d Sole intena			stos Containing Ma		Amount	Removal	Repair	nce	Enclosure			
TO BE ABA IN Facilit			todial (		(i.e	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify SF or LF)	ova	=	nsq	osur			
(13)			(12)	T		other miscellane			_		Encapsulate	O			
		Yes	No	N/A				At a second							
Building 8 Window-E	xterior				ACM Glazing Apx 2000 LF										
Building 9 Door/Wind	ow-Exterior				ACM Caulk & Glazing Apx 1500 LF										
Building 10 Window-	Exterior		$\boxtimes$		ACM GI	azing		Apx 1010 LF							

**Building 11 Window-Exterior**  $\boxtimes$ **ACM Glazing** Apx 1325 LF Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Hauler ID No. Waste Geppert Recycling Western Berks Community Landfill 24,000 yrd Disposal Date City, State City, State Hatfield, PA Birdsboro, PA 19508 Completed By (Print or Type) Signature Date Patricia Visco Office Manager

ASB-41 GCZ of ZPINGES\* Do not use this form for asbestos licensure exempted activities. JAN 13 [

14D2	5	NOTIF	ICATION Pursuant	te of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATEN d 12:120	)		EG		$\mathbb{V}_{-}$		
Date of Notification (1)			Name of	Building Owner/ us Board of E	Operator	(2) on	And the second s	NOV	- 4	2016	11.00	1
11/01/16					- ducatio		Small kere.	i			1	
Agencies Notified	Type Notification		Street A	oring Valley R	nad			L ASBESTO	200	NTRO	1 8	
T EPA	Initial			te, Zip Code	-			FICI	ENSI	NG	<i>y</i> = 0,	
DEP	Amended		Daram	nus, NJ 07652	)		L					
× DOL	Amendment #_ Emergency (inc	duding		Contact			Tele	phone Numb	er			
□ DOH	iustification)			utorino			I					
DCA DCA	Cancellation			LITY INFORMA	TION							-
Name of Facility Where	Ahatement is Taking I	Place (3)	1710	Date 1		Type of Facility (4	‡).					
Paramus High Sch	nool					School (K-1	2)	er than K-12)				
Street Address						Subchapter Other (i.e. p	rivate &	commercial	buildin	gs, ho	mes,	
145 Sping Valley F	Road					etc.)				g. Age	-	-
						Square Feet	3	Floors	56			
City (5) Paramus						11,000		na domolishe				
County (6)			County	Code (7)		Current Use (Pri School	or it bei	ng demonstre	.0)			
Bergen				USE ONLY)		e of Abatement Co	ntractor	(9)				
Name of Monitoring Fir	m Hired by Building O	wner (8)		M No.	Name	o Construction	& Res	storation, I	nc.			
RK Occupational8	&Environmental Ar	nalysis,Inc	009	U		et Address						
Street Address						Route 46 Ste	3D					
401 St. James Av	enue				1.1.	State, Zip Code						
City, State, Zip Code						owa, NJ 07512						
Phillipsburg, NJ 0			7-16	one No.		phone No.		License No	).			
Project Manager for M	onitoring Firm			454 6316		3 256 7010		00666				
Jon Gilbert		Scheduled (	0.000		Nam	ne of OSHA Monito	r	V. 170.				
Start Date (10)		11/11/16	Completio		Ва	ko Constructior	& Re	storation,	inc.			
11/11/16 Occupancy Status Du	ring Abstement (Check				Stre	et Address	0.5					
					1 0000	5 Route 46 Ste	3D					
Facility Closed/V	acated During Entire F rmed Outside of Norm	al Facility H	ours			, State, Zip Code						
Other - Describe	:				To	towa, NJ 0751	2					
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260	k All That Apply)		novation molition			Full Contain  Mini-Enclose  Glovebag Pr  Non-Exemp	re ocedure				)	
				T						Abate	ment	
			ocation rmally		Descript	tion of			-	Tyl	Je T	
Loca	ition of ning Material (ACM)	Used	Solely by tenance/	Asbestos	Containin	g Material (ACM) ems insulation,	Ì	Amount (Specify	Re	7	Encapsulate	Enc
TO BE	ABATED	Custo	dial Staff?	5	surfacing.	VAT, or		SF or LF)	Remova	Repair	ısdı	Enclosure
1	acility 13)		(12)	ot	her misce	ellaneous)			val	=	ilate	Te
*	,	Yes	No N/A									
5	obanical Doom	X		Pipe	e fitting	insulation		9 LF	X			
Basement Me	echanical Room			- 1								
									+			
						I Name	of Posi	stered Landf	111	1		1
Name of Registered	Waste Hauler			1 110000	Cubic Yard of Waste	ds Name		Docouroo I		ioni s	Eacili	ity

of Waste

Disposal Date

3

Hauler ID No.

20889

Project Manager

City, State

City, State

Totowa, NJ

Completed by

Goran Kojic

Bako Construction & Restoration, Inc.

Tullytown Resource Recovery Facility

Tullytown, PA 11/14/16 Signature Date 11/01/16

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

		<u>b</u>		rint f	om)	
ı		N	1	= A	2016	
Whall &	上之	SL	1.		G 4 7 4	1

Date of Notification (1)			Name	of Building	Owne	r/Operator	(2)		1001		ASF		TOS	CO
10/27/16 Agencies Notified Type Notification			Street	Addrson '									ICE	NSI
X EPA   X Initial   Amended   Amendmen   X Energency   Energency   Justification   X Energency   Initial   Amendmen   X Energency   X Energe	t# (including	J	chy, s Wa	Address late, Zip Co llington of Contact		07057			Te	ephone Nun	nber			
DCA Cancellatio	1			LL Mrocz		าเดม								
Name of Facility Where Abatement is Taking Street Address	ng Place (	(3)				TION.		of Facility School (K Subchapte Other (i.e. Ic.)	-12) er 8 (Oth	er than K-12 & commercia	e) al buil	dings	, horn	es,
City (5)						HUS	Square	e Feet	# 0	f Floors	E	Bldg_/	Age	
Wallington, NJ County (6) Bergen				Code (7) USE ONLY)			Curren	it Use (P	rior if be	ng demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.		Name	of Abate	entent Co	ontractor	(9)	-50011	5.0110		
CA Environmental Street Address						Street	per, L Address	LC			1000			
2200 Paterson Plank Road City, State, Zip Code						20		mont	Ave					
North Bergen, NJ 07047 Project Manager for Monitoring Firm			Talanta	11-				n, NJ	07508					
Carmelo Altomonte		ĺ	Telepho				ione No. 1_336-			License No 0119				
Start Date (10)	Schedul	led Co	mpletion	64=6583 Dale (11)				A Monito	r	0119	0	75.57.09		
11/10/16 Occupancy Status During Abatement (Chec	12/. k Only O	5/16 ne)												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norri Other – Describe:	Period of	Abater	ment s				0-59 J late, Zip	ackso Code	n		line and			
Scope of Work (Check All That Apply)			Lic NY 11101											
≥3 sf or ≥3 lf   ∑  ≥160 sf or ≥260 lf		Renova Demoli					Mini- Glov	Enclosurebag Pro	re ocedure	Negalive Pr			e	
		Local										Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Use	Norma ed Sole	ely by	Asbesto		escription Itaining M		ACM)	Α.	Inucm		.,		
IO BE ABATED In Facility (13)		intena todial ( (12)	Staff?		herma surfa	nt systems acing, VA miscellan	insulati T, or		(8	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-		6	(5)
Roof-1600SF and Pipes-146LF			X	ACM Ro	oof 16	500SF, P	ipes 14	6LF	1600S	F / 146LF	Х			
and the second s														
Name of Registered Waste Hauler	1	- CA - SA	IJDEP W		Cubic of Wa	Yards		Name of	Registe	red Landfill				
SUPER, LLC	WH1			rste FBD		Was	ste Ma	nagemer	ıt					
City, State 203 Belmont Ave		erine Ville			Dispo	ral Date		City, Sta		0				
Completed by	Title			J.		Signature	1	1 <u>Ul</u>	LYLOW	Dale	3			
Tailor Dominguez	Man	ager			100	rela	Lung	1	10/	27/1	6			

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

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Date of Notification (1)		N	lame of B		ner/Operator	(2)	N. 10						
11/01/16		1	V		EVE S	5 fac	MING.				MAV	-	f 201
gencies Notified Type Notification		2	Street Add	ress					LL		112 C 1		
EPA   Initial   Amended   Amendment #		C	City, State	, Zip Code			- 0-	0.71		CDI	-CT/	20.0	ONIT
DOL Amendment #		-		Haws	HORNE	-, N	30	705/0			1510 110	JS C JEN	ONTE SING
DOH justification)		1	vame of C	onlaci				10100110					
DCA LI Cancellation	van seasons enter			TY INFOR	MOITAN							r	
ame of Facility Where Abatement is Taking	Place (3)						of Facility (4						all and a second
K-ESIDENCE_						Fred C	chool (K-12 ubchapter 8	3 (Other tha	in K-12)				
treet Address							other (i.e. pr tc.)	ivate & con	nmercial	build	ings. I	nomes	
ity (5)		200.00	100000000000000000000000000000000000000			Squar	e Feet	# of Floo	rs		dg. Ag		
HOWTHORNE							50	is have a de	mallaha		401	U	
ounty (6)			County Co				nt Use (Prio モらりき		emousie	u)			
WASSAIC.  ame of Monitoring Firm Hired by Building C	buner (8)	<u> </u>	ASCM	No.	Name		ement Cont						
ame of Monitoring ritin filled by building C	witer (e)		7.00	, , , ,	A.M	AC Co	ntracting	Inc.					
treet Address						Addres							
					1	State, Zi	nd Ave.						
ity, State. Zip Code							ark, NJ						
roject Manager for Monitoring Firm		17	Telephon	e No.		hone No			ense No				
						)262-5		00	156				
tart Date (10)	Scheduled			ate (11)	Name	of OSH	IA Monitor Ivironmen	ital Servi	ces				
0ccupancy Status During Abatement (Chec		30/	1b			t Addres							
Facility Closed/Vacated During Entire F			nent		280	Huyle	r St.						
Abatement Performed Outside of Norm	al Facility	Hours				State, Z		ene					ACCUPATION OF THE PERSON OF TH
Other - Describe:					-   Hac	xensa	ck, NJ 07						
Scope of Work (Check All That Apply)	T/ 0.	enova	tion		To a constitution of the c	J. Ful	l Containme	ent with Ne	gative Pr	ressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emoliti			1	Mir Mir	ii-Enclosure	:					
	300 - Maria - Maria - Maria					No No	n-Exemples	f (*) and No	n-Friabl	e Pro			
		Locati					***************************************					ement pe	
Location of		ormali Sole		4 -1	Descriptions Containing	n of	(ACM)	Amou	int				
Asbestos-Containing Material (ACM) TO BE ABATED	Maii	ntenar odial S	nce/	(i.e. th	nermal system	ns insula	ation,	(Spec	ify	Rer	Re	nca	End
In Facility (13)	Cust	(12)	Stall 1	1	surfacing. V other miscella		Acceptance	SF or	LF)	Remova	Repair	Encapsulate	Enclosure
(,0)	Yes	No	N/A				distribution of the state of th			-		ite	0
2			1	2,0	E MS	)/ AT	10.0	170	c.f	1		-	
Basement			ť	* 15	C 1100	0 (1)	150.00						
													The second second
										and the same of th			
Name of Registered Waste Hauler			JDEP W	1000 CONTO	Cubic Yards		1	Registered					
Newark Carting , Inc.		1000	fauler ID 4509	NO.	of Waste		IESI PA	A Bethleh	em La	ndfii	Cor	p.	-
City, State					Disposal Da	le	City, Stat					- at plant the same	
lewark, NJ					11 112119	. نده	Betnier	nem, PA	Da	to			
Completed by Joseph Vocaturo	Title Vice I	Presi	ident		'Sighati	ire /	Vous			1	116		
Joseph Vocatoro	-100					1	V UVE	WAN.Y		1101	110		

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

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Date of Notification (1)	1/3/16			Name	of Buildin	g Owner/Operato	Constein					
Agencies Notified	Type Notification	1		Street	t Address				EST	)S C	ON	TRO
☐ EPA	▼ Initial							-	Lic	CEN	211/1	2_
DEP DOL	Amended Amendment	¥	Ì	City, S	State, Zip C							
	☐ Emergency (i		-	-		P	ittstown, NJ (	08867				_
DOH DCA	justification) Cancellation			Name	of Contac		20	Telephone Num	ber		_	
	Cancellation				Ве	linda Conste	in		MINISTER WE		_'_	
				FAC	CILITY INF	ORMATION						
Name of Facility Where		200					Type of Facility	v (4)				
	Res	identi	al				School (K-1	2) 8 (Other than K-1	2)			
Street Address							Other (i.e., phomes, etc.	orivate & commerc	ial build	dings		
City (5)					7372222		Square Feet	# of Floors	BI	dg. A	ge	
	Pittst	own,	NJ				4000	_ 2	-   -	65	+/-	
County (6)	underdon				nty Code ( ONLY)	7) (STATE	Current Use (P	rior if being demol	ished)			
Name of Monitoring Fir	m Hired by Building	Owner		ASCM	No.		ment Contractor (9					
(8)	MECS					Ste	vens Environ	mental Servic	es, Ir	ıc.		
Street Address						Street Address		del la Paris desservi				
	PO Box 34	-1					PO I	30x 322				
City, State, Zip Code	Crosswicks, NJ	08515	5			City, State, Zip		n, NJ 08501			1.00	
Project Manager for M	The second secon			phone	No.	Telephone No.		License Ne.				_
Bill W	eisgarber		(60	9) 24	0-4070	(609) 2	59-9688		00493	3		
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	Name of OSHA						
11/14/16			1/30	/16			M	IECS				
Occupancy Status Dur	ing Abatement (Che	eck only	one)			Street Address		241				
☐ Facility Closed/Vac								30x 341				_
☐ Abatement Perform      Other - Describe:		al Facilit	y Hou	rs		City, State, Zip		ks, NJ 08515				
Scope of Work (Check	all that apply)							X 12				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-E	ontainment with Ne nclosure pag Procedure xempted (*) and No		ıre			
			ocatio							bate		
Lassian			ormally I Solel			Description	of			Тур	e	
Location Asbestos-Containing		Mair	ntenar	ice/	Asbes	tos Containing Ma		Amount			3	
TO BE AB	ATED		ustodia Staff?		(i.e.,	thermal systems		(Specify SF or LF)	Re	Z,	nca	Enclosure
IN Facil (13)			(12)			surfacing, VAT other miscellane	eous)	31 01 11 7	Remova	Repair	Encapsulate	USO
	Yes No						200 50000 17.010		<u>a</u>		ate	re
Basen	nent	×				Boiler Insul	lation	30 sf	×			
					-							
		IIDED.	Nost-	Cubic Yards	Nama of D	istered Landfill						
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.						of Waste	Name of Reg					
Stevens Environmental Services, Inc. 18292						1 CU		GROWS La	ndfill			
City, State						Disposal Date	City, State				2365	
Allentown, NJ						11/30/16 / Morrisville, PA						
Completed By	Titi		:	+ N.F.		Signature	1/	Date	11/	3/16		
Mahlon E. S	tevens	Pı	ojec	ı ıvıar	nager	1/1/			11/,	1/10		

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

(D)	E	C	E		<b>V</b> 7	Print Form
		MOV	mar.	4 1	2016	
Olicini derron	ASB		OS C			DL &

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

	-			restaure volumes re					04 -	- 4	201	6	11		
Date of Notification (1) 11/1/2016				of Building of Kean		Operator	(2)	į Li	best.						
Agencies Notified	Type Notification				Address	urch	St.			ASBES	STOS			ROL	8
DEP DOL	Initial Amended Amendmen	t #		City, St	ate, Zip C	ode			-						
П рон	Emergency	(including	_		of Contact					Telephor	ae Nium	hor			
DCA	justification) Cancellation				onzale				.1	releption	ic ivali	IDCI			
Name of Facility Where	Ahatement is Takir	na Place (2	\	FAC	ILITY INF	ORMAT	ION	T f	F09-745	•					
Abandoned	Abatement is Takii	ig Flace (5	)						Facility (4)						
Street Address							11.2.2	Sul	hool (K-12) bchapter 8	Other tha	n K-12	)			
331 Carr St								X Oth	ner (i.e. priv .)	ate & com	mercia	ıl buil	dings	hom	es,
City (5) Keansberg, NJ								Square I	Feet	# of Floor	rs	17.0	8ldg. <i>A</i> 60+	\ge	
County (6) Monmouth					Code (7) USE ONL	n		Current	Use (Prior i onded	f being de	molish	ed)			
Name of Monitoring Firm Environmental Heal				ASC	M No.				nent Contra		rices,	Inc.			
Street Address 655 West Shore Dri	ve							Address Kinnelor	n Rd Suite	e 102					
City, State, Zip Code Sparta, NJ 07871							City, S	tate, Zip (	Code						
Project Manager for Mon	itoring Firm	T	Telepho	ne No.		Teleph	one No.			nse No	),				
Start Date (10)		d Cor	noletion	Date (11)		100000000000000000000000000000000000000	218-088 of OSHA		012	28					
11/7/16		11/10/1	6		54.0 (11)			vironmen	tal Serv	ices,	Inc.				
Occupancy Status During		W	3.D.				Rd Suite	102							
Facility Closed/Vaca Abatement Performe	ited During Entire ed Outside of Norn	Period of A nal Facility	baten Hours	ement						7 102					_
Other – Describe: _						_	07405								
Scope of Work (Check Al	I That Apply)							1							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit					Mini-E Glovet	ontainment nclosure pag Proced	ure					
							×	Non-E	xempted (*)	and Non-	-Friable		cedure Abate		
Location	of	N	_ocati ormal	ly		Des	scription	of					Ту		
Asbestos-Containing TO BE ABA			l Sole ntenar			tos Cont	aining M	aterial (A		Amount		_		Ф	m
In Facilit (13)		Custo	dial S (12)	Staff?	(i.e.	surfac	cing, VA		٦,	(Specify SF or LF	i	Remova	Repair	ıcaps	Enclosure
(13)		Yes	No	N/A		otner m	niscellan	eous)				oval	air	Encapsulate	sure
roofing	]			Х		r	oofing			400sf		х			
						3			,,,,,,						
											-2-(1)-				
Name of Registered Wast	2570	JDEP W		Cubic `		N	ame of Reg	istered La	ındfill						
Yannuzzi Group, Inc.		auler ID 467	IVO.	of Was		G	irows								
City, State Kinnelon, NJ						Dispos 11/10/	al Date /16	-	ity, State	ра					
Completed by		Title		MONTH CONTRACTOR		1	dnature	(   '''	7	7	Date	9			
John Mucha															



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

									HTM:			600			
Date of Notification (1)							g Owner/Operator (	2)	III NO	¥ - 2	, 21	U			
/	01 /	16			Tin	nothy Mo	Auliffe						į		
1 7755	Type Notifica	ation			Stree	t Address			ASBES	TOS C	ONT	RO	L &		
									L	JCEN	SING	ì			
☑ DOLWD	☐ Amended Amendm				City, S	State, Zip	Code	- Company of the Comp							
133346	☐ Emergen				We	stfield, N	NJ 07090								
(NJAC 5:23-8)	justificati		mig		Name	of Contac	t		Telephone Nur	nber		-			
	☐ Cancellat	tion			Tin	nothy Mo	:Auliffe			ř					
					FA	CILITY II	NFORMATION								
Name of Facility Where Ab	patement is 7	Taking Pla	ace (	3)				Type of Facility (	4)						
Residential								School (K-12)							
Street Address								☐ Subchapter 8 ☐ Other (i.e., pri			ilding	10			
	4							homes, etc.)	ivate and commi	or ordir bi	anunig	,,,			
City (5)			Week					Square Feet	# of Floors	В	dg. A	ge			
Westfield, NJ							*	G ()							
County (6)	- 1				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demol	ished)					
Union															
Name of Monitoring Firm H	lired by Build	ding Own	er (8)		ASCM	No.	Name of Abateme	ent Contractor (9)	7. 100						
Bio Terra Solutions							ALL PRO MA	NAGEMENT LL	_C = = = = = = = = = = = = = = = = = = =				- 1		
Street Address							Street Address								
P.O. Box 1224							27 Outwater	Lane							
City, State, Zip Code							City, State, Zip Code								
Union, NJ							Garfield, NJ	07026							
Project Manager for Monito	oring Firm	No.		Tele	phone	No.	Telephone No.	ii	License No.						
Rick Eustaquio				97	3-494	-3762	973-928-4888		1188						
Start Date (10)		Scheduled		200			Name of OSHA M	lonitor		2.9					
11 /12 / _	16	12	. / _	12	_ / .	16	ALL PRO MA	NAGEMENT LL	.C						
Occupancy Status During	Abatement (0	Check on	y on	e)			Street Address								
Facility Closed/Vacated							27 Outwater I	Lane							
Abatement Performed C							City, State, Zip Co	ode							
Time of Abatement.	Aivi-			r IVI-		Alvi	Garfield, NJ	07026							
Scope of Work (Check all t	hat apply)			-0.00			П F.:// О	-1	-tive December						
☐ >3 sf or >3 If		$\boxtimes$	Reno	vatio	on		☑ Full Cont	ainment with Nega losure	ative Pressure						
≥160 sf or ≥260 lf			Dem	olitio	n			Procedure							
			In I	ocati		r	∐ Non-Exe	mpted (*) and Non	-Friable Proced						
Location of	f			rmal			Description o	f		Ab	atem		1		
Asbestos-Containing M					ly by		stos Containing Ma	terial (ACM)	Amount	Rer	Repair	Encapsulate	Enclosure		
TO BE ABAT			Maint ustoo		nce/ Staff?	(i.e	e., thermal systems i		(Specify	Removal	air	aps	losu		
IN Facility (13)				12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		ulat	лe		
,,		Ye	s	No	N/A			,				е			
Attic					$\boxtimes$	Vermic	ulite		200 SF						
Control Marketine											П	П			
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							**************************************				Ш	Ш	Ш		
Name of Registered Waste	Hauler				JDEP \		Cubic Yards of	Name of Regist	ered Landfill						
ATC			H	auler II SW-2		Waste As Needed	Minerva En	terprises							
City, State							Disposal Date	City, State							
Shirley, NY							TBD	Waynesbur	g, OH						
Completed By (Print or Typ	e)	Title					Signature 7	ì		ate /	/	7 -			
Allen Monchik	tři.	Proje	ct N	lana	ager		1 11/1	1		u/	/	16	0		
								- ~/		4					

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 16 D'Arey Miell / Job #1610-2131 Chk. #4510 11 Agencies Notified Type Notification Street Address ASBESTOS CONTROL **⊠** EPA LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DHSS Princeton, NJ 08540 ☐ Emergency (including □ DCA (NJAC 5:23-8) Name of Contact Telephone Number justification) Cancellation Mike Sutton, Lasley Construction FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton 7000 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Vacant for Restoration Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_11\_\_ / \_ 14 / \_ 16 11 / 18 / 16 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_PM-\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st & 2nd Floor П $\boxtimes$ Pipe Insulation 190 LF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Carnevale Disposal **GROWS Landfill** 17297 5 City, State Disposal Date City, State Hamilton, NJ 11/18/16 Morrisville, PA 19067 Completed By (Print or Type) Title Sidnatufe Date Kimberly A. Trumbetti 11-1-10 Office Coordinator

State of New Jersey

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

Date of Notification (1)					Name	of Building	Owner/Operator (	2)		NUV	- 4	201	6
	30 /	15			Jol	nns Manv	ille Corp.	/ Job #	1510-2035	Chk.	NA		
Agencies Notified	Type Notifica	ation			Street	Address			ASB	ESTOS	00	NITE	301
⊠ EPA	☐ Initial				717	17 <sup>th</sup> Stre	eet			LICE			101
□ DOLWD   □   □   □   □   □   □   □   □   □					City, S	State, Zip C	Code	***************************************					
□ DHSS	Amendm					nver, CO							
☐ DCA (NJAC 5:23-8)	☐ Emergen justificati		cluaing	1		of Contac			Telephone No	ımber			
(110/10/0.20/0)	☐ Cancellat					thony Vo			, olopilollo i i	-			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is 7	Taking	Place	(3)				Type of Facility (	4)				
Warehouse Roof A								School (K-12)					
Street Address								Subchapter 8					
437 North Grove St	reet							Other (i.e., pri homes, etc.)	vate and comr	mercial b	uildin	JS,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Berlin								665,000 SF	1		52		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being dem	olished)			
Camden						<b>E</b> uacos (2/1017) <b>1</b> /2		Warehouse		224 125 20 20 20 20 <b>20</b> 20			
Name of Monitoring Firm	Hired by Build	ding O	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
One Source Safety		J	60 8					d Mold Services	s. Corp.				
Street Address							Street Address		э, оо.р.			-0/100	
140 S. Village Aven	ue Suite 13	0					3859 Sylon B	oulevard					
City, State, Zip Code	ao ounto no						City, State, Zip Co						
Exton, PA 19341							Hainesport, N						
Project Manager for Moni	toring Firm		-	Tele	ephone	No.	Telephone No.		License No.				
Brian Hovendon					10-524		609-702-0400		00862				
Start Date (10)	5	Schedu	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
11 /9 /	CHARLES TO THE STATE OF THE STA					16							
Occupancy Status During	Abatement (	Check	only o	one)			Street Address						
□ Facility Closed/Vacate					ment		200 U.S. Rout						
☐ Abatement Performed							City, State, Zip Co						
Time of Abatement:	AM	PM	1/	_PM		AM	Cinnaminson						
Scope of Work (Check all	that apply)				70		1/2/2						
☐ >3 sf or >3 If			⊠ Re	novat	ion		☐ Full Cont☐ Mini-Enc	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf				moliti			process .	Procedure					
							Non-Exer     Non-Exer	mpted (*) and Non	-Fr <mark>i</mark> able Proce	dure			
				Loca						Al	atem	ent T	уре
Location ( Asbestos-Containing N		.		Norma d Sol	ely by	A a la a	Description o			R	Re	Щ	Щ
TO BE ABA		"	Ma	intena	ance/		stos Containing Ma , thermal systems i		Amount (Specify	Removal	Repair	cap	IClo
IN Facility	y		Cust	todial (12)	Staff?	, ,	surfacing, VAT,	or	SF or LF)	val	7	Encapsulate	Enclosure
(13)		-	Vaa		T	-	other miscellane	ous)				ate	10
Warehouse Roof			Yes	No	N/A	Danting			0.000.05				
"						Roofing			9,000 SF				
11							Decking		9,000 SF				
						Transite	Flues		6 ea		닏		Ш
			Ц	Ц								Ш	Ш
The second secon						Naste D No.	Cubic Yards of Waste	Name of Registe					
r rection Gartage, Inc.						5 140.	10	GROWS La	ndfill				
City, State							Disposal Date	City, State					
Freehold, NJ					11/30/16 Morrisville				PA 19067				
Completed By (Print or Ty		Title			Signature /					Date			
Kimberly A. Trumbe	tti	Of	fice (	Coor	dinato	•	(XII)	1		10-3	1-1	6	4

ASB-41 MAY 11

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

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图		1161/			5510		- the contract of the t
		NUV	-	4	2016	į L.	1

Date of Notification (1)	1/2/16			Name	e of Buildin	g Owner/Operator	(2) Ramadge	had lost			20	
Agencies Notified	Type Notification			Stree	t Address		reamage	ASBE				ROL
☐ EPA	Initial								LICE	NS	NG	
DEP DOL	Amended Amendment #	t actudin	_	City,	State, Zip 0		inceton, NJ 0	8540				
<b>⊠</b> DOH	justification)	iciuuiii	y	Name	of Contac	art)	111001011, 110 0	Telephone Num	ber	_		_
□ DCA	☐ Cancellation				Pe	eter Ramadge						ì
				FA	CILITY INF	ORMATION						
Name of Facility Where							Type of Facility	(4)				
	Resi	denti	al				School (K-1:		220			
Street Address							Other (i.e., p	8 (Other than K-1 rivate & commerce	2) cial buil	dings	ξ,	
City (5)	79.5 12		arane.				Square Feet	# of Floors	В	ldg. A	Age	_
	Princ	eton,	NJ				3000	2	_   _	65	5+/-	
County (6)	1ercer				nty Code (1 ONLY)	7) (STATE	Current Use (Pr	ior if being demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Name of Abatem	nent Contractor (9	)				_
(8)	MECS					Stev	ens Environr	nental Servic	es, Ir	ıc.		
Street Address	DO D 04			- WYF		Street Address						
	PO Box 34	1						322 Box 322				_
City, State, Zip Code	osswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mor		0051.		phone	No	Telephone No.	Allelitowi	License No.				_
	isgarber			57.	0-4070	(609) 25	59-9688		0049	3		
Start Date (10)		duled C	-		ite (11)	Name of OSHA M		-	0017.	_		_
11/17/16			1/18		, ,		M	ECS				
Occupancy Status Durin	g Abatement (Che					Street Address						_
☐ Facility Closed/Vacat								Sox 341				_
☐ Abatement Performed  Control  Contro		l Facili	ty Hou	rs		City, State, Zip C		s, NJ 08515				
Scope of Work (Check a	ill that apply)							The second second				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End	ntainment with Neg closure ag Procedure empted (*) and No		ıre			
			Locatio						100	bate	ment	
Location	of		omally Solel			Description of				Ту	oe .	
Asbestos-Containing N	Material (ACM)	Maii	ntenan	ce/		os Containing Mat	erial (ACM)	Amount			П	
TO BE ABAT IN Facility		192	ustodia Staff?	H	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
(13)			(12)			other miscellaneo	ous)		lova	Repair	Sula	osui
		Yes	No	N/A							ate	. б
Basement Boi	ler Area		×			Traniste		16 sf	×			
Laundry R	oom		×			Transite		64 sf	×			
Name of Registered Was	0.1	JDEP \		Cubic Yards	Name of Regis	stered Landfill						
Stevens Environmental Services, Inc. Hauler I						of Waste 1 CU		GROWS Lat	ndfill			
City, State	2023					Disposal Date	City, State/					
	Allentown, N					11/18/16/	N/	Morrisville,	PA			
Completed By	Title		oica	14-	0.000	Signature	.11	Date	11/	)/1/	¥	
Mahlon E. Ste	vens	PI	oject	Man	ager	-44	1		11/2	2/10		_

Ch Dler	20		NOT		ATIO	N OF A	SB	w Jersey BESTOS ABAT C 8:60 and 5:1		Anne comment of the second	DE	i C	E		$\mathbb{V}$	E
Date of Notification (1)	03 /	16				ne of Build		Owner/Operator (	2)	Posterior Company	7	NOV	<i>-</i>	4	2016	)
Agencies Notified  EPA  DOLWD	Type Notific				93	et Addres	dwa	55			ASB	BEST		CON		OL &
☐ DHSS	Amendm	100	50		1000	State, Zij ayonne,										
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	3		e of Cont		0,002		Tel	ephone N	Viimhe	ar.			
(	☐ Cancella						2000	taszewski		1	opiione i	varribo	4			
					_			ORMATION		_			-			
Name of Facility Where A	batement is	Taking	Place	(3)		COLLIT	1141	OKWATION	Type of Facility (	(4)					- 800	
Bank of America				(-)					School (K-12							
Street Address									Subchapter 8	(Otl						
937 Broadway									Other (i.e., pr homes, etc.)	ivate	and con	nmerc	al bu	ilding	JS,	
City (5)									Square Feet	#	of Floors	į	Ble	dg. A	ge	
Bayonne, NJ									2,000		1			45		
County (6)					Co	unty Code	e (7)(	STATE USE ONLY)	Current Use (Pri	or if	being der	molish	ed)			
Hudson																
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCI	ЛNo.		Name of Abateme	ent Contractor (9)		-					
New York Environm	nental							JVN Restorat	tion Inc							
Street Address								Street Address								
88 Harbor Road								47 Foster Ro	ad							
City, State, Zip Code								City, State, Zip Co	ode							
Port Washington, N	Y 11050							Staten Island	NY 10309							
Project Manager for Monit	toring Firm			Те	lephon	e No.	1	Telephone No.		Li	cense No	o.				
Michael Baudo					516-94	4-9500		718-605-6256		4 3	00774					
Start Date (10)						ate (11)	1.5	Name of OSHA M	lonitor						1975	
11 /11 /	16	1	2_ /	_3	31 /	16		<b>Testor Tech</b>								
Occupancy Status During								Street Address								
☐ Facility Closed/Vacate								10- 59 Jackso	on Avenue							
Abatement Performed Time of Abatement: 8:						escribe		City, State, Zip Co	ode		-					
		-IVI/	P	VI	AIVI			LIC NY 11101								
Scope of Work (Check all	that apply)							□ Full Cont	ninnant with Non		D	_				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			⊠ Re □ De					☐ Mini-Enc ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor							
* **				Loc	ation								Ab	atem	ent T	уре
Location of Asbestos-Containing N		0	Use	d So	lely by	Asi	hest	Description o tos Containing Ma			Amount		Re	Re	m	m
TO BE ABA	TED	7			ance/			thermal systems			(Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	у		Cus	(12	I Staff?			surfacing, VAT, other miscellane			SF or LF	)	val		sula	sure
(15)			Yes	No				other miscellane	ous)						ate	
Drive Thru Roof						Roof	Flas	shing			30SF		$\boxtimes$			
Drive Thru Roof				$\boxtimes$		Caulk	king	1			5SF					
				П												
Name of Registered Wast	o Haulas		Ш		NIDEE	Waste	Т,	01: 7 1 6	Th. (D :				Ц	Ш	Ц	Ш
Newark Carting	e naulei			112	Hauler NJ-5	ID No.	100	Cubic Yards of Waste 15	Name of Regist	erea	Langfill					
City, State			1	Disposal Date	City, State											
Newark, NJ				11/18/2016	Bethlehem,	PA										
Completed By (Print or Ty Ralph Barnhardt	pe)	Title Pr	oject	Mai	Signature / Manager							Date		3-7	1001	0

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

ASB-41 MAY 11

Chace	120		NOT		ATIO		BE	Jersey STOS ABA 8:60 and 5:1			: C	E	Constitution	W	E,
Date of Notification (1)  10 / 25 / 16								wner/Operator (	A A CONTRACTOR	NOV	~	4	2016		
	Bank Of An				nerica			Same Dane					1		
Agencies Notified					Street Address					ASE	BESTO	S	CON	JTR(	OL 8
☑ DOLWD ☐ Amended				937 Broadway					LICENSING						
☐ DHSS Amendment #					City, State, Zip Code Bayonne, NJ 07002										
DCA Emergency (includir				g		William Colonial Street	100000000	7002							
.(NJAC 5:23-8) justification)  Cancellation				Name of Cont			Ostaszewski			Telephone Number					
Name of Facility With a A		<del>-</del>	5.	(2)	FA	CILITY	NFO	RMATION							
Name of Facility Where Abatement is Taking Place (3)  Bank of America									Type of Facility (4)  ☐ School (K-12)						
Street Address						☐ Subchapte				er 8 (Other than K-12) , private and commercial buildings,					
937 Broadway									homes, etc.		nmercia	וו טע	llaing	IS,	
City (5)								Square Feet	# of Floors Bldg. Age						
Bayonne, NJ									2,000 1 45						
County (6)					Cou	nty Code (	7)(ST	STATE USE ONLY) Current Use (Prior if being demolished)			_				
Hudson															
Name of Monitoring Firm Hired by Building Owner (8) AS					ASCN	No.	Na	ame of Abateme	ent Contractor (9)			_			
New York Environmental								JVN Restoration Inc							
Street Address							St	reet Address							
88 Harbor Road							47 Foster Road								
City, State, Zip Code							City, State, Zip Code								
Port Washington, NY 11050							Staten Island NY 10309								
Project Manager for Monitoring Firm Telephone No.							Telephone No. License No.								
Michael Baudo					16-944-9500			18-605-6256 00774							
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor								
11/12/16					1_/	16 Testor Tech									
Occupancy Status During Abatement (Check only one)							Street Address								
☐ Facility Closed/Vacated During Entire Period of Abatement							10- 59 Jackson Avenue								
Abatement Performed Outside of Normal Facility Hour Time of Abatement:AM-1:00PM/9:00PM-Sat					rs - De turada	uraday and									
Sunday. AM		<u>.</u>		w <u>ou</u>	curace	iy arra	L	LIC NY 11101							
Scope of Work (Check all	that apply)							⊠ Full Cont	tainment with Neg	native Pressur	re			*****	
$\square$ ≥3 sf or ≥3 lf $\boxtimes$ Renovation $\boxtimes$ ≥160 sf or ≥260 lf $\square$ Demolition							☐ Mini-Enclosure								
△ ≥ 100 St 01 ≥ 200 IT			∐ De	moliti	on				g Procedure mpted (*) and No	n-Eriable Prod	cadura				
		T	ls	Loca	tion		_	- Holl-Exc	inpled ( ) and No	II-I Hable Floo	Cedule	۸h	tom	ont To	una
Location of				Norma				Description o	f		-			ent T	
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility			Used Solel Maintenar					Containing Ma		Amount		Removal	Repair	Encapsulate	Enclosure
				todial	Staff?	(1.6		ermal systems surfacing, VAT,		ation, (Specify SF or LF)		3701	ar.	apsi	uso
(13)			70	(12)	100000	-	other miscellaneous)			0, 0, 1,		a a		ulat	re
Drive Thru Roof			Yes	No	N/A	Roof F	lach	ina		2005				0	
Drive Thru Roof					-					30SF					
Diffe filla NOOI						Caulkin	ıg			5SF					
									T.						Ш
Name of Degister-d Marta 11				Щ			,								
				9 8	AJDEP Hauler I	D No.	Wa	bic Yards of aste	Name of Regis	tered Landfill					
City, State					NJ-5	00	-	posal Date	City, State			_			
Newark, NJ						11//2016			Bethlehem,PA						
Completed By (Print or Type) Title							Signature	1//		Date				-	
Ralph Barnhardt Project Manager							Mel	Afril	7 10-25-16						

State of New Jersey