D&S Proj. #: 16-332

ΔSR-41

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

	G	E		W	
	NOV	to a	7	2016	

									NUY	1	ZU	10	
Date of Notification (1)		Name of E	Building Own	er/Operator (2)								ì
1 0 / 3 1 / 1 6		EDWIN	MATTH	EWS				Ā	SBESTO	OS CO	ONT	ROL	- &
Agencies Notified Type Notified Initial	cation	Street Add	ress					1	led to	راه الماء	et G		
_													
Amendment		City, State	, Zip Code										
DOL		SO. OF	RANGE, N	IJ 07079									
DOH (including	1	Name of C		0,0,0		The second second second		Telepho	ne Numbe	er			_
DCA justification		EDWI	N MATTH	EWe				1		12			
Cancellat	ion	EDWI			ATIO	NI.		_			_		
Name of facility of a control of		1 (0)	FAC	ILITY INFORM	ATIO	IN .	_	I = 7 = 00	7.7				
Name of facility where abatemer	it is taking	place (3)						Type of Facility Scho	(4) ol (K - 12)			
EDWIN MATTHEWS								=	hapter 8 (50	han K	(-12)	
Street Address							_	Other	(Private/0	Comme		,	
									./Homes,	9000000			
City (5)	I Co	ounty (6)					=	Square Feet	# of Floo	ors	В	ldg. A	ge
Oity (5)	00	unity (0)				unty Code (7) ate use only)		Current Use (F	Dulan if hai			!\	
SO. ORANGE	E	SSEX			(0,	ato doo orny)		Current Use (F	Prior it bei	ng aen	iolisn	ea)	
Name of Monitoring Firm Hired b	y Bldg. Ow	ner (8)	T	ASCM No.	_	Name of Abatem	nent C	Contractor (9)					
			1			D & S REST	ORA	TION, INC.					
Street Address					=	Street Address							
						20 Californi	a Av	e.					
City, State, Zip Code						City, State, Zip C	ode			- 5			
						Paterson, N.	J 075	503					
Project Manager for Monitoring Fi	m	P	hone Numb	er	_	Telephone Numb			License		per		
						973-345-80			(01169			
Start Date (10)	Sche	ed. Complet	ion Date (11)	_	Name of OSHA							
11/14/16	12/	16/16				D & S Resto	oratio	on, Inc.					
Occupancy Status During Abatem					-								
Facility closed/vacated during			ement.			20 California City, State, Zip C		ilue					
Abatement performed outside Describe:	le of norma	al facility hou	ırs-			lony, orato, zip o	ouc						
Other-Describe: NORMAL	HOURS				_	Paterson, N.	J 075	503					
Scope of Work (check all that app	oly)						ПЕ	ull Containment	w/negative	e press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$		tion						fini-enclosure		, p. 000			
≥160 sf or ≥260 lf	Demoliti							lovebag procedu		f-!			
Location of	Is locati	on normally	used solely	1				von-Exempled () and Non	-mable	R	E	
asbestos-containing		tenance/cu	stodial	Description	on of a	asbestos-containin	a	Amount		e m	e	n	E
material (acm) to be abated in facility (13)	staff(12		T	material (5	(Specify :	SF or	0	a	c	С
abation in idomity (10)	Yes	No	N/A							v e	i	р	L .
BASEMENT + 2 crawl space	s	X		PIPE INSU	LAT	ION		346 l ft		X			
2nd floor				PIPE INSU	LAT	ION		16 l ft		×			
basement chimney packing		X		chimney thi	mble	packing		4 sq ft					
							MUDORIUM						
Registered Waste Hauler	NJI	DEP Hauler	1000	ubic Yards of V	Vaste								
D & S RESTORATION, INC Dity, State		3506		YDS	MILITED IN		/N, R	RESOURCE R	ECOVE	₹Y		no provinces	enconnecto,
PATERSON, NJ 07503			Disposal D 11/30/16			City, State TULLYTOV	VN I	ΡΔ					
Completed by (Print or Type)	Title		1	Signature		TOLLITON	714, 1		Date				_
BOGDAN JOLDZIC	PRESI	DENT							10/31/	/ 2016			
49R-41	* Do not ii	se this form	for asbesto	s licensure exe	emnte	d activities	-		1				

Ch8096

3 & G proj. #: 2016-162

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

- 1	111			
Che	ck #	8096NAV	- 7	2016

511 (15 11 - 14)			0	Operator (3)					i .				-
Date of Notification (1)	11	of Building ob Brenza		Operator (2)					ASBES	TOS	COI	VTR	OL &
Agencies Notified Type Notification		Address	2							IOL.	ion:	N.	
□ EDA	Street	Address											
DEP Initial	City S	tate, Zip Co	ode	**************************************	_								
▼ DOL		rristown,		960			6-63					ne na	MONIONIA.
X DOH	Name	of Contact						Telephone	Number				
☐ DCA ☐ Cancellati	on Ja	cob Bren	za										
				ITY INFORMA	TION								
	taking place (171012				Туре	of Facility (4)					
Name of facility where abatement is	taking place (2)						School		th -	- 1/ 1	2)	
Jacob Brenza								Subchar Other (P	oter 8 (Otl			2)	
Street Address								Bldgs./H	omes, etc). 		. ^ ~ 0	
							Squa	are Feet #	of Floors		Bla	g. Age	*
City (5)	County (6	5)	-5-3			ty Code (7) e use only)	Cur	rent Use (Prid	or if being	demo	lished	i)	
Morristown, NJ 07960	Morris				(Otate	, ase siny		idential					
Name of Monitoring Firm Hired by B	ldg. Owner (8))		ASCM No.	TI	Name of Abatement	t Contra	ctor (9)					
Name of Montoning Contracting				n/a		B & G Restora	ation, Ir	nc.					
Street Address						Street Address 105 Ryerson	Road						
					_ -	City, State, Zip Code					-		
City, State, Zip Code						Lincoln Park		7035			1115		
Project Manager for Monitoring Firm		Phone	Numbe	er		Telephone Number			License		er		
Project Manager for Monitoring 1 mm						(973)696-68			00	378	_	-	_
Scheduled Start Date (10)	Sched. Co	mpletion D	ate (11)		Name of OSHA Mo B & G Restora		nc.					
11/16/2016	11/17/2				11	Street Address							
Occupancy Status During Abatemen	t (Check only	one)				105 Ryerson	Road						
Facility closed/vacated during	entire period of	of abatemen	nt.			City, State, Zip Cod	le						
Abatement performed outside	of normal faci	lity hours-			_	LincolnPark, I	NJ 070	35					
Other-Describe:					- 11							- 1	
Scope of Work (check all that apply					ПЕ	ull Containment w/r	negative	pressure 5	Glove	ag pr	ocedu	re	
☐ Demolition 🔀	Renovation					Mini-enclosure	3		Non-fr				
	≥160 sf or ≥26		d solely	7	<u></u>					R	R	E	Е
Location of asbestos-containing	by maintena	nce/custodi	al		ion of a	sbestos-containing		Amount (Specify S	E or	e m	e p	n	n
material to be	staff(12)		-	material				LF)	1 01	o v	a i	a p	L
abated in facility (13)	Yes	No	N/A					05.15		e X	-		\vdash
basement			×	pipe insu	lation			95 lf		H	一	H	盲
				1						盲			
				1									
Registered Waste Hauler		Hauler ID#	10	Cubic Yards of	Waste	Name of Register	red Land	ifill ource & Re	ecoverv	Cen	ter		
B & G Restoration, Inc.	19	563	sposal	1 Date		City, State		ouroc a ra	3070.9				
City, State Lincoln Park, NJ		וטו		17/2016		Tullytow	n, PA		T:				
Completed by (Print or Type)	Title			Signature		Gordana Luni	z		Date 11/0	4/20	16		
Gordana Luna	Secretary	Treasure	er	1		Juniora Lana			1170	1,20	. –		

Ch 8095

B & G proj. #: 2016-161

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

				П	U	15	111
K							And the same of th
Check # 8	809	MOA	_	7	2016		H,

		TO SECURE ASSOCIATION							
Date of Notification (1)		Building Owne					ASBESTOS	CON	TROLS
11 11 1/10 14 1/11 16 1		e of Louise	McCann					421146	
Agencies Notified Type Notificatio	n Street A	ddress							
□ DEP □		te, Zip Code	7004						
DOL Amendm		aucus, NJ 0	7094			Telephone	Number	a sole to a sile	_
▼ DOH ☐ Cancellat	Name of	Contact				1,010,011			
☐ DCA ☐ Cancellat	Kar	en Imbach							
		FAC	ILITY INFORM	ATION					
Name of facility where abatement is	taking place (3)					Type of Facility (4	(K - 12)		
Estate of Louise McCann							pter 8 (Other t	han K-1	2)
Street Address						Cher (F	Private/Comme Homes, etc.	ercial	
Street Address							# of Floors	Bldg	g. Age
	County (6)			Coun	ty Code (7)				
City (5)					e use only)	Current Use (Pr	ior if being der	nolished	d)
Secaucus, NJ 07094	Hudson			<u>. </u>	Name of Abatement	residential			
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		B & G Restorat				
			- II/a		Street Address	tion, me.			
Street Address					105 Ryerson F	Road			
City, State, Zip Code					City, State, Zip Code				
					Lincoln Park,	NJ 07035	License Num	ber	
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number (973)696-686	39	00378		
					Name of OSHA Mor	nitor			
Scheduled Start Date (10)		npletion Date (11)		B & G Restora	ition, Inc.			
11/15/2016	11/16/20				Street Address 105 Ryerson F	Road			
Occupancy Status During Abatemen	nt (Check only o	ne) abatement			City, State, Zip Code				
Facility closed/vacated during Abatement performed outside	of normal facilit	y hours-							
Describe:				=11	LincolnPark, N	NJ 07035			
Scope of Work (check all that appl	y)								
☐ Demolition 🕱	Renovation				ull Containment w/ne	egative pressure	Glovebag		
	≥160 sf or ≥260) If		X N	fini-enclosure		Non-friable	R	E -
Location of	Is location nor by maintenant	mally used sole				Amount	e	е	n E
asbestos-containing material to be	staff(12)			otion of a	sbestos-containing	(Specify S	SF or o	p a	c c
abated in facility (13)	Yes	No N/A				LF)	v e	i r	р
basement		×	pipe insu	ulation		210 lf	X		
Dasement								井	HH
								-	HH
*	INJER	lauler ID#	Cubic Yards o	of Waste	Name of Registere	ed Landfill			
Registered Waste Hauler B & G Restoration, Inc.	195	63	2 1/2		Tullytow	n Resource & R	ecovery Ce	nter	
City. State		Disposa	I Date 1/16/2016		City, State Tullytowr	n, PA			
Lincoln Park, NJ	Title		Signature				Date	0.10	
Completed by (Print or Type)	Title Secretary/7	reasurer			Gordana Luna		11/04/2	016	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(1/0# 274	19		(1	ursuan	t to NJAC	8:60 an	d 12:12	0)	i.			,	,		1/1	1.11
Date of Notification (1) 11/2/16				Name o	of Building	Owner/	Operator	r (2)), E.	Ų.,	13	, work		
Agencies Notified	Type Notification	1			Address est State	e St						NOV	-	- 7	2016	;
DEP DEP	Initial Amended			City, St	ate, Zip C	76677.77						NON	_			
X DOL	Amendmen Emergency				on, NJ				2-51-0011 15-101	1	karen lati	-05S		jőc	niin	,Q., t
DOH DCA	justification) Cancellation)			of Contact r Ferna					Tel	ephone	Numb	er.	(15)	1 +1.1	
Name of Facility Where	Abatament is Takir	na Dinas (*	1	FAC	ILITY INF	ORMAT	ION	-		<u> </u>			_	-		
Abandoned Flood F		ig Place (3)					Туре	e of Facility (4	ă .						
Street Address								Ħ	School (K-12 Subchapter	8 (Oth	er than	K-12)				
12 First Street								×	Other (i.e. pr etc.)	rivate 8	& comm	ercial	buil	dings	, hom	es,
City (5) Stafford Twp. NJ								Squa 150	are Feet 0	# 01	Floors 2	X	100	ldg. / 0+	Age	
County (6) Ocean				County (STATE	Code (7) USE ONLY	n			ent Use (Prio andoned Fl				d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				atement Cont Environme			es, li	nc.			
Street Address 10 DAY EXEMPT-N	IJ DEP "BLUE	ACRES	,				Street 135 I		ess elon Rd Su	ite 10)2					
City, State, Zip Code									Zip Code NJ 07405							
Project Manager for Mon	itoring Firm			Telepho	në No.		Teleph 908-2				Licens 01228					
Start Date (10) 11/22/16		Schedule 11/23/1		mpletion	Date (11)	di N	322123		HA Monitor Environme	ental	Servic	es. Ir	ıc.		-3112	
Occupancy Status During	Abatement (Chec	ck Only On	e)				Street									
Abatement Performe	ccupancy Status During Abatement (Check Only C Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facili Other – Describe:						City, S	tate, Z	elon Rd Sui	ite 10	2			-		
Scope of Work (Check Al	That Apply)					_	Kinne	elon,	NJ 07405							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emolii				×	Min	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure					е			
		1 1 2 2 2	Locat											Abate	ement	
Location Asbestos-Containing		233	ormal Sole		Achae	Des	scription		LACM	٨٠	nount	-		ı y	pe	
TO BE ABA	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sole Maintenal Custodial S					thermal surface		insula T, or		(S	pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
Mastic unde				Х		Mastic	1 123.5	3,38		1:	50sf	2	ĸ			
Roofing & FI				Х		Roofing	*************	100000000000000000000000000000000000000		60	00sf	x				
Firesto				Х		Firesto		2077	***	1	Olf	2	<			
Chimne Name of Registered Wast			N.	JDEP W		utty are		himr	-		5lf		۲			
Yannuzzi Group, Inc.	H	auler ID 7467		Cubic of Was	te		Name of Re Grows	egister	ed Land	dfill						
City, State Hillsborough, NJ						Dispos 11/23	al Date /16		City, State Morrisvill	e, PA						
Completed by John Mucha		Title Sr. Pr	oject	Manag	ger	Si	ignature	1				Date 11/2	16			
						/	1 -						_			

CK# 2749	P			OF ASBES to NJAC 8:				г							
Date of Notification (1) 11/2/16			Name of NJDPI	f Building O	wner/O	perator	(2)				Úž.	1	1	Ž.	
Agencies Notified Type Notification EPA Initial			Street A 35 We	ddress est State S	St.				A CONTRACTOR OF THE PARTY OF TH	-	MOV	/ -	7 2	2016	: : : :
DEP Amended Amendment #			City, Sta Trento	ate, Zip Code on, NJ	е				L	-4	140			×	
Emergency (in justification) DCA Cancellation	cluding			f Contact Fernand	lez				Tele	phone	Num	ber			40 Ja
			FACI	LITY INFOR	RMATIC	NC			1						
Name of Facility Where Abatement is Taking Abandoned Flood House Street Address	Place (3	3)					Тур	e of Facility (4 School (K-12 Subchapter	2)	er than i	K-12				
239 Black Duck Drive							×	Other (i.e. pretc.)	ivate 8	k comm		l build	27.5. U. - .		es,
City (5) Stafford Township							Squ 200	are Feet 00	# of 2	Floors		1 890	ldg. A 0+	ge	
County (6) Ocean				Code (7) USE ONLY)				rent Use (Prio andoned R			olishe	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCN	/I No.				atement Cont i Environme		0.00	es,	Inc.			
Street Address						Street 135 k		ess elon Rd Su	ite 10)2					
City, State, Zip Code 10 DAY EXEMPT-NJ DEP "BLUE A	CRES	"						Zip Code , NJ 07405							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 908-2				Licens 0122		*			
[10.000000 MINOSON MINOSON [10.000]	chedule		npletion	Date (11)				SHA Monitor i Environme	ental	Servic	es,	Inc.			
Occupancy Status During Abatement (Check	Only Or	ne)				Street				NAC-					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal					-	12022010000		elon Rd Su Zip Code	ite 10)2					
Other – Describe: Scope of Work (Check All That Apply)					-			, NJ 07405							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	M G	ull Containme lini-Enclosure llovebag Proc on-Exempted	edure	-				е	
		Locati			D	cription							Abate Ty	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility N Use Mai						lateri	al (ACM) liation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-					(D	
House			Х		ŀ	Racm			30	000sf		x			
N			IDEE :	(nata	0. 5.	V==-1:		I Name of S	la etc i	en el 1	uen.				
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Н	JDEP W auler ID 7467		of Was	te		Name of F	- 1170	red Lan	IGTIII				
City, State Hillsborough, NJ					Dispos 11/23/	al Date /16		City, State Morrisvi		Д					
Completed by John Mucha	Title Sr. P	roject	Mana	ger	Si	ignature	X	1			Date 11/	e '2/16			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK# 2749		NOTIF	ICATIO	State of Nev N OF ASBI It to NJAC	ESTOS	ABATE	MEN 0)	IT		3			44.1	
Date of Notification (1) 11/2/16				of Building (Owner/	Operator	r (2)				- 1-04		nes i	2 111
Agencies Notified Type Notification EPA Initial				Address est State	St.					N	07	- 7	201	6
DEP Amended X DOL Amendment				tate, Zip Co on, NJ	de						17% - 2 * 1 2 2 7 * 2 1 1 1 2 1			7 4
DOH Emergency (justification) Cancellation	inciuaing			of Contact er Fernan	dez				-Telepho	ne Nu	mber		***	
Nome of Facility 188, and the second			FAC	ILITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking Abandoned Flood House) Place (3)					Тур	oe of Facility (4 School (K-12	58					
Street Address 20 Ralph Lane							×	Subchapter of Other (i.e. preetc.)	8 (Other that ivate & con	an K-1 nmerc	2) ial bui	ldings	, hom	ies,
City (5) Stafford Twp.							Squ 150	uare Feet	# of Floo	ors	4.00	3ldg 50+	Age	
County (6) Ocean				Code (7) USE ONLY)				rent Use (Prio andoned	r if being de	emolis	hed)			
Name of Monitoring Firm Hired by Building C 10 DAY EXEMPT - NJ DEP "BLUE	wner (8) ACRE	S"	ASCI	M No.		Name Yann	of Al	eatement Cont i Environme	ractor (9) ental Serv	vices				
Street Address			-			Street 135 h		ess elon Rd sui	te 102					
City, State, Zip Code						City, S	tate,	Zip Code , NJ 07405						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one	No.	Lice	ense N	lo.			
	Schedul		npletion	Date (11)		Name	of OS	SHA Monitor i Environme						
Occupancy Status During Abatement (Check	Only Or	ne)				Street			- Tital Ool (1003				
X Facility Closed/Vacated During Entire Pe	eriod of	Abaten	nent			135 k	Kinn	elon Rd sui	te 102					
Other – Describe:	al Facility	Hours			_			Zip Code , NJ 07405						
Scope of Work (Check All That Apply)							000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	M	ull Containmer lini-Enclosure lovebag Proce on-Exempted	dure				e	
	Is	Locati	on									Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	tion of Norr ling Material (ACM) ABATED Mainte acility Custodia					scription aining Management systems cing, VAT	ateria insu T, or	lation,	Amoun (Specify SF or LF	/	Removal	Repair	e Encapsulate	Enclosure
(15)	Yes	No	N/A		otrier ri	niscellane	eous)			val	al.	ulate	sure
Exterior			х		ins	sulation	1		2000s	f	х			
Exterior			Х		vap	or barri	er		3500s	f	х			
Exterior			х		trans	site sidi	ng		2000st	f	х			
Name of Registered Waste Hauler Yannuzzi Group		Н	JDEP W auler ID '467	No.	Cubic of Was 20			Name of Re Grows	egistered La	andfill				
City, State kinnelon NJ			W. 7 ()			al Date		City, State Morrisville	e PA					
Completed by John Mucha	elon NJ pleted by Title						X	M		Dat	te /2/16			

C/C# 2749			CATIO	N OF ASBI	ESTOS	ABATE									
Date of Notification (1) 11/2/16			Name o	of Building	Owner/C	Operator	(2)		1				11-12-77	- 10	
Agencies Notified Type Notification EPA X Initial				Address est State	St.							NOV		7 2	016
DEP Amended Amendment #				ate, Zip Co on, NJ	ode						ji i	.1387	ile.		
DOH justification) Cancellation	iciuaing			of Contact r Fernan	dez				Tel	ephone	Num	ber			
-			FAC	ILITY INFO	DRMATI	ON									
Name of Facility Where Abatement is Taking Abandoned Flood House	Place (3)					_	of Facility School (K-							
Street Address 136 Bernard Drive							×	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) Stafford Township								re Feet	# of	Floors		1000	ldg. A	ge	
County (6) Ocean				Code (7) USE ONLY)				ent Use (Pr			olish	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASC	M No.				atement Co Environn			ces.	Inc.			
Street Address						Street	Addre								
City, State, Zip Code 10 DAY EXEMPT-NJ DEP "BLUE A	CRES) II				City, S	tate, Z	ip Code NJ 0740							
Project Manager for Monitoring Firm		8:	Telepho	ne No.		Teleph 908-2				Licens 0122),			
	Schedul 11/18/		pletion	Date (11)				HA Monitor Environn		Servic	es,	Inc.			
Occupancy Status During Abatement (Check	Only O	ne)				Street		- 2000000000000000000000000000000000000							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	eriod of	Abatem y Hours	ent			01.70001100		lon Rd S	uite 10)2					
Other – Describe: Scope of Work (Check All That Apply)					-			NJ 0740	5						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The second second	Renovat Demoliti				×	Mir Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					e	
		Location Normall											Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Solel aintenan todial S (12)	y by ice/ taff?		os Conta thermal surfac		laterial s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Dath	Yes	No	N/A												
Bathroom			Х		Lir	nolcum	1		2	25sf		х	7		
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Ha	JDEP Wauler ID 467	UP-6000000	Cubic of Was	ste		Name of GROW		red Lan	dfill				
City, State Hillsborough, NJ						al Date		City, Stat		Ą					
Completed by John Mucha	Title Sr. P	roject	Mana	ger	Si	ignature	Mr	MI	\		Date 11/	e 2/16	i		

W# 2749			CATION	N OF ASBE to NJAC 8	ESTOS	ABATE		NT					et i		4 (
Date of Notification (1) 11/2/16		100	Name o	f Building (Owner/C	perator	(2)		10		<u> </u>	l est	****		
Agencies Notified Type Notification EPA X Initial			Street A 35 We	Address est State	St.					1	101	-	7 2	016	
DEP Amended Amendment #			City, Sta Trento	ate, Zip Coo on, NJ	de					1				46.5	
DOH Emergency (in justification) Cancellation	nciuaing			f Contact r Fernanc	dez				Tel	ephone l	Nıım	her	h-XIII-		
			FACI	ILITY INFO	RMATI	ON			-						
Name of Facility Where Abatement is Taking Abandoned Flood House	Place (3	3)					Ту	ype of Facility School (K-	-12)						
Street Address 8 David Drive							×	Subchapte Other (i.e. etc.)					lings,	home	es,
City (5) Stafford Township							1000000	quare Feet 500	# o	f Floors		0.008	ldg. A 0+	ge	
County (6) Ocean				Code (7) USE ONLY)				urrent Use (P bandoned			olishe	ed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCN	И No.				Abatement Co zi Environi			es,	Inc.			
Street Address						Street 135 k		dress inelon Rd S	Suite 10	02					
City, State, Zip Code 10 DAY EXEMPT-NJ DEP "BLUE A	CRES	,,						e, Zip Code n, NJ 0740)5						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 908-2		e No. 8-0880		License 01228	<u> </u>	¥0			
	Schedul 11/18/		pletion	Date (11)				OSHA Monito zi Environi		Service	es,	Inc.			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pr						Street 135 k	3000	dress inelon Rd S	Suite 10	02	200.00				
Facility Closed/Vacated During Entire Potential Abatement Performed Outside of Normal Other – Describe:	al Facility	/ Hours	en		_			e, Zip Code on, NJ 0740)5						
Scope of Work (Check All That Apply)								•							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	-	Renovat Demoliti				×		Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					e	
	10000	Location										1		ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel iintenar todial S (12)	y by nce/		os Cont thermal surfac		/late s in: T, c		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											ie.	
Front Entrance Closet			х		Li	nolcun	n		- 2	20sf		х			
	<u></u>														
Name of Registered Waste Hauler	1	N.	JDEP W	Vaste	Cubic	Yards		Name o	Registe	red Land	dfill				
Yannuzzi Group, Inc.		3737535	auler ID 7467	No.	of Was	0		GROV	/S		\$501.07				
City, State Hillsborough, NJ					Dispos 11/23	al Date /16	1	City, Sta Morris	ite ville, P	A					
Completed by John Mucha	Title Sr. P	roject	Mana	ger	S	ignature	X	M			Date 11/	e 2/16			

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Froj. #: 16-334 Name of Building Owner/Operator (2) Date of Notification (1) 1 0 / 3 1 / 1 6 sam ardolino Agencies Notified Type Notification Street Address ASSESTOR CONTROL & **Initial EPA** Amended DEP City, State, Zip Code Amendment #: DOL Emergency MADISON, NJ 07940 (including DOH Name of Contact Telephone Number justification) DCA sam ardolino Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) sam ardolino Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) MADISON Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 11/10/16 11/30/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial е e n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A p е PIPE INSULATION 60 l ft \boxtimes basement basement gas meter closet BARE HEATING PIPES 21 ft GARAGE 12 L FT M PIPE INSULATION Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. Disposal Date City, State City, State 11/11/16 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Title

10/31/2016

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

PRESIDENT

BOGDAN JOLDZIC

CK\$25317

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

Agencies Notified Street Address Street Address	Date of Notification (1)	1/2/16			Name	e of Buildin	ng Owner/Operator War	r (2) wick Garder	, Condo	os	VOV		7 1	010
DEP	Agencies Notified	Type Notification	n		Stree	t Address					ATTA	line.		Ulb-
Amendment Red Bank, NJ 07701 Some of Contact Red Bank, NJ 07701 Street Address Street Address Red Bank, NJ 07701 Street Address Str					City 9	State Zin (6 Pinckney S	Street	Četa			17.1.40 17.1.40	1.77
Name of Contact Bill Dolan Telephone Number	⊠ DOL	Amendment :		-	City, s	State, Zip (ed Bank, NJ	07701	2.4		- 6	17 A	M S 4
Street Address Stre		_ justification)		9	Name	of Contac	zt			none Numb	per		_	
Name of Facility Where Abatement is Taking Place (3) Warwick Garden Condos Street Address 36 Pinckney Street City (5) Red Bank, NJ County (6) Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Steed Date (10) Bill Weisgarber Steed Address Steed Address PO Box 341 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other tian K-12) Store (7) (STATE User ONLY) Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code City, State, Zip Code Allentown, NJ 08501 Project Manager for Monitoring Firm Bill Weisgarber Telephone No. (609) 259-9688 00493 Steef Date (10) 11/17/16 12/31/16 Occupancy Status During Abatement (Check only one) Street Address		Cancellation					Bill Dolan							
Street Address 36 Pinckney Street City (5) Red Bank, NJ County (6) Name of Monitoring Firm Hired by Building Owner (8) MECS City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Street Address City, State (10) Steet Date (10) Scheduled Completion Date (11) 11/17/16 City (5) Square Feet Square Feet # of Floors Bldg. Age 2 55+/- Current Use (Prior if being demolished) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Stevens Environmental Services, Inc. City, State, Zip Code State Address City, State, Zip Code City, State, Zip Code State Address City, State, Zip Code State Address City, State, Zip Code State Address Street Addr					FA	CILITY INF	FORMATION							
Street Address 36 Pinckney Street City (5) Red Bank, NJ County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Street Address City, State (10) Scheduled Completion Date (11) 11/17/16 City (5) Square Feet # of Floors Bildg. Age 2 55+/- Current Use (Prior if being demolished) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber City, State, Zip Code (609) 240-4070 (609) 259-9688 City, State, Zip Code Scheduled Completion Date (11) Scheduled Completion Date (11) Name of OSHA Monitor MECS Occupancy Status During Abatement (Check only one) Street Address Street Address	Name of Facility Where		-	457 700	ndos									
City (5) Red Bank, NJ Square Feet # of Floors Bidg. Age 55+/-	Street Address	Wai wick C	Jaraci	1 001	1003			Subchapter	r 8 (Other					
City (5) Red Bank, NJ County Code (7) (STATE Current Use (Prior if being demolished)	100000000000000000000000000000000000000	36 Pinc	kney	Stree	et					commercia	al buil	dings	1	
County (6) Monmouth Name of Monitoring Firm Hired by Building Owner (8) MECS PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Steed Address Steed Address City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Steed Address City, State, Zip Code (609) 240-4070 (609) 259-9688 Coccupancy Status During Abatement (Check only one) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Stevens Environmental Services, Inc. City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 O0493 Stert Date (10) Name of OSHA Monitor MECS Occupancy Status During Abatement (Check only one) Street Address	City (5)		20 121				10	100 MONTH 100 MO		loors	В			
Name of Monitoring Firm Hired by Building Owner (8) MECS ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address		Red I	Bank,	NJ	To					2		55	+/-	
Name of Monitoring Firm Hired by Building Owner (8) MECS Street Address PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Steed Address City, State, Zip Code (609) 240-4070 Steed Address City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 240-4070 (609) 259-9688 Od493 Start Date (10) Scheduled Completion Date (11) 11/17/16 12/31/16 Occupancy Status During Abatement (Check only one) Name of Abatement Contractor (9) Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 259-9688 Od493 Street Address Street Address		nmouth					7) (STATE	Current Use (F	Prior if beir	ng demolis	shed)			
Street Address Street Address PO Box 341 PO Box 322		Hired by Building	Owner		ASCM	No.	Name of Abaten	nent Contractor (9)					=
PO Box 341		MECS		_				ens Environ	mental	Service	es, Ir	ıc.		
City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) 11/17/16 Coccupancy Status During Abatement (Check only one) City, State, Zip Code Allentown, NJ 08501 Telephone No. (609) 240-4070 (609) 259-9688 00493 Name of OSHA Monitor MECS Street Address	Street Address	PO Box 34	.1				Street Address	PO	Box 32	2				
Project Manager for Monitoring Firm Telephone No. Telephone No. License Ne. Bill Weisgarber (609) 240-4070 (609) 259-9688 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/17/16 12/31/16 MECS Occupancy Status During Abatement (Check only one) Street Address		9 90 90	2001-00-0				City, State, Zip C		DOX JZ.					_
Bill Weisgarber (609) 240-4070 (609) 259-9688 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/17/16 12/31/16 MECS Occupancy Status During Abatement (Check only one) Street Address			0851:					Allentow						
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/17/16 12/31/16 MECS Occupancy Status During Abatement (Check only one) Street Address		Constant and Albertain		1100000				50 0600	Licer		040	,		
11/17/16 12/31/16 MECS Occupancy Status During Abatement (Check only one) Street Address			duled C							0	049.)		_
Occupancy Status During Abatement (Check only one) Street Address	22 22	Conc				(11)	Name of Con A		1ECS					
☐ Facility Closed/Vacated During Entire Period of Abatement PO Box 341		ng Abatement (Che					Street Address							_
									Box 34	1				
□ Abatement Performed Outside of Normal Facility Hours □ Other - Describe: 8 am to 4 pm □ City, State, Zip Code □ Crosswicks, NJ 08515			al Facilit	y Hou	rs		City, State, Zip C		ks NI	08515				
Scope of Work (Check all that apply)	Scope of Work (Check a	all that apply)				- 10 - 10v								
☐ Full Containment with Negative Pressure ☐ Saf or ≥3 If ☐ Renovation ☐ Mini-Enclosure	1 ≥3 sf or >3 lf		▼ Re	novat	ion				egative Pr	essure				
☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	∑≥160 sf or ≥260 lf						▼ Gloveba	ag Procedure	on Friable	Procedur	9			
Is Location Abatement			ls l	ocatio	on		LINOITEX	omptou () and iv	OII-I Habic	o i roccuur		bate	ment	-
Nomally Type Location of Used Solely by Description of	Location	of					Description of	į.				Тур	e	
Ashestos-Containing Material (ACM) Maintenance/ Ashestos Containing Material (ACM) Amount			Mair	itenan	ce/		os Containing Mat	erial (ACM)			_		ш	m
IN Facility Staff? Surfacing, VAT, or SF or LF) SF or LF	IN Facility		5	Staff?	•	(1.6.,	surfacing, VAT,	or			Remo	Rep	icaps	Enclosure
TO BE ABATED IN Facility (13) Custodial Staff? (12) Custodial Staff? Surfacing, VAT, or other miscellaneous) (Specify SF or LF) Ciscontinating Material (ANN) (Specify SF or LF) The moval The moval The	(13)			20000			other miscellaned	ous)			oval	air	sulate	sure
Yes No N/A		7.12.7		No	N/A								it)	
Crawlspaces (12) X Thermal Pipe Insulation 2400 lf X			-								-			
Crawlspaces (12)	Crawlspace	s (12)	×			P	ipe Debris Cl	ean up	600) <u> </u>	X			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Name of Registered Was	ste Hauler		IN	JDEP V	Vaste I	Cubic Yards	Name of Reg	istered La	ndfill				_
Stevens Environmental Services, Inc. Hauler ID No. 18292 of Waste 30 CU GROWS Landfill	Sa A		s, Inc	h	auler ID	No.	of Waste				dfill			
City, State Disposal Date City, State		and the same of th		_ -	102		Disposal Date	City, State		14 MANN 1				
Allentown, NJ 12/31/16 Morrisville, PA Completed By Title I Signafure Date	Completed Div						7.77	4-/-	Morr		PA			
Completed By Mahlon E. Stevens Project Manager Date 11/2/16		10000000	540	oject	Man	ager	Signature	/'/			11/2	2/16		

ASB-41

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

Date of Notification (1)	-		To	if Building Owner Wみらけけ		LIVINE	STON		NΩ	V _	7
Agencies Notified Type Notification EPA EPA DEP Amended Amendmer				S6 S. I ale, Zip Code			105	Nie Air			
DOH DCA ☐ Emergency pustification Cancellation	(includin)	g	Name o	IVWGSTO Contact HN FIGO ILITY INFORMA	URELL		Telephone	Number		24.1	à
Name of Facility Where Abatement is Take FORCE HOUSE Street Address 386 SOUTH LIVINGS	CONTRACTOR AND CONTRA			ETT PETONIA	11018				ddings	s hom	es.
LIVINGSTON .					Annual transmission	Square Feet 2,000	# of Floors		Bidg. ♣⁄	Age 100	
County (6) ESSEX			STATE	Code (?) USE ONLY)			SEVM.	(Ished)			personal districts of the second
Name of Monitoring Firm Hired by Building DETAIL ASSOCIATES Street Address			ASCA	0012	A.MA	of Abatement Co C Contracting Address					
300 GRAND AVE		ITE #	104		185 N	/reeland Ave. late, Zip Code			-		
Project Manager for Monitoring Fami ANTHONY VALENTIN)7631 E	Consequence	Telepho	ne No. - 569 - 6708	Teleph	ind Park, NJ one No. 262-5841	Licens 00156				
Start Date (10) 11/12/16	Schedu /	1/15		Date (11)	Name	of OSHA Monitor ga Environme			(A)		
Occupancy Status During Abatement (Che. Facility Closed/Vacated During Entire Abatement Performed Outside of North	Pariod of	ne) Abater	nent		280 F	Address Huyler St ate, Zip Code			The second se		**************************************
Other - Describe Scope of Work (Check All That Apply)			Hackensack, NJ 07606								
≥3 sf or ≥3 lf ≥150 sf or ≥260 lf		Renova Jemali				 Mini-Enclosure Glovebag Pro- 				re	
Location of	1	s Locat Norma	Hy	0	scription				Abat	ement ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole iintena todial ((12)	nce/ Staff?	Asbestos Cor (i.e. therma surfa	itaming M	atenal (ACM) insulation, f, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
BASEMENT	Yes	No	N/A	PIPE I	JSVLA	אטת	150 LF	1			
	5.000				***************************************		-			A COLUMN TO THE PARTY OF THE PA	
Name of Registered Waste Hauler Dewark Carting , Inc.	THE PARTY OF THE P	14	JDEP Wa auler ID 1 1509	The second	Yards ste 2		Registered Land Bethlehem (Cor	0	
Dity State Bewark, NJ				sal Date 12/16	City, State Bethleh		errennia de deserva	No Secondary .			
completed by oseph Vocaturo	Title Vice	Presid	ient		ignature	· Voietu		Jale // /3	116		100

CK#3479

	/ /			*0.00					1:1	17				*	
Date of Notification (1)	2 / _	16					Owner/Operator Air Force	(2)	1000	NOV	- 7	2016	2		
Agencies Notified EPA DOLWD	Type Notificat ☑ Initial ☐ Amended	ion			Join		lcGuire/Dix/La	kehı	urst		520	7.0		ă,	
☑ DOLWD	Amendme	nt #				ate, Zip C					150	٠	_ "		
□ DCA	☐ Emergenc		uding			htstown				Talanhana Num	her		-		
(NJAC 5:23-8)	justificatio	10070				of Contact	kins - Volmar	Con		Telephone Num	ibei				
	☐ Cancellation	OH .						COII	Struction						
					FAC	ILITY IN	FORMATION	T.		1					
Name of Facility Where				3)				1000	ype of Facility (4] School (K-12)	·)					
McGuire Air Force Street Address	Base Buildin	ig 24	10					$\dashv \Box$] Subchapter 8						
Joint Base McGuire	e/Dix/Lakehu	rst							Other (i.e., printed homes, etc.)	vate and comme					
City (5)			9=n.c=					1 9	quare Feet	# of Floors		dg. Ag	je		
Wrightstown					4				10,000	1		30			
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	1	urrent Use (Prio		ished)				
Burlington									Auto Hobby	Shop					
Name of Monitoring Firm		ing Ov	vner (8)	ASCM I	No.	Name of Abater								
EHS Environmenta	ıl, Inc.							ronr	mental, LLC						
Street Address							Street Address								
411 Southgate Cou	ırt, Suite E						623 Cutler A								
City, State, Zip Code							City, State, Zip								
Mickleton, NJ 0805				Tale		No.	Maple Shad Telephone No.	15 08052	License No.						
Project Manager for Mon	nitoring Firm				phone I 56-224		856-755-009		00842						
Jack Carney Start Date (10)	T 9	chedu	led Co	100	tion Dat		Name of OSHA		nitor	000,2					
					5_ / _		EMSL Analy								
Occupancy Status During	g Abatement (C	Check	only or	ie)			Street Address								
☐ Facility Closed/Vacate							200 Route 130 North								
Abatement Performed Time of Abatement:							City, State, Zip Cinnaminso								
Scope of Work (Check a	Il that apply)														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		0	⊠ Ren												
			la l	oca	tion		⊠ MOII-E	xemp	oteu () and Non	I-Friable Froced	-	atem	ant T	vne	
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM <u>ATED</u> lity)	N Used Mair	orma Sol ntena			Description stos Containing N , thermal system surfacing, VA other miscellar	Mater is ins AT, or	sulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(10)			Yes	No	N/A								(D		
Bay 14 and 15				\boxtimes		Pipe Fit	ttings			60 LF					
Bay 14 and 15				\boxtimes		Windov	v Caulking and	d Gla	azing	160 LF					
Office Area and Brea	\boxtimes		Floor T	ile and Mastic			240 SF								
Entrance							or			28 SF	\boxtimes				
Name of Registered Waste Hauler Freehold Cartage NJDEP Wast Hauler ID No.															
					15939)	5 Diapagal Data	-							
City, State Freehold, NJ							Disposal Date City, State 11/25/2016 Newburg, PA								
Completed By (Print or Type) Title Signature							_	1_]	Date					
Christina Lynch	71.47	10/00/03/03	ce Pre	sid	ent of	Operatio	1 / 1	2		11/2/14					

CK# 6604

D-to-fN-ifif/		Name of Building Owner/Operator (2)						= 11.0	12		107	13 /			
Date of Notification (1	.03	Name	e of Build	ding Owner	r/Operator ((2)	1131	812	Charling wa		-0	15			
November 3, 2016					Delav	vare Riv	ver Port A	uthority							11
Agencies Notified	Notificati	ion Type			Stree	t Addres	SS			14 41	NOV	-	7 2	016	111
□EPA	☑ Initial	Notification	nn.		P.O. I	Box 426	52			1 1			-	010	11.
DEP	☐ Amer		J11		-		ip Code			hard groups		V 1.01			\$
⊠ DOL		nendment			Linda	blowa	NJ 08021			.110	SEST(28 0	ONE	P/01 :	nese ²
⊠ DOH		gency (ind	cluding			of Con				Te	elephor	e Nu	mber	• • • •	
⊠ DCA	☐ Cand	ication)			1101110	0. 00	1001				эторттот	0 110	_		
	oun	JOHAHOTT			Thom	nas Zam	norski		ww				9		
					FACI	LITY IN	FORMATION	NC							
Name of Facility Whe	re Abatem	ent is Tak	ing Pla	ice (3)					Type of Fa	acility (4)					
Camden City Hall St	ation								School						
Street Address										apter 8 (Othe i.e. private &			Lbuile	lings	
5 th & Market Streets									homes		(COITIII	ercia	Dunc	ıırıys,	
City (5)									Square Fe		loors		Bldg	. Age	
Camden									30,000	1			110	years	
County (6)							(7) (STA	TE	Current Us	se (prior if be	ing der	nolish	ed)		
Camden					USE	ONLY)			Public tran	nsit					
Name of Monitoring F	irm Hired	by Buildin	g Owne	er (8)	ASCM	No.	Name of	Contractor	(9)						
Criterion Labs					178		Prime G	roup Reme	diation, In	c.					
Street Address							Street Ac			111/2					
3700 Progress Way							1400 Ada	ams Road,	Suite I, P.	O. Box 6					
City, State, Zip Code								e, Zip Code							
Bensalem, PA 19020							Bensale	m, PA 1902	20						
Project Manager for Monitoring Firm Telephone Nu					nber			ne Number		License Nu	ımber				
Michael Panepresso							215-533-	3503		00050					
Scheduled Start Date	(10)	Schedu		mpletion				OSHA Mor	nitor	00858					_
November 13, 2016	12	Novem			. ()		Criterion								
Occupancy Status Du	ring Abate						Street Ac								
	1000 - 1000 - 1000 000						F03/10/00/00/15/15/15/16/00	gress Way	,						
 ☐ Facility Closed/Vac ☐ Abatement Perform 	ated Duri	ng Entire	reriod	of Abate	ment			e, Zip Code							
Other – Describe:		20 01 140111	iai i ao	iiity i iou	13 -		Own Hard Street Country	Mark In the Sale Constitution							
0							Bensalei	m, PA 1902	20						
Source of Work (Chec	k all that a	apply)													
					novation					th Negative I	Pressur	е			
100 SI 01 >200 II				☐ De	nolition					Α.					
										nd Non-Frial	ole Pro	cedur	е		
				e0000									meres to to		
		1 1 0 0 0 0	Location Location											ement /pe	ŝ
Location of Asbe	stos-	100000000000000000000000000000000000000	Solely b			D	escription of	of		Amount				rpc	
Containing Materia			intenar					aterial (ACN	A)	(Specify				т	
TO BE ABATE IN Facility	<u>-D</u>		Custodia Staff?		(i.e.		al systems acing, VAT	insulation,		SF or LF)		Re	מ	Encapsulate	En
(13)			(12)				miscellane					Remova	Repair	sqe	Enclosure
			\/			37.30.570	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				val	H.	ulat	ure
		Yes	No	N/A										O	
Storage Areas		x			Transit				48 S			Х			
					Transit	e			64 S	F		Х			
												-			\vdash
Name of Reg. Waste Hauler NJDEP Waste					'aste	Cubic	Cubic Yards Name of Reg. Landfill								
Hauler ID #					1	of Wa		1	350		16:11				
Prime Group Remediation Inc. 19272						5	5 Western Berk Community Landfill								
City, State							Disposal Date City, State								
Bensalem, PA 19020 Completed by Title				11/13/2016 Birdsboro, PA 19608											
Completed by		007.00				720,747,000	Signature				Date		o nosayy	na na rem	
Vincent Primavera Project Manager						<	November 3, 2016								

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway - 21st Floor New York, NY 10007-1866

O		ATION OF DEMO	LITION AND REN	NOVATION		11 - 7	
Operator Project #	Postmar	rk	Di	ate Received			Notification 7 2016
I. TYPE OF NOTIFICATION (O-Origina	I / R= Revised):					-	
II. FACILITY INFORMATION (identify o	wner, removal contracto	Original or, and other oper	ator)			1	
OWNER: Delaware River Port Authori	ity						
Address: P.O. Box 4262							
City: Lindenwold			State: NJ			Zip: 080:	21
Contact: Thomas Zamorski						Tel:	772-6914
REMOVAL CONTRACTOR: Prime Grou	p Remediation, Inc. (NJ	DOI # 00858)				030-	112-0314
Address: 1400 Adams Road, Suite I, P		DOL# 00030)		MINE			
City: Bensalem	10. 50% 0		State:			Zip:	
Contact: Vincent Primavera			PA			1902 Tel:	
OTHER OPERATOR:						215-	533-3503
Address:	other operator.						
City:			State:			Zip:	
Contact:						Tel:	
III. TYPE OF OPERATION (D = Demolition	n / R – Renovation):						
IV. IS ASBESTOS PRESENT? (Yes/No):	R	- Renovation					
V. FACILITY DESCRIPTION (include buil	Yes Iding name, number and f	loor or room numb	per):				
Building Name:							
Camden City Hall Statio Address:	n						
5 th & Market Streets Address:							
City:			State:			County:	
Camden Site Location::			NJ				mden
Platform	gMeter:	C-E1					
n/a Present Use:	qimeter.	SqFt: 30,000			1	Age	in Years: 110
Public Transit				Prior Use:	Public Trans	it	
VI. PROCEDURE, INCLUDING ANALYTIC OF ASBESTOS MATERAL: Polarized light microscopy (PLM) analysi				PRESENCE			
	3	,					
VII. APPROXIMATE OF RACM TO BE REI OF ASBESTOS BELOW:	MOVED AND NON-FRIAI	BLE ASBESTOS I	MATERIAL THAT	WILL NOT B	E REMOVED	. SPECIFY T	THE AMOUNT
					1		sbestos Material
Pipes – Linear Feet			RACM to be F	Removed	Cate	gory I	be removed Category II
1000 (Control of Control of Contr							
Pipes – Linear Meters							
Surface Area – Square Feet Transite			112			X	
Surface Area – Square Meters							
Volume RACM off Facility Component - Cub	ic Feet						
Volume RACM off Facility Component - Cub	ic Meters						
VIII. SCHEDULED DATES OF ASBESTOS	REMOVAL: (MM/DD/YY	7)	Ctod: 44142122	c	0	ation: 44100	20146
IX. SCHEDULED DATES OF DEMOLITIO	N/RENOVATION: (MM/E		Start: 11/13/201			etion: 11/20.	2010
Federal Notification			Start: n/a	С	ompletion: n	ı/a	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)			NOA - 1 5010
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND	METHOD(S) TO BE USED:	L tel	
Asbestos Abatement of Transite in 8 Storage Areas (6 SF Each) as well as 64 S	F of Transite in the Common Area.	Į.	
VI DESCRIPTION OF IMARK PRACTICES AND THE			, 3251 ₂
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO RENOVATION SITE:	BE USED TO PREVENT EMISSIONS OF	ASBESTO	OS AT THE DEMOLITION AND
Prime Group intends to follow all Federal and State of New Jersey Asbestos Re	gulations and Code in reference to all n	najor and	minor asbestos abatement work.
C MO ECOLOGORIA DE PORTO DE CONTRETA DE CO		•	
XII. WASTE TRANSPORTER #1			
Name:			
Prime Group Remediation, Inc. Address:			
1400 Adams Road, Suite I, P.O. Box 6			
City: Bensalem	State:	Zip:	19020
Contact: Vincent Primavera		Tel:	19020
WASTE TRANSPORTER #2			215-533-3503
Name;			
David Geppert Recycling			
Address: 2692 Woodstream Drive		inter	
City:	State:	Zip:	
Hatfield Contact:	PA	Tel:	19440
Joe Rispo XIII. WASTE DISPOSAL SITE		161.	215-842-0122
Name: Western Berk Community Landfill			
Address:			
455 Poplar Neck Road City:	State:	Zip:	
Birdsboro Tel:	PA		19608
610-375-2772			
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDE	NTIFY THE AGENCY BELOW		
Name:	Title:		
This is not an "Ordered Demolition." Authority:			
Date if Order (MM/DD/YY):			
	Date Ordered to Begin (MM/DD/YY):		
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY):			
This is not an "Emergency Renovation Description of the Sudden, Unexpected Event:	on,"		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Indu	strial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT U	NEXPECTED ASBESTOS IS FOUND OR	PREVIOU	ISLY NON-FRIABLE ASBESTOS
BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: The work will stop. The affected area will be isolated using plastic and caution s	ions. The materials will be adequately	wetted T	he area will be cleaned
using HEPA vacuuming and wet wiping techniques. Air monitoring for re-occup	ancy, if required, will be performed.	wetted. I	ne area wiii be cleaned
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE RI	EGULATION (40CFR PART 61 SUBPART	M) WILL	BE ON-SITE DURING THE
DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TR INSPECTION-DURING NORMAL-BUSINESS HOURS. (Required 1 year after	AINING HAS BEEN ACCOMPLISHED BY	THIS PER	RSON WILL BE AVAILABLE FOR
(Required 1 year after	promugation).		
	11/3/2016		
Signature of Owner/Operator	Date		
Vincent Primavera, Project Manager XVIII. I CERTIFY THAT THE ABOVE INFORMATION-IS CORRECT.	The state of the s		
	870 800 800		
Signature of Owner/Operator	11/3/2016 Date		
Vincent Primavera, Project Manager Federal Notification	·		
A STORY OF THE STO			

Ch 5800			ICATIO	tate of New Jer N OF ASBESTO to NJAC 8:60	S ABATE		т		E G		—Pr	int
Date of Notification (1)				of Building Owner		r (2)		UL	NOV		1-20	10
Agencies Notified Type Notification			Street A		Home				0000			
X EPA X Initial								I A	SBEST(OS C Demi	ONT	RO
DEP Amended Amendment	+#			ate, Zip Code n Haven NJ (2000							
Emergency	(including	_		of Contact	00000			Telephor	ne Numbe	r		_
DOH justification) DCA Cancellation			Jim					Totophion	io i tallioo	inc.		
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILITY INFORMA	ATION	Tyn	e of Facility (4)				
Jim Moore Private Home	ig i lace (3)				П	School (K-1	- 5) 				
Street Address							Subchapter	8 (Other tha		ildina		
24.75						×	etc.)	orivate & com				es,
City (5) Beach Haven NJ 08008						48533.43	are Feet	# of Floor	rs	Bldg.	Age	
County (6)		T		Code (7)		(50.000)	rent Use (Pri	10000	molished)	Grand Science		
Ocean			(STATE	USE ONLY)			me					
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	Name		natement Cor	tractor (9)				
Street Address					Street	Marie Control				-		
					PO	Зох 3	329					
city, State, Zip Code					7.500		Zip Code rlin NJ 080	01				
roject Manager for Monitoring Firm		Telepho	ne No	Telepi				nse No.			-	
,in-ugar rar manual g i min			rolopilo		100 200 200 200		9800	007				
tart Date (10) 1/14/16	11/18/	16	npletion	Date (11)	Name Sam		SHA Monitor					
ccupancy Status During Abatement (Chec	5000000 000	10000			Street	Addr	ess					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facility	Abaten y Hours	nent S		City, S	State,	Zip Code					
cope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				→ M G	ull Containme lini-Enclosure llovebag Prod on-Exempted	edure			Ire	
	Is	Locat	ion		-		on Exemples	() and Non	Triable 1	Aba	temen	t
Location of		Normal ed Sole			Description		14000	¥100-00000000	_	\top	уре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena todial S	nce/		nal system	s insu		Amount (Specify		, R	Ence	
In Facility (13)	Ous	(12)	otan:		mal systems insulation, urfacing, VAT, or SF or LF)			Encapsulate	Eliciosule			
	Yes	No	N/A				20		<u> </u>	- -	ate	re
Exterior Siding			x	Ex	terior Si	ding		1800 S	Sf x		1	
ame of Registered Waste Hauler		I	JDEP W	/aste Cut	oic Yards		Name of I	Registered La	andfill		1	
nited Roll off		H	auler ID 2459		Vaste		G. R. O					
ity, State			_ 100	Disp	oosal Date		City, State		A-1000			_
m NJ				11/	18/16		Morrisv	lle PA 190				
ompleted by	Title	idont			Signature	1			Date	16		

Data of Natification (4)									SIMI			010		
Date of Notification (1)	1/1/16			Nan	ne of Buildi	ng Owner/Operato	r (2) Ringenba	ah II II	NOV		1 2	Ulu		
Agencies Notified	Type Notific	ation		Stre	et Address		Kingenba	en						
□ EPA	☐ Initial			Olie	et Address			ASB	EST(OS C	ON	TRO		
DEP	Amended			City	State, Zip	Code		Sept Address of the September of the Sep	110	JEN.	3/1	9_		
⊠ DOL	Amendm Emergen		200	,	otato, zip		Hillside, NJ (7205						
⊠ DOH	justificat	ion)	ig	Nam	ne of Conta		11113140, 143	Telephone Nur	mhor					
□ DCA	☐ Cancellat	tion		1 10000	원주 - 전세경하 (제계원하다	raine Ringenba	ach	relephone ivui	Tibel		_			
						FORMATION								
Name of Facility Where	Abatement is 7	Taking Plac	ne (3)	Γ,	ACILIT IN	FORMATION	Time of Facility	///						
		Resident	2500				Type of Facilit	5.88 W						
Street Address		teoraem	1641				School (K-	12) r 8 (Other than K-	12)					
							Other (i.e.,	private & commer	cial bu	ildings	6,			
City (5)							homes, etc Square Feet	# of Floors		Olda /	\ ~~			
4	Н	Hillside,	NJ				1400	7	1	Bldg. A	- 100 man			
County (6)			110	Cor	inty Code (7) (STATE		Prior if being demo			5+/-			
	Union			US	E ONLY)	,, (0,,,,,2	Current Ose (F	nor it being demo	iisneu,	N.				
Name of Monitoring Firm	n Hired by Build	ding Owner		ASCN	1 No.	Name of Abaten	nent Contractor (9)				_		
(8)	MECS					the second secon	and the second of the second o	mental Service	es I	nc				
Street Address						Street Address	OHO EMPHON	mentar Service	, 1	nc.				
	PO Box	341				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PO 1	Box 322						
City, State, Zip Code						City, State, Zip C		30X 322				_		
C	rosswicks, l	NJ 0851	5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		n, NJ 08501						
Project Manager for Mo	Tel	phone	No.	Telephone No.		License Ne-								
Bill We	(6	09) 24	10-4070	(609) 25	9-9688		0049	3						
Start Date (10)	S	cheduled (Comple	etion Da	ate (11)	Name of OSHA N	Monitor							
11/3/16		20	11/4/	16			M	IECS						
Occupancy Status Durir						Street Address								
☐ Facility Closed/Vacat	ted During Entire	e Period of	Abate	ment			PO I	30x 341						
Abatement Performe			ty Hou	rs		City, State, Zip C	ode					_		
Other - Describe:		m				Crosswicks, NJ 08515								
Scope of Work (Check a	all that apply)						201 1/ 1002 (07)							
≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Full Con Mini-End	tainment with Ne	gative Pressure						
≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure							
		lal	Location		1	Non-Exe	empted (*) and No	on-Friable Procedu	ure					
		N N	omally	7					1	Abater Typ				
Location of			Solel			Description of			_	1 7	-	-		
Asbestos-Containing N TO BE ABAT			ntenan ustodia		Asbest (i.e.	os Containing Mate thermal systems in	erial (ACM)	Amount (Specify			Ш			
IN Facility			Staff?		(1.0.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)		-	(12)			other miscellaneo	us)	51 (1988)	lova	oair	sul	uso		
		Yes	No	N/A			1		_		ate	ē		
Baseme	ent		X			Boiler Insulat	tion	30 sf	×			-		
Baseme	nt		X		The	ermal Pipe Ins		15 lf	-		-			
						ormar ripe ms	diation	1311	X			-		
								-	-					
Name of Registered Waste Hauler				JDEP \	Naste T	Cubic Yards	Name of Regis	torod I on dell						
H ₀				auler ID	No.	of Waste	Ivaille of Regis							
Stevens Environmental Services, Inc.					292	1 CU		GROWS Lar	ndfill					
City, State	A 11 protes	NII				Disposal Date	City, State	201020 10 P.O. BOO	PERSON.					
Completed By	Allentown					11/4/16	10//	Morrisville,	PA					
Mahlon E. Ste		Title Dr	niaat	Man	0.000	Signature Date								
P 44	V C113	rr	oject	ivian	ager	- 1111			11/1/16					

Nov 01 2 11/0

01 2016 03:47PM NJ Asbes	tos Contr			Sinte	4 N	page 1	E C E	7 20		11.1	0410
Dale of Notification (1)		1	NOTIF (1)	out mant to I	ASSESTOS AB	9;16)	ASBESTOS LICEN	CON	TRO	L &	
	16			Name of Bu	ulding Owner/Ope	orator (2)		49114	2 1		-
Agencies Notified Typ	e Notification			Street Addr	ess	Ring	enbach				T
DEP M DOL	nthal Mended								-		+
	mendment # mergency (in		_	City, State, 2	D Code						
DOH DOA	ivatification)	GINGIU	9	Name of Cor		Hillside,	NJ 07205				
	10 I CONTRIBUTOR			Lo	orraine Ringer		Telephon	e Num	Der		Will Co
Name of Facility Where Abater	N2:1/2			FACILITY	INFORMATION	IDach					_
William Street	Resid	Place	(3)			Type of I	adility (4)				
Street Address	-180	GILLIE				_ D School	1 (K-12)		C continue		
City (5)						Other	aprar \$ (Other that (i.e., private & com 1, etc.)	K-12)		
	Hillsic	ie N	т			Square Fe	set of Figor	1110112	II DAIK	ings,	
County (6)	1111111	10, 14	1	County Code	/2) /292 88	140) 2		1	85+	
Name of Monitoring Firm Hund 6	ra mileti	- Control of the Cont	_	USE ONLY	(1) (SIXIE	CUITOR! U	a (Prior II being de	molial	red)	100	7.
MEC	S bringing OA	/II SF	A	SCIM No.	Name of Abati	ement Contract	(9) 101		_	_	
Street Address					Ste	evens Envir	conmental Ser	vices	Inc		
City, State, Zip Code	Box 341				Street Address			71003	LIA		_
Crosswic	ks, NJ 08	616			City, State, Zip	Code	O Box 322				
Project Manage/ for Monitoring F	rm		Palonh	one No.			own, NJ 0850	1			
Bill Weisgarbe			(604)	240 4070	Telephone No.		Licanse No		-	=	_
11/3/16		d Com	pletion	Date (11)	Name of OSHA	(609) 259-9688 00493					
Occupancy Status Olinan dentes	ent (Check o		4/16				MECS				
- POPILY CHORRO/VECSIEN D	F-4 -			ne	Street Address						_
Abatement Performed Outside Other - Describe: 8 and to	of Normal Fac	ility H	arua	}	City, State, Zip C	PC	Box 341				
Scope of Work (Check all that app	(v)						cks, NJ 0851.	5			-
≥3 2f or ≥3 f □ ≥4 8Q af or ≥280 lf		Renova	elion Ion		Glovena	tainment with I	Vegative Pressure				
Land	1 1	Local	lh.	T	I POR-EXS	impled (") and I	Von-Priable Proces	The same of the sa			
Asbestos Containing Matchai (AC	Uza	d Sple	the bus	Anhant	Description of		(1	Abate	ment pe	
TO BE ABATED IN Facility	0	Sinff?	al	11.67., 10	Containing Mate	B) If at lan	Amount (Specify		T	ha	
(13)		(12)	3	1	audacing, VAT, c		SF or LF)	Reg	7	nog	E
	Yea	No	N/A	1:		-/	i i i i i i i i i i i i i i i i i i i	Removal	Repair	Encapsulate	Enclosure
Basement		×		B	oiler Insulati	-				ति	Œ
Basement	×		Therr	nal Pipe Insu	Intion	30 sf	X				
					1000	- INLANTI	15 lf	×			
Name of Ragislated Wasta Hauler		1	JDEP (
Stevens Environmental Ser		ubic Yerds Nama of Registered Landill					\dashv				
CIQ1 2(8)8	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM	1 CU		GROWS Lan	dfill						
Completed By		11/4/16.	City, State								
Mahlon E. Stevens	iece	Man		Signal	1/	Monisville, PA					
99-44 AR CO	1501	TAGIL	aker .	19	/		11/1/16				

* Do not use this form for asbestes licensure exempted ectivities.

			(Pur	suant to	NJAC 8:	60 and 12	2:120)		Al	CA	(0)	10	0	- 1
Date of Notification (1) 11/1/16		ame of E louvell	Building Over LLC	wner/Oper	rator (2	2)	S)			F		7 1		
Agencies Notified	Type Notification		11 (22)	treet Add						以广	- 9	LD_	L L	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Cod n Lakes,		17				NOV	w	20	16
× DOH	Emergency justification) Cancellation			lame of (Te	ephonė N	umber		INT	ROL
DCA	Caricellation			FACIL	ITY INFO	RMATION	1			,,,,	LI	DEN!		
Name of Facility Where	e Abatement is Takin	g Place (3)		171012				Type of Fac	ility (4)		ELION PLOSES SO			
Street Address 356 West Englew	556						Lineal Constant	Subch	l (K-12) apter 8 (Oth (i.e. private	er than K- & comme	-12) rcial buil	dings,	homes	3,
City (5) Englewood							100	Square Fee 2400	t # c	f Floors		3ldg. A	ge	
County (6) Bergen				County C	ode (7) SE ONLY)		-	Current Use	e (Prior if be	ing demol	lished)			
Name of Monitoring Fi	irm Hired by Building	Owner (8)		ASCM	No.	N	lame o	f Abatemer Environm	nt Contracto ental Serv	r (9) vices, Ll	_C			
Street Address								Address ox 483, 4	E Gate D	rive				
City, State, Zip Code								ate, Zip Coo vood, NJ						
Project Manager for M	roject Manager for Monitoring Firm				e No.			one No. 64-2276		License 703	e No.			
Start Date (10) 11/10/16	d Com	pletion D	Date (11)	1	Name o	of OSHA Mo	onitor							
Occupancy Status Du	ring Abatement (Che	ck Only On	e)			5	Street /	Address						
Abatement Perfo	acated During Entire ormed Outside of Nor	Period of A mal Facility	batem	ent		_	City, St	ate, Zip Co	de	0				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l		Tax Street	enovat emoliti				×	Mini-End Gloveba	tainment wi closure g Procedure empted (*) a	9		ocedu	re ement	
Loon	tion of	1	Location Normall	у		Desc	ription	of			_		етен уре	
Asbestos-Contain TO BE / In Fa	ing Material (ACM) ABATED acility 13)	Ma Cusi	d Solel intenar todial S (12)	taff?			ystems		,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1		Yes	No	N/A		pipe ii	ngula	tion		2 LF	×			
	ement			X		windo				20	×	-		
no	use					WITIGO	w gia	21119						
						I O. E.	'a ed -	N1-	me of Regis	stered Lan	odfill			
Name of Registered Waste Hauler Freehold Cartage				IJDEP W lauler ID 5959		of Wast		- 11.5450	estern Be					
City, State Freehold, NJ				Disposa TBD	al Date		y, State rdsboro, I	PA				and the second		
Completed by A. Scott Higgins	ident			Sig	gnature	A	_	Date 11/1/16						

7	E	(G	E		1//	E	In
				-	-		
- X							

						11 L 3107		1 6		8
Date of Notification (1)			lame of Build	INELAM	or (2)	STRUCTI	01	d_0	ITIN	01
Agencies Notified Type Notifica	ation	S	treet Addres	SS		F-71 11 1111	CEN	20	4.5 (1.2)	96
☐ BPA ☑ Initial		_		300 7	7TU ST	- L13	۷۱۱۷	1, 24 ! V	1.4	-
DEP Amended		C	ity, State, Zij				_			_
■ Amendme ■ Emergene	ent#			4 ISLE	CITY	N.T C	180	PC	2	
DOH justificati	on)	N	ame of Cont			Telephone Num		=	2.,	_
DCA Cancellati	on			RAMIC		- elephone Num	nber			
Name of Facility Where Abatement is T	-Li Di (6		FACILITY II	NFORMATION						_
RESIDEA		5)			Type of Facili					
Street Address	ull _				School (K-	12) r 8 (Other than K-1	21			
					Other (i.e., homes, etc	private & commerc	ial bu	ilding	js,	
City (5)					Square Feet	# of Floors	TE	3ldg.	Age	
AVALOI	<u>u</u>				1500	_		50		į.
County (6) CAPE MA	Y		County Code (SE ONLY)	(7) (STATE	Current Use (F	Prior if being demoli	shed)			
Name of Monitoring Firm Hired by Buildin	ng Owner	ASC	CM No.		nent Contractor (_
(8) N/A					COMICO	INC				
Street Address				Street Address	SSIPI	RUCE AU				
City, State, Zip Code .				City, State, Zip C	ode			20		_
Project Manager for Monitoring Firm	IT	elephoi	ne No	Telephone No.	LE 24	HOE M.) (78	05	2
		ereprior	NE 140.	856-77	9-0472	License No.	140	4		
Start Date (10) Sc	neduled Comp	eletion	Date (11)	Name of OSHA						_
11-14-16	11-21	-1	b		NI	Δ				
Occupancy Status During Abatement (C	heck only one)		Street Address						=
Facility Closed/Vacated During Entire	Period of Aba	tement								
Abatement Performed Outside of Norr				City, State, Zip C	ode					_
Other - Describe:				0.1, 02.0, 20	000	6				
Scope of Work (Check all that apply)							_		_	=
	W-100			Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf	Renova			Mini-End	losure	*				
\$12100 st of 2200 ft	Demolit	ion			g Procedure	on-Friable Procedur	.0			
	Is Local	ion	T	JAN 14011 EXC	mpled () and No	AFFTIAble Frocedur	T	Abate		_
3	Norma				1		1	Ту		
Location of Asbestos-Containing Material (ACM)	Used Sole Maintena			Description of		<u> </u>	<u> </u>			
TO BE ABATED	Custod			os Containing Mate thermal systems in		Amount (Specify	_		9	п
IN Facility	Staff	2	(,,,,,,	surfacing, VAT,		SF or LF)	Ren	Re	23	nci
(13)	(12)			other miscellaneou	(a.		Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A					=		ate	Э
SIDING		X	 -	TRAWSIT	F	2750s=	V			
JID IN 8	+		-	TICHIU ST.		<u> </u>	\wedge		_	
		+-	+					_	_	
		-	-							
ame of Registered Waste Hauler			Waste	Cubic Yards	Name of Regis	stered Landfill				
KLEMCO DUC.		lauler I	DNo.	of Waste	(.M.	MU.A.				
ity, State				Disposal Date	City, State					
MAPLE SHADE	NI. J	08	055		WOOD	BINE N	1.7	2		_
MiCHAEL CLORUM Title	SUP			Signature -	lose	Date	1 -	-	6	
41	- 0			-1-4					_	_

|| NOV - 7 2016

				1				Li Li							
Date of Notification (1)			Nar		ng Owner/Operato	0 S COA	USTRUCTI	OA	in col	UTR	OI				
Agencies Notified T	ype Notification	วก		Stre	et Address			F F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ICE	nger over		_			
1 = 1 =	Initial			_		300 7	774 57	<u> </u>							
DEP [Amended Amendmen	+ ##		City	, State, Zip				^ -						
] Emergency		ng	_	SEA	ISLE	CITY	N. J. O	85	143					
DOH DOA	justification Cancellation			Nan	ne of Conta	ct RAWIC		Telephone Num	ber						
				F.		FORMATION						_			
Name of Facility Where Aba			ce (3)				Type of Facili	ity (4)							
RE	SIDEN	CE					School (K-								
Street Address								er 8 (Other than K-12 , private & commerci		dings	5,				
City (5)	ALDM						Square Feet	# of Floors		ldg. A					
County (6)	4000		_	T Co	mhi Codo (7) (STATE		l l Prior if being demolis		50	_	_			
CAPE	WAY			US	E ONLY)		_ V	ACHUIT	snea)						
Name of Monitoring Firm Hir (8)	ed by Building	Owner		ASCA	/ No.	Name of Abatem		\$61.50							
IV.	μ						COMCO	INC		242					
Street Address						Street Address	S. SP	RUCE AUG	-						
City, State, Zip Code .						City, State, Zip C	ode	HADE M.J		080	25	>			
Project Manager for Monitori	na Firm		T Tele	phone	No	Telephone No.	<u> </u>	License No.		7 00	، در	W-			
			_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		856-77	9-0472		00444						
Start Date (10)	Sche	eduled (4	ate (11)	Name of OSHA N	Monitor 4A 4	10							
Occupancy Status During Ab	stoment (Cha		181	16		Charat Address	/	4		_	_	_			
Facility Closed/Vacated D				mont		Street Address									
Abatement Performed Out	2,570				}	City, State, Zip Co	nda			_		=			
Other - Describe:		J. 7 GOII.				City, State, Zip Ci									
Scope of Work (Check all that	t apply)					Full Containment with Negative Pressure									
		□R4	enovati	nn.		∐ Full Con ☐ Mini-Enc		egative Pressure							
≥160 sf or ≥260 lf			molitio			Gloveba	g Procedure								
						Non-Exe	empted (*) and N	lon-Friable Procedur							
			ocatio omally						A	bate Typ					
Location of		Used	Solely	by		Description of			-	-7,		-			
Asbestos-Containing Materi TO BE ABATED	al (ACM)	DE 100000109100	ntenano estodia			os Containing Mate thermal systems in		Amount (Specify	-		5	ш			
IN Facility		5	Staff?		(1.0.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	8	nclo			
(13)			(12)			other miscellaneo	us)		ova	air	Encapsulate	Enclosure			
		Yes	No	N/A							te	Ф			
SIDING				X		TRANSIT	E	150050	X						
Name of Registered Waste Ha		DEP V		Cubic Yards	Name of Reg	istered Landfill	ed Landfill								
	DVC.		- H	uler ID		of Waste		CMU-A-							
City, State WAPLE SHOP MI. T 080						Disposal Date	City, State	OBINE A	17	-					
Completed By	Title	1111			1	Signature -									
1111 - 1111 - 1/1	mu _	S	UP.			- Mun									

CIC # 4095.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

NOV - 7 2016

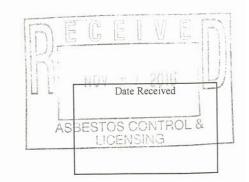
Date of Notification (1)				T Na	no of Buildi	ing C	wner/Operator	(2)	the last					- 1
11-1-16			INdi	ne or build		ALTHT!		ATR	ACTI	WG-	A 1. 12	-50	1 0	
Agencies Notified	Type Notification	on		Stre	eet Address	7.0	TS RT	. 50		110	ENS	INC	1	
I DEP	Initial Amended			C#	Ctata 7in			30			==		-	=
Ø DOL	Amendmen			City	, State, Zip			LO M.	7	087	20			
R DOU	☐ Emergency		ing	_			EMFIE	LD NL)					
DCA DOH	justification Cancellation			Nar	ne of Conta				Telep	hone Num	ber			
				_	BR	00	6							_
				F.	ACILITY IN	FOR	MATION							
Name of Facility Where			ce (3)					Type of Facilit	ty (4)					
K	ESIDENC	E						School (K-			21			
Street Address							7	Subchapte Other (i.e., homes, etc	private &			dings		
City (5)								Square Feet		Floors	. В	ldg. A		
0	CCAN	()	TY					2000	_		. _	50)+	
County (6)					unty Code ((7) (STATE	Current Use (F			shed)			
	MAY			US	E ONLY)			VA	CAM	I				
Name of Monitoring Firm	Hired by Building	Owne	r	ASCA	/ No.	Na	me of Abatem	ent Contractor (9)					
(8)	IIA					_	KLE	IMCO I	NC					
Street Address						St	reet Address							
					1.00		369	S SPIRI	DCE 6	ALE				
City, State, Zip Code						Cit	y, State, Zip C		// V /	520 8200	and the second			
						_	MAPL	E SHAD	EN	U.J	080	250	2	_
Project Manager for Moni	toring Firm		Tel	ephone	No.		lephone No.	0 -1100		nse No.				
			-			1		9-0472	_	0041	44			_
Start Date (10)		duled			ate (11)	Na	me of OSHA M	Monitor						
11-10-16		11-		1-1	6	_		W/	$A_{\underline{}}$					
Occupancy Status During	Abatement (Che	ck only	y one)			Str	eet Address							
□ Facility Closed/Vacate □ Facil	975.55													_
Abatement Performed	Outside of Norma	al Facili	ty Hou	Irs		City	, State, Zip Co	ode						
Other - Describe:						_								_
Scope of Work (Check all	that apply)						DEW! Con	toinment with No	antivo De					
>3 sf or ≥3 lf .	ē	ПR	enovat	ion			Mini-Enc	tainment with Ne losure	egauve Pr	essure				
∑≥160 sf or ≥260 lf			emolitic				Gloveba	g Procedure						
					1		Non-Exe	mpted (*) and N	on-Friable	Procedu	1			-
		9970	Location Location Location	100.00							^	bater Typ		
Location of			Sole		İ		Description of				-	- 7,		_
Asbestos-Containing Ma			ntenar ustodia				ontaining Mate		Amo		_		<u>m</u>	ш
TO BE ABATE IN Facility	<u>D</u>		Staff?	**	(I.e.,		nal systems in facing, VAT, o		(Spe		Ren	Repair	22	nck
(13)			(12)				r miscellaneou				Remova	pair	Encapsulate	Enclosure
*		Yes	No	N/A							=		ate	е
610111				1	7	10	ALICITI	-	200	2 6 -	~	-	-	
SIDIMO	~			Χ.		101	AWSITE		<u> </u>) SF	X	-	\dashv	
						_						-	\dashv	
									_			_	-	_
-			-7.	IDEO		0.1	: V1-			ACH				_
Name of Registered Waste				JDEP V auler ID			ic Yards /aste	Name of Regi						
- KLEMCO	INC		_ []	auler ID	<u> </u>			C. M	1.C.	M.U.	H			
City, State	10-	~		A 9208		Disp	osal Date	City, State	N 12					
	FOE M	<u>ر .</u>				_	0:	_woo	D BI			_		_
Completed By	Title	C	UP.			-	Signature 1	07/		Date	1-	-16	,	
MICHAU KLI	DMM	2	OB.				Mull	VV		1		10		_

	E				Print Fo	rm
K						1,
		NOV	1000	7	2016	11

Date of Notification (1) Name of Building Owner/Oper						r (2)									
10/31/16				North	vale Pul	olic Sc	hools			-	10	DEOT	200	2011	7001
Agencies Notified	Type Notification			Street A						1	AUI	DEST		SIN	THUI 3
☐ EPA	× Initial			140.00	appan F	0.23046				1_			V ber 1 V	VII 1	
DEP	Amended				ate, Zip C										
X DOL	Amendmen Emergency		- [vale, NJ	07647	7								
■ DOH	justification)			f Contact					Te	lephone N	lumber			
□ DCA	Cancellation	า			ny Copp										
Name of Facility Where	Abatamant is Takir	ag Diago (2)		FAC	ILITY INF	ORMAT	ION	Tun	of Facility (4	\					
Northvale Public S		ig Flace (5)						-	e of Facility (4	60					
Street Address	011001							×	School (K-12 Subchapter 8		or than K	12)			
441 Tappan Rd.								H	Other (i.e. pr				ildings	s, hom	ies,
		<u> </u>							etc.)						
City (5) Northvale								and the second	are Feet	1000	f Floors		Bldg.	Age	
				0 .	0 1 (7)			71,	30000	1			50+		
County (6) Bergen					Code (7) USE ONLY)		100000000000000000000000000000000000000	ent Use (Prio 100l	r if be	ing demol	ished)			
	- Hand by D. Halina	0 (0)									(0)				
					л No.				atement Cont ervices Inc.		(9)				
Street Address	000.0														
20-21 Wagaraw Ro	1.3						Street 156		ess e Ave.						
City, State, Zip Code	. Diag. ooL						1000000		Zip Code						
Fair Lawn, NJ 074	10						CO. (1) (1)		n, NJ 0705	7					
Project Manager for Mor				Telepho	ne No.		Teleph	-			License	No.	-		
Frederik Larson				973-636-9145 862-221-9092							01107				
Start Date (10)	10-00-01	Schedule	d Con	npletion	Date (11)		Name	of OS	HA Monitor				-		
11/10/16		11/11/1					Lesla	aw N	alodka						
Occupancy Status Durin	g Abatement (Che	ck Only One	2)				Street	Addre	ss		-				
➤ Facility Closed/Vac	ated During Entire	Period of A	baten	nent			156	Mapl	e Ave.						
Abatement Perform	ed Outside of Norr						City, S	state, Z	Zip Code				32.38		
Other - Describe:						_	Wall	ingto	n, NJ 0705	7					
Scope of Work (Check A	II That Apply)													1000000	
≥3 sf or ≥3 lf		× Re	enova	ition				Fu	ıll Containme	nt with	n Negative	Press	ure		
× ≥160 sf or ≥260 lf		☐ De	emolit	ion			×	1011	ni-Enclosure ovebag Proce	dues					
								- U	on-Exempted	(*) an	d Non-Fri	able Pr	ocedu	re	
		ls l	ocati	ion									0.0000000000000000000000000000000000000	temen	t
Location	n of	N	ormal	ly		De	scription	of					Т	ype	
Asbestos-Containing	Material (ACM)	Used	Sole itenar			tos Cont	taining N	//ateria	I (ACM)		mount			ш	_
TO BE AB		Custo			(i.e.		systems cing, VA		ation,		Specify For LF)	Ren	Re	ncar	incl
(13)			(12)				niscellan			0,	OI LI)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	e
hallwa	21/	*		+		nina	insula	tion		1	7 0lf.	-	*	-	
	0	-		*				1000			1000-2015-	*			
roof dra	11115			*		pipe	insula	tion			9lf.	^	_		
Name of Registered Was	ste Hauler	1	1 1237	JDEP W			Yards		Name of R	egiste	red Land	fill		-	
Newark Carting Inc.				auler ID 5409	No.	of Was	ste		GROWS	;					
City, State			0.	0403			sal Date		City, State						
Newark, NJ						11/12			Morrisvil	le. P	A				
Completed by		Title					ignature)				Date			
Leslaw Nalodka		Presid	lent						1/0	/	100	10/31	16		
							1-	-		-				10000	

			- N.					7.0				667		
Date of Notification (1) Nove	mber 2, 201	6			Name of I	Building O	wner/Oper Jersey	ator (2 Shor	2) re University	Medical Center	- /,	301	T 1	7
[X] EPA [1	Notifica			Street Add	dress	1945 F	Route	233	ASBESTO	S CC ENS		OL &	1
[] DEP [[x] DOL []	Amend	iment#	fication		City, State	e, Zip Code		ne, N	lew Jersey 07	1754				
[X] DOH	justific] Cancel	cation)			Name of	Contact Lisa Fr	ritz			Telephone Number				
				FAC	CILITY IN	VFORM	ATION							
Name of Facility Where Abaten Jersey	nent is Taking I Shore Unive	Place (3) ersity N	леdical С	enter				Тур	ne of Facility (4)	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address	Loute 33								[x]	Other (i.e., private homes, etc.)			l buildir	ngs,
City		Count	y (6)		County Co (STATE U		7)		1are feet 750,000	# of Floors 7	Bldg.	Age 60)	
Neptune		Mon	mouth						Hospit					
Name of Monitoring Firm Hire	d by Building C nmental Tac	owner (8	3)		ASCM No).	Name of	Abate	ement Contracto Guard	r (9) ian Contracting, 1	Inc.			
Street Address	ad Street						Street Ac	ddress		Route 9, Unit 61				
City, State, Zip Code		17					City, Sta	te, Zip	p Code Toms	River, New Jerse	y 087	55-12	.71	
Project Manager for Monitoring	ran, NJ 0774 g Firm	+/	Telephone				Telephor		mber	License Nu 00624				
Tom Geiger 732-290-2217 Scheduled Start Date (10) Scheduled Comple				ion Date (1	1)	732-34 Name of		A Monitor	6 8 8					
11/2/16			11/4/1	6			Street A	ddrecs		S.L. Analytical				-
Occupancy Status During Abat [X] Facility	Closed/Vacated	only one During) Entire Perio	d of Aba	atement		Silectin	uuress		Stelton Road				
	ent Performed (Describe	Outside	of Normal F	acility H	ours		City, Sta	ite, Zi	p Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all that	apply)						[]		Encapsulation Full-Enclosure					
[] >3 sf or	>3 lf		[x]	Renov	ration		L ,	4	Glovebag Proce	dure				
[x] ≥160 sf				Demo			[]	Non-Exempted	(*) and Non-Friable I	rocedu	re		
											Abat	ement '	Гуре	
			Is Location				Description Destoration			Amount	R	R	E	E N
Location of Asbestos-Containing Mate	erial (ACM)		Normally u Solely b				Material ((Specify SF	E M	E P	N C	C
TO BE ABATE		Mair	ntenance/C		1		, thermal			or LF)	0	A	A P	L
in facility (13)			Staff (12)			ins	ulation, sı VAT,		ing,		V	R	S	S
(13)			(12)			oth	ner miscel		ous)		A		U	U R
		YES		N/A						100 6	L		Е	Е
Ackerman 1 Board Room	m		X		Mast	ic		W		100 sf	X			
					-									
				-										
Name of Registered Waste Ha			NJDEP Wa		er ID No.	Cubic Y	ards of Wa	iste	Name of Regi	stered Landfill	1			
Guardian Control	racting, Inc.				osal Date	1 3	City, S			:				
Toms River, New Jersey 11/4/1				4/16 Signat	ure	Tully	towi	n, Pennsylvar	118	Date	e	// 0		
Completed by (Print or Type) Nicholas Fernicola Title Project Manager			11/2/2016											

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



DEMOLITION / RENOVATION NOTIFICATION

Operator	Project #:	Postmark:		Notificati	oii.		
I.	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT? (Yes	s/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal co	entractor and other	operator)				
	OWNER NAME: Jersey Shore Univ	ersity Medical	Center				
	Address: 1945 Route 33						
	City: Neptune S	tate: New Je	rsey	Zip:	07754		
	Contact: Lisa Fritz			Tel:	732-776-4219		
	REMOVAL CONTRACTOR: Guardian	Contracting, I	nc.		NJ License: 00624		
	Address: 1889 Ro	ute 9, Unit 61					
	City: Toms River S	tate: New Je	ersey	Zip:	08755		
	Contact: Nicholas	Fernicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: S	State:		Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Den	no R - Renovatio	n E - Emergency	Renovation):	R		
V.	FACILITY DESCRIPTION (Including building name, n	umber and floor or	room number)				
	Building Name: Jersey Shore Univ	versity Medical	Center			20-20-0	
	Address: 1945 Route 33						
	City: Neptune 5	State: New J	ersey	County:	Monmouth		
	Site Location: Ackerman 1 Board Room						
	Building Size: 750,000 sf	# of Floors:	7	Age in \	ears: 60		
	Present Use: Hospital		Prior Use:	Hospita	ıl		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHO	D, IF APPROPRIA	TE, USED TO DET	TECT THE PRI	ESENCE OF ASBESTOS MATER	RIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUI	DING:					riable
VII.	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION	Not 7	Material Fo Be loved
	Category II ACM not removed Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 100 sf	Masti	С		Ackerman 1 Board Room		
	RACM Off Facility Component (Cubic feet):				†		
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/	YY) Start:	11/2	2/16	Complete: 11	/4/16	

	NOTIFICATION O	DE DEMOLITION	N AND RENOVATION	ON (continued) E G E I V E [1]
ς.	DESCRIPTION OF PLANNED DEMOLITION OR R	ENOVATION WORK	, AND METHOD(3) TO BE	NOV - 7 2016
	(8.40)			
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE: Full enclosure procedures, negative air (HEPA) units to be pu with appropriate warning labels and placed in a closed/locked	t in place prior to removal.	S TO BE USED TO PREVE	NT EMISSIONS OF ASBESTOS AT THE DEMOLITION will blast track, place in double 6 mil. Bags, sealed and affixed
xii.	WASTE TRANSPORTER #1 Name: Guard	ian Contracting, In	С.	
	Address: 1889 F	Route 9, Unit 61		
	City: Toms River	State: N	lew Jersey	Zip: 08755
	Contact Person: Nicho	las Fernicola		
	WASTE TRANSPORTER #2 Name:			
	Address:			
	City:	State:		Zip:
	Contact Person:			
	WASTE DISPOSAL SITE Name: T.R.R	t.F.		
xiii.		entown Road		
	Exclusion.		Pennsylvania	Zip: 19007
	215 043 0732		1 Ciliii	494
	IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLEAS	E IDENTIFY THE AGENCY	BELOW AND ATTACH COPY OF ORDER
xiv.	Name:		Title:	
	Authority:			
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	M/DD/YY):
	FOR EMERGENCY RENOVATIONS			
XV.	Date and Hour of Emergency (MM/DD/YY):		•	
	Description of the Sudden, Unexpected Event:			
	Explanation of how the event caused unsafe conditi			
xvi.	ASBESTOS MATERIAL BECOMES CRUMBLE	ED, PULVERIZED, OR	1620022 1 0 1	SBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	IN THE PROVISIONS VIDENCE THAT THE RMAL BUSINESS HO	OF THIS REGULATION (4 REQUIRED TRAINING HAURS. (Required after Novemburs)	O CFR PART 61, SUBPART M) WILL BE ONSITE DURING AS BEEN ACCOMPLISHED BY THIS PERSON WILL BE Ser 20, 1991)

(Signature of Owner/Operator)

(Signature of Owner/Operator)

November 2, 2016

November 2, 2016

(Date)

(Date)

xviii.

Nicholas Fernicola / Project Manager

Nicholas Fernicola / Project Manager

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Printed Name/Title)

(Printed Name/Title)

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

							linil				1
Date of Notification (1) Novemb	per 2, 2016			Name of Building		rator (2) s Demolition & Car	ting	30	43	2016	L
[X] EPA [] DEP	of Notification Initial Notif Amended N Amendmen	lotification		Street Address City, State, Zip Co			ASBES	STOS			La
[x] DOL	Emergency	(including			Manas	squan, NJ 08736					
[x] DOH [] DCA	justification Cancellation			Name of Contact Linda	u	Te	lephone Number		-		
			FACI	LITY INFORM	IATION						
Name of Facility Where Abatemen Residence		(3)				Type of Facility (4)	School (k-12)				
Street Address		Ī				[x]	Subchapter 8 (oth Other (i.e., privat			al build	ings,
	Cou	nty (6)		County Code (7)		Square feet	homes, etc.) # of Floors	Bldg	. Age		
				(STATE USE ONL	Y)	1000 sf	1		6	0	
Brick	Oc	100				Current Use (Prior if Residen	ce				
Name of Monitoring Firm Hired by N/A	y Building Owner	(8)	-	ASCM No.	Name of	Abatement Contractor (Guardia	9) n Contracting,	Inc.			
Street Address					Street A	ddress	oute 9, Unit 61				
City, State, Zip Code			1004721.2007		City, Sta	te, Zip Code		ov. 007	155 1	271	
Project Manager for Monitoring Fi	rm	Telephone Nu	ımber		Telephor	ne Number	iver, New Jers License N		33-12	271	
Scheduled Start Date (10) Scheduled Complet			mpletio	n Date (11)	1	9-9932 OSHA Monitor	00624				
11/14/16		11/15/16					Analytical				
Occupancy Status During Abateme	ent (Check only of sed/Vacated Duri		of Abate	ement	Street A		elton Road				
[] Abatement	Performed Outsid				City, Sta	te, Zip Code					
Other – Des	cribe					Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that app	ly)				[]	Full Containment	with Negative Pres	sure			
>3 sf or ≥3	lf	[] R	Renovati	ion	[]	Mini-Enclosure Glovebag Procedur	re				
[X] ≥160 sf or ≥	260 lf	[x] [Demoliti	ion	[x]	Non-Exempted (*)	and Non-Friable	Procedu	re		
								Abate	ement '	Гуре	
T		Is Location	,		Description			R	R	Е	Е
Location of Asbestos-Containing Material	(ACM)	Normally used Solely by	1		oestos-Co Material (A		Amount (Specify SF	E	E P	N C	N C
TO BE ABATED		intenance/Cust	odial	(i.e	., thermal	systems	or LF)	M O	Α	A	L
in facility (13)		Staff (12)		ins	ulation, su VAT, o			V	I R	P S	O S
X				oth	er miscell			A		U L	U R
) 	YE		N/A					L		Е	Е
Exterior		X		Asbestos sidii	ng		1000 sf	X			
Name of Registered Waste Hauler		NJDEP Waste I	Hauler I	D No. Cubic Y	ards of Was	te Name of Register	ed Landfill				
Guardian Contract	ing, Inc.	202	223	3		T.R.R.F.					
City, State Toms River, New.	Jersev		Disposa 11/16/		City, St Tullyt	ate own, Pennsylvania	/				
			Signature								

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



DEMOLITION / RENOVATION NOTIFICATION

Opera	tor Project #:	Postmark:		Notificat	ion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - C	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contract	or and other	operator)				
	OWNER NAME: Jacobs Demol	ition & Ca	arting				
	Address: P O box 9						
	City: Manasquan State:	New Je	ersey	Zip:	08736		
	Contact: Linda			Tel:	732-528-3800		
	REMOVAL CONTRACTOR: Guardian Cont	tracting, In	nc.		NJ License: 00624	1	
	Address: 1889 Route 9,	Unit 61					
	City: Toms River State:	New Je	rsey	Zip:	08755		
	Contact: Nicholas Ferni	icola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)			1	NJ License:		
	Address:						
	City: State:	11-1-1-1		Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovation	E - Emergency Ren	iovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a	and floor or r	room number)				
	Building Name: Residence						
	Address: 741 Drum Point Road						
	City: Brick State:	New Je	rsey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 1000 sf # of Floo	ors:	1	Age in Ye	ears: 60		
	Present Use: Residence		Prior Use:	Residence	e	-	
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIAT	E, USED TO DETECT	T THE PRES	ENCE OF ASBESTOS MATER	IAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	Τ			I	Nont	friable
	Regulated ACM to be removed		RACM			Asbestos	Material To Be
	Category I ACM not removed Category II ACM not removed Category II ACM not removed		To Be Removed		LOCATION		noved
			Kemoved			Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 1000 sf	Asbesto	s siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	11/14/16	5	Complete: 11/1	516	

	NOTIFICATION	OF DEMOLIT	ON AND RENOV	VATION (continued),) F C F I W F I
X.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WC	ORK, AND METHOD(S)	TO BE USED	NOV - 7 2016
xi.	DESCRIPTION OF WORK PRACTICES AND EARNO RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed.	e roped off with caution tar	ne and warning signs. Plastic	sheeting will be placed on the group	ASBESTOS CONTROL & LICENSING
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc		
		9 Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
		nolas Fernicola	Trew Jersey	Zip.	08733
	WASTE TRANSPORTER #2 Name:	iolas i cimeola			
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
		dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	19007
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEAS			H COPY OF 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 condition	ons or would cause equ	ipment damage or an unr	easonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLEI	OWED IN THE EVEN), PULVERIZED, OR	T THAT UNEXPECTEI REDUCED TO POWDE) ASBESTOS IS FOUND OR R	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	VIDENCE THAT THE I MAL BUSINES' S HOU	REQUIRED TRAINING	HAS BEEN ACCOMPLISHE	T M) WILL BE ONSITE DURING D BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	Operator)	November 2, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	_	(Signature of Owner	/Operator)	November 2, 2016 (Date)

Date of Notification (1) November 1, 2016 Agencies Notified [X] EPA [] DEP [] Amended Notification	(* 313	Name of Build							
November 1, 2016 Agencies Notified Type of Notification [X] EPA [] Initial Notification		Name of Build	ling Owner/Or		111 111				
Agencies Notified Type of Notification [X] EPA [] Initial Notification		- 11		perator (2)	111 115	141	OV -	7 5	016
[X] EPA [] Initial Notification	y 1 rm.			ewinds Builders,			301	1-	7)
[] nn-		Street Address							
Amended Nation			34 W	est Sailboat Lan	e (89 th Street)	BES	TOS	CON	TRO
[X] DOL Amendment #	ation	City, State, Zip		- Juli	o (o) [Sircer)	- 1	<u>ICEN</u>	ISING	ì
[X] Emergency (inclu-	dias	l chy, state, Zip		ala Park, NJ 0800	20				
[X] DOH justification)	aing			ala Park, NJ 0800)8				
DCA [] Cancellation		Name of Conta			Telephone Numl	ber			
• • • • • • • • • • • • • • • • • • • •		1 ra	vis Lepley		200 200				
Name of Facility Where Abstract is The	FA	CILITY INFO	RMATION						
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4	1)				
				1	School (k-12)				
Street Address				ii	Subchapter 8		than k	12)	
				[x]	Other (i.e., pr	ivate &	COMM	arcial b	(1.4)
City County (6)		0 0 .			homes, etc.)	i rate ca	COMM	ciciai U	unum
1		County Code (7) (STATE USE ON	JI V)	Square feet	# of Floors	I	Bldg. Ag	ge	
Harvey Cedars Ocean		(=)	2000 sf	2			60	
				Current Use (Prior	if being demolished	ed)	77.		
Jame of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of	Resid Abatement Contractor	ence				
N/A treet Address					lian Contractin	a Inc			
			Street Ad	dress	dan Contracting	g, mc			
ity, State, Zip Code				1889	Route 9, Unit 6	1			
			City, Stat	e, Zip Code					
roject Manager for Monitoring Firm Teler	phone Number		T. 1	Toms	River, New Jer	sey (8755-	1271	
	1,4111001		Telephone 732-349	Number	License	Numb	er		
Cheduled Start Date (10) Sched	duled Completi	ion Date (11)		OSHA Monitor	00624				
11/3/10	1/4/16		I ramo or v		.L. Analytical				
ccupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire			Street Add	dress	.L. Allalytical				
olosed racated During Entire	Period of Abat	tement		1056 S	telton Road				
Abatement Performed Outside of Norr Other – Describe	mal Facility Ho	urs	City State	, Zip Code	- Toda				
t] Odici – Describe			City, State		N r				
ope of Work (Check all that apply)				1 Iscala	way, New Jers	ey 08	8854		
-FF-J/			[]	Full Containment	with Negative Pre	ssure			
[] >3 sf or ≥3 lf] Renovat	******	[]	Mini-Enclosure					
[X] ≥160 sf or ≥260 lf [X	시하다	2000	[]	Glovebag Procedu					
] Demont	ion	[x]	Non-Exempted (*) and Non-Friable	Proced	lure		
					T	Т.		70.00	
Is Loc			Description	of		Aba	atement	Туре	
Location of Normal bestos-Containing Material (ACM) Solel			pestos-Conta		A	R	R	E	Е
TO DE	y by		Material (AC		Amount (Specify SF	E	E	N	N
in facility		(i.e.	, thermal sy	stems	or LF)	M	P	C	C
(12)		insı	ılation, surfa	cing,	0.21)	0	A	A P	L
(13)	-)		VAT, or			V	R	S	S
YES NO	N/A	oth	er miscellane	eous)		A		U	U
Prior	19/21					L		L	R
erior X		Asbestos trans	ite skirt		600 sf	v	-	Е	Е
					500 51	X			
		50.							
of Registered Waste Hauler	Jacta Hault	N. In.							
Guardian Contracting Inc	Vaste Hauler ID	2.22	ds of Waste	Name of Registere	d Landfill				
Guardian Contracting, Inc.	20223	3		Name of Registere T.R.R.F.	d Landfill				
Guardian Contracting, Inc. State Toms River, New Jersey		Date 3	City, State	T.R.R.F.	d Landfill				
Guardian Contracting, Inc.	20223 Disposal 11/4/16	Date 3	City, State	Name of Registere T.R.R.F.	d Landfill	Date			

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



DEMOLITION / RENOVATION NOTIFICATION

Opera	ator Project #:	Postmark		Notifica	tion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled)	: O	П.	IS ASBESTOS PRESENT? (Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal cor	ntractor and oth	er operator)				
	OWNER NAME: Tradewinds Builde	rs, LLC					
	Address: 34 West Sailboat L	ane (89 th Str	reet)				
	City: Peahala Park Sta	nte: New	Jersey	Zip:	08008		
	Contact: Travis Lepley			Tel:	609-290-4081		
	REMOVAL CONTRACTOR: Guardian	Contracting,	Inc.		NJ License: 0062	24	
	Address: 1889 Rout	te 9, Unit 61					
	City: Toms River Sta	te: New	Jersey	Zip:	08755		
	Contact: Nicholas F	ernicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)	1, 12 - 17	*		NJ License:		
	Address:						
	City: Sta	te:		Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovati	ion E - Emergency R	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, num	aber and floor o	r room number)				
	Building Name: Residence						
	Address: 8 E Middlesex Aver	nue					
	City: Harvey Cedars Stat	te: New J	lersey	County:	Ocean		
	Site Location: exterior						
	Building Size: 2000 sf # of	Floors:	2	Age in Ye	ears: 60		
	Present Use: Residence		Prior Use:	Residence	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD,	IF APPROPRIA	ATE, USED TO DETE	CT THE PRES	SENCE OF ASBESTOS MATER	RIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	7.				I No.	0.1-1.1-
	Regulated ACM to be removed		RACM			Asbestos	friable Material
	Category I ACM not removed		To Be		LOCATION	55,555,000,000	To Be noved
	Category II ACM not removed Pierce (Line Cont)		Removed			Cat I	Cat II
	Pipes (Linear feet):						
-115 <u></u>	Surface Area (Square feet): 600 sf	Asbest	tos transite skirt		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	11/3/10	6	Complete: 11/4	1/16	
			11/3/1	-	Complete. 11/2	T/ 1 U	

4	NOTIFICATION	OF DEMOLIT	ION AND RENOVA	TION (continued)	EGEINEL
X.	DESCRIPTION OF PLANNED DEMOLITION OR			11171	NOV - 7 2016
xi.	DESCRIPTION OF WORK PRACTICES AND ENGAND RENOVATION SITE:	GINEERING CONTI	ROLS TO BE USED TO PR	EVENT EMISSIONS OF A	SBESTOS OF THE REMOLITION LICENSING
	Prior to removal, the work area around the building will be re removed by non-friable procedures. All waste will be placed	oped off with caution tap I in double 6 mil. Bags,	pe and warning signs. Plastic she sealed and labeled and placed in	eting will be placed on the ground a locked container for disposal.	nd below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guard	lian Contracting,	Inc.		
	Address: 1889 I	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicho	las Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:			-	
xiii.	WASTE DISPOSAL SITE Name: T.R.R.	.F.			
	Location: Border	ntown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 10)1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	T AGENCY, PLEAS	SE IDENTIFY THE AGENC	Y BELOW AND ATTACH	COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (N	/IM/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 conditions	s or would cause equi	ipment damage or an unreaso	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOW ASBESTOS MATERIAL BECOMES CRUMBLED,	VED IN THE EVEN PULVERIZED, OR	T THAT UNEXPECTED AS REDUCED TO POWDER	BBESTOS IS FOUND OR F	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVID AVAILABLE FOR INSPECTION DURING NORMA	ENCE THAT THE I	REOUIRED TRAINING HA	S BEEN ACCOMPLISHED	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	erator)	November 1, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT.		11.1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	erator)	November 1, 2016 (Date)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address **EPA** Initial ASBESTOS CONTROL & DEP Amended City, State, Zip Code × DOL Amendment # Emergency (including DOH Name of Contac justification) Telephone Number DCA Cancellation Eric Plackis FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (732)899-7499 01196 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Brick Industries Inc. GROWS Inc. 21602 City, State Disposal Date City, State

Signature

Brick, New Jersey
Completed by

Eric Plackis

Title

President

State of New Jersey

		1			to NJAC							CH	EC	K#	-2			
B				0.000	**************************************	1	n E	C	E	1 /	/ [
Date of Notification (1) 11/01/2016	13	Name of Building Owner/Operator (2) Ms. Lisa Kennedy							U/-				-					
Agencies Notified							Street Address							7 20	116			
X EPA	× Initial										14	NUY		21	710			
EPA DEP DOL	Amended Amendment	City, Sta Scotch		076														
	Emergency (-		f Contact	143 07	070			Tale	ASBE ephone Nun	ST(OS C	ONT	ROL			
X DOH	justification) Cancellation				sa Kenn	edy				1 1910	priorie rvan	IDCIT:	4	211.00	-			
				FACI	LITY INFO	DRMATI	ON											
Name of Facility Where Al Residential - Single		g Place (3	3)					Туре	of Facility (4	-)								
Street Address	arrilly								School (K-12		(Other than K-12)							
Street Address							1	×	Other (i.e. pr				dings,	home	es,			
City (5)									etc.) re Feet	# of	# of Floors Bldg. Age							
Scotch Plains, NJ 07	076							3,000		0	J							
County (6)				County Code (7)					nt Use (Prio	r if beir	ng demolish	ed)						
Union					JSE ONLY)		_	207.100.111	mercial			05/5						
Name of Monitoring Firm I TBD	Hired by Building (Owner (8)		ASCM	1 No.				Abatement Contractor (9) ntracting, LLC									
Street Address							110000146602500	Addres Valle	s y Road, S	Suite K								
City, State, Zip Code									State, Zip Code									
					Way	ne, Ne	ew Jersey	0747	70									
Project Manager for Monit		Telepho	ne No.			hone No) 928-			License No 00874).								
Start Date (10)	ed Con	Completion Date (11)				************	A Monitor		00074									
11/10/2016	2016	picacii	outo (11)		10.75	ky Contracting, LLC												
Occupancy Status During	ne)					et Address												
Facility Closed/Vacat Abatement Performe				terrient					85 Valley Road, Suite K , State, Zip Code									
Abatement Performe Other – Describe:	d Outside of North	ai raciiity	nouis						p code ew Jersey	0747	70							
Scope of Work (Check All	That Apply)							,	,									
≥3 sf or ≥3 lf		X	Renova	tion			Þ	Full	l Containme	nt with	Negative P	ressu	re					
≥160 sf or ≥260 lf			Demolit	olition					ii-Enclosure vebag Proc									
								Non-Exempted (*) and Non-Friable Procedure										
		100	Locati								Abatement Type							
Location (Asbestos-Containing N		Use	Normal ed Sole	lv by	Ashes		Description of os Containing Material (ACM)				mount			2000				
TO BE ABA	TED	10 10007	intenar todial S			thermal	system	is insula		(S	pecify	Rei	Re	Encapsulate	Enc			
In Facility (13)	У		(12)				cing, VA niscella			SF	or LF)	Remova	Repair	psul	Enclosure			
		Yes	No	N/A								<u>a</u>		ate	re			
Attic	X		V	'ermicu	ılite İn:	sulatio	n	55	50 SF	x								
141																		
Name of Registered Waste	e Hauler		N	JDEP W	l /aste	Cubic	Yards		Name of F	Registe	red Landfill				-			
Service Transport Gro			100	auler ID 0990	No.	of Wa	ste		Minerva	Ente	rprises, L	LC						
City, State			21				sal Date	9	City, State)								
New Castle, Delaware	е					TBD			Waynes		Ohio							
Completed by		Title				1	gnatur	e			Da	te						

Vice President

11/01/2016

Predrag Sarcev

Print Form

			(P	ursuant	to NJAC	8:60 and	12:120	0)				200	ΩV	Sam	7	2018	
Date of Notification (1) 11/2/2016	Name of Building Owner/Operator (2) New Jersey Schools Developmen									rity	land en	23	VI			_0,0	
Agencies Notified	Type Notification Street Address										AS	SBE	STO	S	COI	VIH	
⊠ EPA	☐ Initial		32 E Front Street									-	Lic		ISIN	ia	
X EPA X DEP X DOL	Amended Amendment	# 1		City, State, Zip Code Trenton, NJ 08608													
NEW 42	Emergency	(including	-									umbe	-	_			
DOH DCA	justification) Cancellation David Benfer									1	- Control of the	arribo					
	-			FACI	LITY INFO	RMATI	ON						-				
Name of Facility Where George Washingto	Ĺ				Typ	oe of Facility School (K-											
Street Address									Subchapte	r 8 (Oth							
404 N. Grove Stree	et								Other (i.e. etc.)	orivate i	ate & commercial buildings, homes,						
City (5)								Squ	uare Feet	# 0	f Floors Bld			ldg. Age			
East Orange									5,000	3		25+					
County (6) Essex					Code (7) USE ONLY)			Cui	rrent Use (Pri a	or if bei	ing demoli	shed)					
Name of Monitoring Firm	Hired by Building	Owner (3)		ASCN	A No.		Name	of A	batement Co	ntractor	(9)			-			
TTI Environmental,	, Inc		1	0000	03		Site	Ent	erprises, li	nc							
Street Address	0.			1.78			Street										
1253 North Church	Street			115					elilah Road								
City, State, Zip Code Moorestown, NJ 08	City, State, Zip Code Egg Harbor Township, N							1.1 08234	1								
Project Manager for Mon	Telepho	ne No.			ephone No. License No.							-	-				
					40-8800		609-567-1250 01172										
Start Date (10)	Scheduled Completion Date (11)						Name	of O	SHA Monitor		J.						
11/7/2016									ironmental	, Inc.							
Occupancy Status During Abatement (Check Only One)								Street Address 1253 North Church Street									
Facility Closed/Vaca				ment					State, Zip Code								
Other – Describe:		nai Facility	riours	Moorestown, NJ 08						8057							
Scope of Work (Check A	II That Apply)							_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
					×				nd Non-Friable Procedure								
		Is	Locati	on							Abaten				997-0005-000		
Location	of		Normal d Sole			Des	scription	n of					Туре		-		
Asbestos-Containing TO BE AB		Ma	intena	nce/				Material (ACM)			mount Specify	1,	,	_	Enc	Ē	
In Facil		Cus	todial S (12)	Staff?		surfac	cing, VA	T, or			or LÉ)	Nelliova	-	Renair	Encapsulate	Enclosure	
(13)				T		other n	niscellar	ieous	5)			Yal	-	۱	ulate	ure	
		Yes	No	N/A						500.17		+	+	_			
See Atta				X			Attach			200 y	d per re	X	+	-			
Unsafe Str	ucture					Unsat	e Stru	ctur	е			-	+	-	_		
												+	+				
Name of Registered Waste Hauler					/aste	Cubic	Yards	-	Name of	of Registered Landfill							
Site Enterprises Inc.			H	auler ID	No.	of Was	ste		Tullyto								
			0	035220	J	20 cy					Lanulli						
City, State Egg Harbor Townsh	ip. NJ					3/3/1	isposal Date City, State /3/17 Bristol, PA										
Completed by		Title					ignature	11				Date	- Jan (1)	-			
Eric Keys		OM					In	11/2/16									

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: __2016-159

	**************************************				***EMER	GEN	CY***	Check # 8084								
Date of Notification	n (1)	118	Iomo of Pui	Idina Own	er/Operator (2)					0	4)		1			
11 10 1/12 18	10.00	11"			ollege-Elizab		Campus									
Agencies Notified	Type Notificat	ion	treet Addre		Jilege-Liizat	Jeur C	zampus		2 4			_				
☐ EPA	Initial		12 West		Street		NOV - 7, 2016									
☐ DEP			ity, State, Z				29	U A	10.1							
⋉ DOL	Amendr	nent	Elizabet	h, NJ 07	7201											
▼ DOH	П c		ame of Con	tact	16			Telephon	e Number							
☐ DCA	☐ Cancella	ation	es													
				FAC	ILITY INFORM	ATION	I									
Name of facility wh	nere abatement i	s taking pla	ace (3)					Type of Facility (4) I (K - 12)							
Union County	College Less	sner Buil	ding (NOI	N-Sub 8	3)				apter 8 (Oth	05+6	on K	12)				
Street Address									Private/Con			-12)				
12 West Jers	ey Street						ti)	Bldgs./	Bldgs./Homes, etc.							
City (5)		Cour	nty (6)			Cou	nty Code (7)	Square reet	# of Floors		Dic	dg. A	30			
			20E0005 P0			570.175	te use only)	Current Use (Prior if being demolished)								
Elizabeth			Jnion					Non-Sub 8								
Name of Monitorin		Bldg. Owne	er (8)		ASCM No.		Name of Abatement (
The Whitmar			110		B & G Restorati	on, Inc.										
Street Address						Street Address 105 Ryerson R	oad									
7 Pleasant Hill Road City, State, Zip Code						_	City, State, Zip Code			_						
Cranbury, N.						Lincoln Park, I	NJ 07 <mark>0</mark> 35									
Project Manager for		Ph	one Numb	per	_	Telephone Number		License N		er						
Kevin Lovely		73	2-390-5	858		(973)696-6869 Name of OSHA Moni		003	10							
Scheduled Start Da	ite (10)	Sched	l. Completio	n Date (1	1)		B & G Restoration, Inc.									
10/31/2016		11/4	4/2016				Street Address									
Occupancy Status I	During Abatemer	nt (Check o	only one)				105 Ryerson R									
Facility closed	d/vacated during	entire peri	od of abater	ment.			City, State, Zip Code									
Describe:	erformed outside tart: 3:00 p.m	or normal	Tacility Hour	S-		_	LincolnPark, N.									
Other-Descrii						-]										
Scope of Work (ch	11								٦		200					
Demolition	×	Renovation					ull Containment w/neg		Gloveba							
>3 sf or >3 lf	X	≥160 sf or					Mini-enclosure		Non-fria	bie p		_	_			
Location of			n normally u enance/cust			12	102.1	Amount	74	e	R e	E n	E			
asbestos-con material to be		staff(12)			Description material (sbestos-containing	(Specify S	- or	m o	p a	С	n			
abated in fac	ility (13)	Yes	No	N/A				LF)		V	ĭ	a p	L			
First Floor lobby	,	[X	1 transite bo	nards		520 sf		e X		П	\Box			
110011001					Transite be	Jaras		020 31								
417447																
									[
Registered Waste F B & G Restorat			EP Hauler II 19563	D# C	Cubic Yards of \	Waste	Name of Registered	Landfill Resource & Re	ecovery C	ent	er					
City, State	LIOTI, ITIO.			Disposal [City, State		337019	3.11	-					
Lincoln Park, N	NJ				/31/16-11/4/	16	Tullytown,	PA).				
Completed by (Prin	t or Type)	Title		9495 TAM	Signature		Cardana Luna		Date							

State of NJ

B&Gproj.#:	2016-159	_	Notification of Asbestos Abatement (Pursuant to NJAC 8:50-7 and 12:120-7) ***EMERGENCY*** Check # 8084												
Date of Natification (1) .	Name of	Building Owne	r/Operator (2)	-Toursell (See			-1		- 10 mg/s		*****			
1 10 1/12 18 1/		100	County Col	lege-Elizab	eth C	ampus		11/				-			
	Type Notification	n Street Ad	dress	,	-			TV							
☐ EPA	河 Initial	12 W	est Jersey S	Street			- N								
☐ DEP			e, Zip Code												
K BOL	Amendm	ent Eliza	beth, NJ 072	201				1.1			Paris III	postporting.			
E DOH	_	Name of	Contact		***	Teleph	one Number	_	313						
□ DCA	Cancellet	Robi	ert Hogan, D	irector of F	aciliti	ęs					-				
			FACIL	ITY INFORM	ATION	ĺ.									
Name of facility when	e abatement la	taking pigos (3)					Type of Facility	y (4) pol (K - 12)		Value (Sec.)					
Union County C	ollege Less	ner Building (I	NON-5ub 8)				The second second	chapter 8 (Ot	horth	an K-	12)				
Street Address							IZ Othe	r (Private/Co	mma						
12 West Jersey	Street						Square Feet	# of Floors		810	g, Ag	26			
City (5)		County (6)			Cou	nty Code (7)			_						
Elizabeth		Union			(\$19	te use only)		Current Use (Prior If being demolished)							
				ASOM No.	_	Name of Abatement	Non-Sub E								
Name of Monitoring (The Whitman (ng. Onie: (o)		110	.	B & G Restoral			(3)			1			
Street Address	o di lipalino				-	Street Address	LIUII, IIIQI		-						
7 Pleasant Hill	Road					105 Ryerson F	Road								
City, State, Zip Code				*	-	City, State, Zip Code									
Cranbury, NJ	08512					Lincoln Park,	NJ 07035		77						
Project Manager for Monitoring Firm Phone Number						Telephone Number (973)696-688	38	License I		01					
Kevin Lovely			732-390-58		-	Name of OSHA Mon									
Scheduled Start Dete	(10)	School Comp	plation Data (11)		B & G Restona									
10/31/2016	+	11/4/2016	20			Street Address									
Occupancy Status Du						105 Ryarson R									
Facility closed/s	raceted during	entire period of a of normal facility	batement hours:		ļ	Gity, State, Zip Code	•								
Abstement per Describe: Sta		,				LincolnPark, N	J 07035								
Other-Describs	100				Infant.				_		=	- Chiamana			
Scope of Work (chec	EX all (nex apply					ull Containment w/ne	egative pressure	☐ Glaveb	0 g p#	ocedu	79				
>3 sf or >3 ff		≥160 sfor ≥260 H				Mini-enclosure		Non-M	0.000						
	1	is location norm	ally used solely	1			T		R	R	6	E			
Location of asbestos-confe	Ining	by maintenance staff(12)	/oustodial			sbestos-conteining	Arnoun	y SF or	m	9	n	п			
majerial to be spated in facilit	v (13)		A NO	meteriel	(ACM)		LF)	y ar ai	0 2	g.	2 0	L			
19	7,107	Yes N							0	,	P	1			
First Floor lobby			K	transite b	oards		520 st		K	1	-	1			
									누	-	늗	井			
					_	and the same of th	-		1	-	=	#			
									H	7	H	1			
Registered Waste Ha	uler	NJDEP Hai	uler TDW 1 C	Dible Yards of	Waste	Name of Registere	d Landfill		با			-			
B & G Restoration	on, inc.	19563	3	10		Tullytown	Resource &	Recovery	Can	er					
City, State Lincoln Park, N.	1		Diaposal D)ate 31/16-11/4:	/18	City, State Tullytown	, PA								
Completed by (Print		Tifle		Signature				Date			No.	MAD COL			
Gordana Luna Secretary/Treasurer						Gerdana Lina		10/28	/20	6	204040	macoust			

State of New Jersey

	N			OF ASBE						7) [j [i l	Ty C	, E
			to NJAC 8						以厂	10 11					
Date of Notification (1)	1	-	Building O		1		1			NIC	11/	_ 7	20	16	
11-4-16	·		Mark Daniele								INC	74	1.	20	10
Agencies Notified Type Notification		3	otreet A	agress			140	700			C Marketine				
□ EPA 🗶 Initial			`itv Sta	te, Zip Cod	e			¥ - 1 - 4	10	AS	BES		~ ~	INC	
DEP Amended Amendment #			nty, ota	Ed	1 2	~ ~	٨	JT	- 6	20	0	LIC		ING	
☐ Emergency (in			Jame of	Contact	NI S	0/1	<u> </u>	V J	Tele	phone.	Vumbe	er (
DOH justification) Mark Daniele											er to Conglision	Nation bearing	-	Contract of the last	
			- X	LITY INFO	RMATI	ON			_		-		V/1670	name of the last	_
Name of Facility Where Abatement is Taking	Place (3	7		16			Type of	Facility (4)		~				
Dingle tamil	¥	Di	ve	lling				hool (K-1			(10)				
Street Address . J	1		7					bchapter her (i.e. p				ouildi	ngs.	nome	s.
							eto	:.)						-	
City (5)	1	- ^	00	17	-	1	Square	reet	# of	Floors		BK	dg. A	7000	
Edison N	<u>U</u>	- 0	D Q	2 Code (7)			Current	Use (Pri	or if heir	a demo	licher	(QC	7	
County (6) Middlesex				JSE ONLY)			Guirent	USE (F 11	OI II DEII	ig delilo	Morroc	Ų.			
Name of Monitoring Firm Hired by Building On	wner (8)		ASCN	1 No. a	-	Name o	of Abater	ment Cor	ntractor	(9)		-			
EPC Technolo	sie	L		NA		F	PC	EX. 20.00		role		25	9		643
Street Address	7					Street A	ddress				J	ALC: NO		2.4	
P.O. Box 33	57					7.	0. 6	SOX	33	*					
City, State, Zip Code	80	533	3	City, Sta	ate, Zip	Code	44	AL'	5	01					
Project Manager for Month ring, Firm	elephor			Telepho		-		Licens	e No.		0		265		
steve schenken	a			758-3	365	609 7		Monitor	ಬ			Contract	3	-	
Start Date (10)	Schedule	ed Com	I ()	Date (11)	11	Name o	P/		h	(mai		7	1 2		
Occupancy Status During Abatement (Check	Only On		10	20	10	Street A	Address	120	1 11 10	logic		2	5		
						The second of the second		BOK	.33	7					i i
Facility Closed/Vacated During Entire Pe	enod of A	Hours	ent	,		City, Sta				•					
Other - Describe:			55			New Egypt NJ 0853							3		
Scope of Work (Check All That Apply)								16							
≥3 sf or ≥3 lf		Renovat	ion				Full C	Containm	ent with	Negativ	ve Pre	SSUF	9		
☐ ≥160 sf or ≥260 lf		emoliti	on					Enclosure bag Pro							
N.							Non-	Exempte	d (*) and	d Non-F	riable	Proc	edure	2	
	Is	Locatio	on									1	Abate Tyl	ment	
Location of		Normall d Solel		7.1		escription of					F	-	1 9	70	
Asbestos-Containing Material (ACM)		intenan				taining Ma systems				mount Specify		מ		Enc	匝
TO BE ABATED In Facility	Cus	todial S	taff?	(1.0.	surfa	cing, VAT	, or	,		or LF)		Removal	Repair	aps	Enclasure
(13)		(12)			other r	niscellane	eous)					val	Bir	Encapsulate	a'm'e
	Yes	No	N/A											CD	
Basement	V			Pin	~ در	Insu	L.J.	110	10	OL	F	V			
000011017				1 1			100		,						
											_				
10 11 11 11 11 11		N	JDEP W	laste	Cubic	Yards		Name of	Registe	ered Lan	dfill				
Name of Registered Waste Hauler		1,7500	auler ID		of Wa							- 1		. 0	1
EPC Technologies	>		170	00		حلا	-	Was	10/1	anag	jen	cnt	0		77
City, State	AIT				T-1777	sal Date	1-	City, Sta		10	D	A			

President

Date