			State	of Ne	w Jer	sev				Check	# 15	743		
	r	OTIFIC	CATTON	OF AS	BESTO	S ABATEMENT				C	E		\mathbb{V}	E
(1)	(Pu	ırsuant	me of	TAC 8: Buildi	ng 0	and 12:120-7) wner/Operator	(2)							
ate of Notification (1)			Richa							NOV	1 2 2	2	016	
11/16/2016 gencies Notified Type No	tification	n St	reet A	ddress	3				Seed bank					
									I ASI	BEST	08.0	OM	TDC	NI :
No	tificatio	on Ci	ty, St	ate.	Zip C	ode			1		CENS			-
[]DEP []Ame	ended		Glen	Rid	ge,	NJ,07028								
	tificatio	on Na	ame of	Conta	ct			Telephone	Number	No.				
	ERGENCY		Rich			ner				-2				
[]DCA []Car	ncellation	n												
				MARKET STEELS	TY I	FORMATION	m-ma	of Facili	Fv (4)					-
ame of Facility Where Abat	ement is	Taking	Place	(3)]School (
Richard Wagner							1	1 Subchapte	er 8 (Oth	er th	an K-	12)		
treet Address							[X]Other (i uildings,	.e., priv	ate & c.)	comm	erc	Lal	
								re Feet	# of Flo		Bldg	. Ag	je	_
· h /5\	Con	nty (6	5)		Cour	ty Code (7)	3	3100	3		86			
ity (5) Glen Ridge		ssex				ATE USE ONLY)	Curr	ent Use (P	rior if b	eing	demol	ish	ed)	
020														
ame of Monitoring Firm hir	ed by Bui	lding	ASCM	No.		Name of Abate AZTECH M								
wner (8) N/A						W-2002		GENEN I						_
treet Address						Street Addres 86 Chris		her St.	2					
ity, State, Zip Code						City, State,	Zip C	ode						
101/ 2000/						Montclai		NJ 0704	.2					_
roject Manager for Moniton	ring Firm		ephone /A	Numbe	r	Telephone Num		00		1000	371	mbe	er	
cheduled Start Date (10)	Sched.	Comple				Name of OSHA	Monit	cor						
12 3 2016	12			2016		N/A								
Month Day Year ccupancy Status During Abatement [X]Facility Closed/Vac of Abatement	Month atement (cated Duri	Check	ay only or ire Pe	Year ne) eriod		Street Addres	ss							
[]Abatement Performed Hours - Describe: []other - Describe:	l Outside	of Nor	rmal Fa	cilit	Ā	City, State,	Zip (Code						
Scope of Work (Check all t	hat apply	')							th Nagati	ro Pr	accur	_		
			[]Renov	m+ion		[]Full []Mini	Cont -Encl	ainment wi	th Negati	ve FI	essur	_		
$[X] \ge 3$ sf or ≥ 3 lf $[] \ge 160$ sf or ≥ 260	lf]Demol			[X]Glov	e bag	Procedure le Procedu	~~					
			Is			[X]NON-	FIIAL	TE LIOCEGO			Abat	emer	-	
Location of			ocation			Descripti Asbestos-Co	on of	ing	Amoun	ıt	R	R	E N C	ENC
Asbestos-Containin Material (ACM)	g		Used Solely			Material	(ACM)		(Speci	fy	M	E	A	HO
TO BE ABATED		By Ma	intena	ince/	4-	(i.e., therman sural sur	al sys	stems g, VAT.	SF of	T.	V	AI	S	S
In Facility (13)		St	aff (1		11	or other misc	ellan	eous)	1000000		A L	R	L	F
		Yes	210		. ·	T1-	+ 1 0	n	150	LF	X			-
Basement				X	Company of Care	pe Insula	CT()		675 SQ					
Basement				X	VA	T			3.0 0					
		-	DED ***	2042	C-	ıbic Yards	N	ame of Regi	stered La	andfil	LI			
Name of Registered Waste F AZTECH MANAGEMEN		На	DEP Waller 1	ID No.	oi	E Waste 3.0		Minerva	Enter	pri	se :	INC	2	
City, State Montclair, NJ 07	042					isposal Date 12/8/2016		ity, State Waynesh	ourg, C	hio	44	688	3	
_						Signatu	re	1/1			ate			
Completed By (Print or Ty) Dimitri G. Temid	lis Sa	eles				Nim	tolo	1//	t en		11/16	/20:	16	

			S	tate of	New	Jersey			Check	# 15	745	
						STOS ABATEMENT			E G	E	7	// [=
Date of Notification	1 (1)	(Purs				9-7 and 12:120-7 g Owner/Operato:			<u> </u>	5	U (
11/17/2016				lan S			L (2)		NOV	0.6		
Agencies Notified	Type Notifica	ation	Stre	et Add	ress			- 	NOV	20	20	16
[]EPA	[X]Initial											
[]DEP	Notific	ation	Ci to	25.5				L AS	BESTO	220	ONIT	BOL
7/	[]Amended		100000000000000000000000000000000000000	, Stat			7.0	1 /10		ENS		
[X]DOL	Notific	ation	30	outh	Ora	nge,NJ,070'	19	,				
[X]DOH			Name	of Co	ntact		Telepho	ne Number				
[]DCA	[]EMERGENC		A	lan S	eeb	ol	\$					
	[]Cancella	tion		ED C	TT TMY	TITTODI G MTOL						
Name of Facility Whe	re Abatement	is Tak	ing P			INFORMATION	Type of Facil	lity (A)	-			
Alan Seebol			7				[]School					
Street Address								oter 8 (Other	er than	n K-1	.2)	
otteet Madtess								(i.e., priva		comme	rcia	1
							buildings	homes, etc	c.)			
							Square Feet	# of Floo	ore P	1 da	7.00	
City (5)		County				ounty Code (7)	3000	3	ora B	1dg. 89	Age	
South Orange		Esse	≥x		(S	TATE USE ONLY)	Current Use	Prior if be	eing de	moli	shed)
Name of Monitoring F	imm bined t	D		100 6 55		11-						
Owner (8)	irm nired by I	Buildir	ig As	SCM No.		III	ment Contracto					
N/A							IANAGEMENT	, inc.				
Street Address						Street Address	<u> </u>					
S.L. S. L. S. S.				86 Christopher St.								
City, State, Zip Code	9					City, State,	zip Code r, NJ 070	40				
Project Manager for 1	Monitoring Fir	- m	lonho	no Mumb								
rrojece nanager for i	MONITORING FIR		/A	ne Numh	oer	(973) 744		Ī	Cicense		ber	
Scheduled Start Date	(10) Sahod			n Date	(11)				0037	/		
	16 1:		2	201		Name of OSHA N N/A	Monitor					
Month Day Ye	ar Mon	th :	Dav	Year		17.12						
Occupancy Status Duri [X]Facility Clos	ng Abatement	(Check	only	one)		Street Address	3					
of Abatement												
[]Abatement Per Hours - Descr	formed Outside	e of No	ormal	Facili	ty	City, State, Z	ip Code					-
[]other - Descr												
Scope of Work (Check	all that appl	y)						-				
[]\2 of on \	3 15	-					Containment wi	th Negative	Press	ure		
[]>3 sf or 2 [X]>160 sf or		173		ovatior olitior			Enclosure bag Procedure					
	_						ciable Procedu	re				
Location	of	I	Is ocati	on		Doganintie			Aba	teme		100 20
Asbestos-Cont		N	ormal Used			Description Asbestos-Cont		Amount	R	R	E	E
Material (Solel	У.		Material (A		(Specify	E	E	C A	C
TO BE ABA		Ct	ustodi		2	(i.e., thermal		SF or	0	PA	P	0
(13)	3 	Yes	aff (12) N/A	ın	sulation, surfa or other miscel	ALTERNATION OF THE STATE OF THE	LF)	A	I R	S U	S U
First floor		AT 1575			777 -	n <i>6</i> 1 + : :		1505			L	R E
				X	VA'	f floor til	Les	150SQF	r x			
										-		
Name of Registered Wa	ste Hauler	N.	DEP W] Taste	Cui	bic Yards	Name of Regis	stared Isad	Fill			
AZTECH MANAGE		Ha		ID No.	1000	Waste 2.0	Minerva			INC	2	
City, State		1	7040		Di	sposal Date	City, State	•			-111	
Montclair, NJ	07042					12/5/16	Waynesbu	irg, Ohi	0 44	688	3	
lompleted By (Daint	- m \						11-	/				
Completed By (Print of Dimitri G. Tem.						Signature	11/	//	Date			
	rars sal	es				1 thm	th 11/	/	11/17	/201	.6	
						· · · · · ·	· · · · ·	1	-			-

					STOS ABATEMENT			[]=[]	E (E	- II	W	
Date of Notification	n (1)	(Purs			-7 and 12:120-7 Owner/Operator			-HU			L	L	
11/18/2016	5		Joel 1	,									
Agencies Notified	Type Noti	fication	Street Add	ress					111	1 2	2		
[]EPA	[X]Init	ial											
[]DEP	The second of the second	ification	City, Stat	o 7in	Codo		1110-911-0-0		L ASBES	TOS	00	NTE	
[X]DOL	[]Amen	ded	Union,					,		IGE			
	Not	ification						A COMMANDO			enae i dei dei	-1000-11-0	
[X] DOH	[]EMER	GENCY	Name of Co				Telephon	e Number					
[]DCA	[]Cance	ellation	1 00e1 1	nron	ie		1			-			
Y 			FAC	ILITY	INFORMATION							-	
Name of Facility Who	ere Abatem	ent is Tak				Type	of Facil	ity (4)					
Joel Throne						1 []School	(K-12)					
Street Address] [Subchap	ter 8 (Oth					
								i.e., priva homes, et		comme	rcia	ıl	
						Square	e Feet	# of Flo	ors B	ldg.	Age	-	
City (5)		County		1 2 3 3 3 3	inty Code (7)	14	160	2		102	1000 m		
Union		Esse	K	(S	TATE USE ONLY)								
						Currer	nt Use (I	Prior if be	eing de	moli	shed	.)	
Name of Monitoring E	firm bired	by Buildi-	ng ASCM No.		Name of Abate	mont C	m to make the	. (0)				07-1-07	
Owner (8)	TIM HILLEU	by Bullan	ig ASCM NO.		AZTECH M								
N/A Street Address							MANUAL T	, Inc.					
otiest Address					Street Address	- III	er St						
City, State, Zip Cod	a				City, State,			•					
Project Manager for	Monitoring	r Firm Te	elephone Num	her	Telephone Numb	r, NJ 07042							
			/A	Der	(973) 744		0	Ĭ	0037		per		
Scheduled Start Date	(10)	Sched Comp	letion Date	(11)	Name of OSHA N								
	016		29 201		N/A	HOIL COL							
	ear	Month	Dav Year	00.00	[· /								
Occupancy Status Dur [X] Facility Clos	ing Abatem sed/Vacate	ment (Check	only one)		Street Address	S							
of Abatement	:												
[]Abatement Per Hours - Descr		tside of No	ormal Facili	ty	City, State, 2	Zip Cod	е						
[]other - Descr													
Scope of Work (Check	all that	apply)		1000	II								
[X]>3 sf or	>3 1f	r	X]Renovation					h Negative	Press	ure			
[]≥160 sf o]Demolitio		[]Mini-I [X]Glove								
			Is		[]Non-Fi	riable	Procedur	e					
Location	of		Location		Description	n of			Aba	teme	nt 1	Ype E	
Asbestos-Cont		P	Normally Used		Asbestos-Cont	aining		Amount	RE	R	N N	N	
Material (TO BE ABA		By M	Solely aintenance/		Material ((Specify	M	E P	A	L	
In Facil:		C	ustodial caff (12)	in	(i.e., thermal sulation, surfa		3000 mm	SF or LF)	V V	A	PS	0	
(13)		Yes	No N/A		or other miscel			•	A	R	U	UR	
Basement			X	Dine	insulation	22		20 LF	X	-		E	
			 		Insulation	J11		20 11	A		T-EAS		
Name of Registered Wa	aste Haule	r N	JDEP Waste	Cul	oic Yards	Name	of Regie	tered Land	fill				
AZTECH MANAGE		INC. H	auler ID No.		Waste 1.5	1		Enterp		INC	7		
City, State		1	7040	Die	sposal Date		State					2513.57	
Montclair, NJ	07042				1/30/16	Harris Control		rg, Oh:	io 44	688	3		
					12			J,					
Completed By (Print of		Title			Signature	1 .	11	1	Date				
Dimitri G. Tem	ııdıs	Sales			1 Amut	461	1//		11/18	3/201	6		

		NOTIFI	CATIO	N OF AS	BESTOS ABATEMENT 60-7 and 12:120-7)	n) E			\mathbb{W}	
Date of Notification		N	ame of	E Build	ing Owner/Operato	r (2)	1181				
11/18/2016			Pau.	l Fer	nandez		100	av :	2.2	201	C
	Type Notificat	ion S	treet	Addres	s		Lexi,		-	_0	
[]EPA	[X]Initial						ASBES	TOO	-00	AITT	<u> </u>
[]DEP	Notificat	tion	- 10 To 10 T		Zip Code			LICE			IOL
[X]DOL	[]Amended Notificat	tion	Uni	on, No	7,07083						
[X] DOH	Notifica	76566667	fame o	f Conta	ict	Telephone	Number				
[]DCA	[]EMERGENCY		Pau	l Fe	rnandez	1					
	[]Cancellat:	ion									
Name of Facility Whe	and Abatament i	e Takin	T Plac		ITY INFORMATION	Type of Facili	ty (4)				
Name of Facility who Paul Fernande		S TAXIII	y Frac	,e (J)		[]School	(K-12)				
raur romanao	_					[] Subchapt	er 8 (Other t	han F	(-12)	ni n l	
Street Address						[X]Other () buildings,	homes, etc.)	& COI	mmer	JIAI	
						Square Feet	# of Floors	Bld	g. A	ge	
City (5)	k	ounty (6)		County Code (7)	1680	2	1	4	-	
Union		Essex			(STATE USE ONLY)	Current Use (Prior if being	demo	olis	ned)	
Name of Monitoring H	Firm hired by B	Building	ASC	M No.		ement Contractor					
Owner (8) N/A					188934860	MANAGEMENT	, inc.				
Street Address					Street Addre						
						stopher St	•				
City, State, Zip Coo	ie				city, State, Montcla	zip Code ir, NJ 070	42				
Project Manager for	Monitoring Fir	m Tel	ephone	Numbe				ense		er	
		N/	A		(973) 74	4-8800	00	037:	1		
Scheduled Start Date		i. Compl				Monitor					
	016 1	-	1 ay	2016 Year	N/A						
Occupancy Status Dur [X]Facility Clo	ring Abatement sed/Vacated Du	(Check	only	one)	Street Addre	ess					
of Abatement Pe Hours - Desc	rformed Outsid	e of No	rmal F	acilit;	City, State,	Zip Code	F.				
[]other - Desc		11									
Scope of Work (Check	≥3 lf	[3		vation	[]Min	l Containment wi i-Enclosure		ressu	re		
[] <u>></u> 160 sf	or <u>></u> 260 lf]]Demo	lition	[]Nou	ve bag Procedure -Friable Procedu	re				
		7	Is ocatio	n		Pilos Controls - C		Aba	teme	nt I	E
Locatio Asbestos-Co			ormal! Used		Descript Asbestos-Co		Amount	RE	R	N	N
Material			Solely		Material		(Specify SF or	M	E	A	LO
TO BE AN		Ct	istodi aff (al	(i.e., therm insulation, sur	rfacing, VAT,	LF)	VA	A	P S U	S
(13)	()(7))	Yes	No	N/A	or other mis	cellaneous)		L	R	L	R
		-		X	Pipe insulat	ion	60 LF	X		·	-
Basement				47	- PC Insulat						
		-	-								
Name of Registered	Waste Hauler	14:	DEP W	aste	Cubic Yards	Name of Regi	istered Landfi	11	1		
AZTECH MANAC		C Ha		ID No.	of Waste 1.5	Minerva	Enterpri		IN	C	
City, State	100000000000000000000000000000000000000				Disposal Date	City, State	ourg, Ohio	. 41	162	R	
Montclair, No					12/2/2016	,					
Completed By (Print Dimitri G. Te		le les			Signatu	mh-hill	7)ate 11/1		16	
					10001	ALL ALL			-		

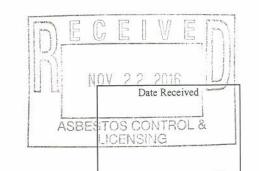
State of New Jersey

Check # 15749

CHSM	154	(Pt	CATIC Irsuar PAL	N OF A	New Jersey ASBESTOS A AC 8:60 and 6-1089	12:120)	Constitution of the Consti		NOV 2	2 20	y L	The second second second second	
Date of Notification (1)	10		Name	of Build	ding Owner/O	perator	(2)							1
11/18/2016 Agencies Notified	Type Notification		Street 300	Addres Pomp	ss ton Road				ASE	BESTOS LICE	CON	TRO	L &	- Committee
EPA DEP DOL	Initial Amended Amendment #_		City.	State, Z	ip Code J 07470									
	Emergency (in justification)	cluding	Name	e of Cor Pettit	ntact				Telepho	one Numbe	er 			
DOH DCA	Cancellation				INFORMATI	ON	Type of Fa	ailib. (A)						1
Name of Facility Where William Patterson I Street Address	Jniversity	Place (3)				S. C. (1)	School Subcl	ol (K-12) hapter 8 (G	ate & co	mmerciai	Uniconservation		nes,	
300 Pompton Roa	u .		No. of the				Square Fe	et	# of Flo	oors	Bldg.	Age		
City (5) Wayne, NJ 07470				-t - C	In (7)		Current U	se (Prior if	f being	demolishe	d)			
County (6) Passaic			(STA	nty Cod	ONLY)		Univers	ity			-7-3-			
Name of Monitoring Fir	ne of Monitoring Firm Hired by Building Owner I Environmental			SCM N	0.	PA	e of Abateme	nental S	ervice	es 				4
Street Address	eet Address 253 N Church Street					Stree	et Address ·02 Queen	s Plaza	aza South					
	253 N Church Street v, State, Zip Code					City	, State, Zip C ng Island (ode City, NY	1110)1				
Moorestown, NJ (ephone		Tele	ephone No. 8-349-090			License No 28675),			
Jeff Seaman		Scheduled (100	6-889		Nar	ne of OSHA	Monitor						
Start Date (10) 11/28/2016		05/28/201	17	edon be			et Address	a						-
Occupancy Status Du	iring Abatement (Chec	k Only One)		1		71	4 Kenned							
Facility Closed/\ Abatement Performance Other – Describe	/acated During Entire ormed Outside of Norr	Period of Aba nal Facility H	ours	nt		City	y, State, Zip (ayonne, N	Code J 07002						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	ck All That Apply)	X Rer □ Der	novatio	on n			Mini-	Enclosure	edure	Negative F	ole Proc	edure Abate	ment	
Asbestos-Contai TO BE In	ation of ning Material (ACM) E ABATED Facility (13)	Used Main Custo	ocatio rmally Solely tenan dial Si (12)	/ y by ce/	(i.e. the	Containi rmal sys	ption of ing Material (stems insulat g, VAT, or cellaneous)	ACM) ion,	(5	mount Specify F or LF)	Removal	Ty Repair	Encapsulate	Enclosure
		Yes	No	N/A	Г	Dino In	sulation			10 LF	X			
2n	d Floor	E	X		1	the in	Isulation							
Name of Registere	d Waste Hauler		F	JDEP \ lauler II	No.	Cubic Ya	е	The second second second		tered Land terprises				
ATC			2	4310		30 Yar Disposa	l Date	City, Sta	ate	g, OH 4	4688			
City, State Shirley, NY 11	967	Title				11/29/2 Sig	2016 gnature	vvayn	capul	9, 011 4	Date 11/18	1204	6	
Completed by		Com	plian	ce Ad	min		CAR	7			11/18	1201		

	NOT		ON	of New Jest OF ASBEST to NJAC 8:60 a	TOS Al	BATEMENT	DEC		\mathbb{V}		
Date of Notification (1)	116	(Ful:		Name of Building	Owner/Ope	rator (2)	NOV.	2 2	2010		
[] DEP [] Ame		ication		Street Address City, State, Zip Coo	le	Towns	American de la companya de la compan	S CC ENSI		OL&	
[] Eme	rgency (inc ication) ellation	luding		Name of Contact		le Park, NJ 087: Towns	Telephone Number	and the	7	MIL-3-	
		F	ACII	LITY INFORM	ATION						
Name of Facility Where Abatement is Taking Residence Street Address	Place (3)					Type of Facility (School (k-12) Subchapter 8 (oth Other (i.e., privat			al build	lings,
	County	(6)		County Code (7) STATE USE ONL	Y)	Square feet 1000 sf	homes, etc.) # of Floors 1	Bldg	g. Age	60	
Seaside Park	Ocean					Resi	or if being demolished) dence				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		A	SCM No.	Name of	Abatement Contrac	tor (9) rdian Contracting,	Inc			
Street Address	12				Street A	idress	Route 9, Unit 61	11101			
City, State, Zip Code					City, Sta	te, Zip Code	s River, New Jers	ov. 08'	755 1	271	
Project Manager for Monitoring Firm	5	Telephone Num	iber			ne Number 9-9932	License N 00624		733-1	2/1	
Scheduled Start Date (10) 11/28/16	5	Scheduled Com 11/29/16	pletion	Date (11)	Name of	OSHA Monitor E.M	S.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed	d During E				Street Ad	1056 te, Zip Code	Stelton Road				
Other – Describe						1.745.5775A	ataway, New Jerse	**************************************	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [X] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $			novatio molitic		[] [] [x]	Mini-Enclosur Glovebag Prod			ıre		
								Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	No	s Location ormally used Solely by mance/Custor Staff (12)	dial /A	Ash N (i.e. inst	Description Destrosted Pestos-Conflaterial (A., thermal pulation, survey, VAT, of the miscell Destrosted Pestos Pe	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior -rear house & garage		X		Asbestos sidin	ıg		900 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	N.	DEP Waste Ha		3	rds of Was	T.R.R.F	istered Landfill				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Projec		1/30/			own, Pennsylva	nia	Date 11/	: 17/20	16	

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



DEMOLITION / RENOVATION NOTIFICATION

Operate	or Project #: P	ostmark:		Notification	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ncelled):	0	II.	IS ASBESTOS PRESENT? (Yes	s/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contractor	and other o	perator)				
	OWNER NAME: David Towns						
	Address:			10			
	City: Seaside Park State:	New Je	rsey	Zip:	08752		
	Contact: David Towns			Tel:			
	REMOVAL CONTRACTOR: Guardian Contr	acting, Ir	ic.		NJ License: 00624		
	Address: 1889 Route 9, U	Unit 61					
	City: Toms River State:	New Je	rsey	Zip:	08755		
	Contact: Nicholas Fernic	cola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State:			Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	Renovation	E - Emergency Re	novation):	D		
V.	FACILITY DESCRIPTION (Including building name, number as	nd floor or i	oom number)				
	Building Name: Residence						
	Address: 1009 SW Central Avenu	ie					
	City: Seaside Park State:	New Je	rsey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 1000 sf # of Floo	rs:	1	Age in Y	ears: 60		
-	Present Use: Residence		Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AF	PPROPRIA	TE, USED TO DETEC	CT THE PRE	SENCE OF ASBESTOS MATER	IAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Asbestos	riable Material
	 Regulated ACM to be removed Category I ACM not removed 		RACM To Be		LOCATION		To Be noved
	Category I ACM not removed Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 900 sf	Asbest	os siding		Exterior rear house & garage		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	1128/1	6	Complete: 11/2	29/16	

	NOTIFICATION	OF DEMOLITI	ON AND RENOVAT	ION (continued)	CEIVEM
ζ.	DESCRIPTION OF PLANNED DEMOLITION O			1	NOV 2 2 2016
	(Care)			A Character of the Char	
ci.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:	NGINEERING CONTI	ROLS TO BE USED TO PREV	VENT EMISSIONS OA AS	BESTOSSATTHE DEMOLETION LICENSING
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed to the state of	e roped off with caution tag ced in double 6 mil. Bags,	pe and warning signs. Plastic sheeti sealed and labeled and placed in a le	ng will be placed on the ground ocked container for disposal.	d below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.		
	Address: 1889	9 Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip: ()8755
	27.1	nolas Fernicola	110,11 00130)		
	Contact Person: N1CI WASTE TRANSPORTER #2 Name:	iolas Perificola			
317 - SE 1-E					
	Address:	City		Zip:	
	City:	State:		Zip.	
	Contact Person:				
xiii.		.R.F.			
	Location: Bor	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732			1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	ASE IDENTIFY THE AGENCY	Y BELOW AND ATTACH	I COPY OF ORDER
	Name:		Title:		
	Authority:				·
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	M/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 condi	tions or would cause ec	quipment damage or an unreaso	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBLI	LOWED IN THE EVE ED, PULVERIZED, OI	ENT THAT UNEXPECTED AS R REDUCED TO POWDER	SBESTOS IS FOUND OR	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NO	EVIDENCE THAT TH	E REQUIRED TRAINING HA	S BEEN ACCOMPLISHE	CT M) WILL BE ONSITE DURING CD BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/Op	erator)	November 17, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIO	ON IS CORRECT.		1	
	Nicholas Fernicola / Project Manage (Printed Name/Title)	er	(Signature of Owner/Op	perator)	November 17, 2016 (Date)

	NOTIFI (P	CATIC ursuar	N OF AS	C 8:60 and	12:120)	_141	of between the base	111	V 22	201	6	-	
ate of Notification (1)		Name	of Buildir	ng Owner/O isti Schoo	perator (2		1	L-1			201	C	
1-17-2016 Check # 2940			t Address					ASBES	TOS C	ONT	ROL	&	
gencies Notified Type Notification			Kipp A						ICENS	DING	-		
			State, Zip										
Amended Amended		Has	state, zip	Heights,	NJ 076	04		Nho			-		
DOL Amendment #	ncluding		e of Conta				Tele	phone Numbe	er .				
justification)		Kev						1000	77				
DCA Cancellation				INFORMAT	ON	Type of Fac	ility (4)						
Name of Facility Where Abatement is Taking	Place (3)					en <u>anda</u> e en e							
Name of Facility Where Abatement is Abatement of Corpus Christi School						School Subch	(K-12) apter 8 (Othe	er than K-12)					
						Other	(i.e. private &	er than K-12) commercial l	buildings	s, nome	es,		
Street Address						etc.) Square Fee		f Floors	Bldg.				
215 Kipp Avenue						40,000	2		50+				
City (5) Hasbrouck Heights						Current Us	e (Prior if be	ing demolishe	d)				
		Cou	inty Code	(7) ONLY)		School	· (V2.50-12		1	
County (6) BERGEN					Nome	e of Abateme	nt Contracto	r (9)				1	
Name of Monitoring Firm Hired by Building	Owner (8)	F	ASCM No		FA	Services C	Corporation	n				-	
Name of Montoning						et Address							
Street Address						6-69th Stre	et					\dashv	
Suest / lad.					City.	State, Zip Co	ode						
City, State, Zip Code					Gu	ittenberg, N	NJ 07093					-	
		To	elephone	No	Tele	phone No.		License No					
Project Manager for Monitoring Firm		16	siepriorie	140.	20	1-295-170		01074					
150 - 500 - 400 500 500 500 500 500 500 500 500 500	Scheduled	Comp	letion Dat	te (11)	Nan	ne of OSHA	Monitor						
Start Date (10)	11/29/20	116	icuon =	• •		ame as abo	ve						
11/28/16					Stre	eet Address							
Occupancy Status During Abatement (Ch	eck Only One	, etomo	nt										
Facility Closed/Vacated During Entire Abatement Performed Outside of No.	re Period of Al ormal Facility	Hours	51 1L		City	y, State, Zip C	Jode						
Abatement Performed Outside of the Other – Describe: Starting 8 AM													
Scope of Work (Check All That Apply)						-	tainmont	with Negative	Pressure	Э			
	₹ R	enovat	ion			Mini-F	Enclosure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emoliti	on					ure) and Non-Fria	able Proc	edure	8		
K 2100 01 01						× Non-	Exempled	dire		/ water			
	Is	Locati	on							Тур	oe T		
	1	Normal	ly		Descri	ption of	ACM)	Amount	_		Ē	П	
Location of Asbestos-Containing Material (ACM	Use Ma	d Sole	nce/	Asbestos	armal SV	ing Material (stems insulat	ion,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
TO BE ABATED	Cus	todial S	Staff?		surfacing	a. VAI, OI		SF OI LI /	lova	pair	sula	Suit	
In Facility (13)		(12)			ther mis	cellaneous)			-		te		
(10)	Yes	No	N/A		D: 1	aculation		1 LF		х			
Basement Hallway(by Librar	y)	Х				nsulation insulation		10 LF		Х			
Basement Library Closet		X		1	\e-5eai	modicatori						1	
					Cubic Y	'ards	Name of R	Registered Lan	dfill				
Name of Registered Waste Hauler			NJDEP V Hauler II	Naste No.	of Wast		IESI						
Atlantic Carting			26085		tbd	al Date	City, State	9					
City, State					tbd	u. Du.	Bethleh	em, PA					
Wayne, NJ						ignature /	2011		Date	47100	116		
Completed by	Title			á	3	P	Vueas		11/1	1//20	710	_	
Gina Betances	Of	tice N	lanager				1	r asbestos lice					

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

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Date of Notification (1)				Name o	f Building	Ownerll	Inerator	(2)		-111	U:	IUI	G 4	CU!	U T
10-18-2016					h Mrako		pperator	(4)		and the same of th	į				
Agencies Notified	Type Notification		\dashv	Street A				-		+	ASBE	STO	S CC	NIF	OL
X EPA	× Initial											LICE	ENS	NG	
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X DOL	Amendment Emergency		- [Westf	ield NJ C	7090								536	
Ĭ DOH	justification)				f Contact					Tel	ephone Nu	umber			
☐ DCA	Cancellation	1			h Mrako										
Name of Facility Where A	Abatement is Takir	g Place (3)		FACI	LITY INFO	DRMATI	ON	Type	e of Facility (4	4)					-
Private Dwelling		.g / /doc (c)						.,,,,	School (K-1	85					
Street Address								H	Subchapter	8 (Oth					
								×	Other (i.e. p etc.)	rivate	& commerc	cial bui	dings	home	s,
City (5)	The second second second							Squ	are Feet	# 0	f Floors	T	Bldg. A	Age	-
Westfield NJ 07090	E							N/A	١.	N/	A		N/A		
County (6)					Code (7)				ent Use (Price		ing demolis	shed)			\neg
UNION					USE ONLY)				vate Dwell						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.					ntractor (9)					
Bioterra Solution									ntracting L	LLC					
Street Address 1130 W Chestnut S	t						Street PO E								
City, State, Zip Code			****	****	·				Zip Code						-
Union NJ 07083	nion NJ 07083								d Park NJ	0742	4				
Project Manager for Moni	itoring Firm		T	Telepho	ne No.		Teleph	none N	No.		License I	No.		-	
Rick Eustaquio					94-3762		973-	692-	6298		01266				
Start Date (10)		Scheduled		pletion	Date (11)				HA Monitor						\neg
11-28-2016		11-30-2							ntracting L	LC					
Occupancy Status During	Abatement (Chec	k Only One)				Street								
Facility Closed/Vaca Abatement Performer							PO E								
Other – Describe:	ed Odiside of Norr	nai Facility r	Tours				100000000000000000000000000000000000000		Zip Code d Park NJ	0742	4				
Scope of Work (Check Al	That Apply)						*****	diair	a i ain i io	01-12	-				-
× ≥3 sf or ≥3 lf	,,	X Re	nova	tion			×	F	ull Containme	ent with	Negative	Pressi	ire		1
2160 sf or ≥260 lf			molit				×	M	ini-Enclosure		rvogativo	1 10300			
							Ê	m 0	ovebag Proc on-Exempted		d Non-Fria	ble Pro	cedur	e	
		le I	ocati	on									Abat	ement	
Location	of	No	rmal	у		De	scription	of				_	Ty	/ре	
Asbestos-Containing	Material (ACM)	Used	Sole tenar			os Cont	taining N	/lateria	al (ACM)		mount			m	_
TO BE ABA		Custo			(i.e.		systems cing, VA		lation,		or LF)	Ren	Re	ncap	inclo
(13)	2		(12)				niscellar)	٠.	J. 2. /	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	0
Baseme	ent			X		pipe	Insula	tion		11	00 LF	X			
First Floor		1		X			insula			-	0 LF	X	18.0		=
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Name of Registered Was			1000	JDEP W auler ID		of Wa	Yards ste				red Landfi	111			
Amax Contracting LL			00	036184	1	3 су			GROW						
City, State	7404				V		sal Date		City, State		E D4				
Woodland Park NJ 0	7424	Tur					3-2016		MORRI	SVIL					
Completed by Tome Maslarkov		Title	t M/s	nager		8	Signature		Pa.			ate 0-18-	2016	3	
TOTTO MIGSIAIROV		1 10,80	LIVIC	inagel			-11	10		1	9	0-10-	2010		

CHITO	NO	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)									Prin	Fc		
Date of Notification (1)		1			r/Operator	(2)		l bot ter	į.					-
10-18-2016 Agencies Notified Type Notification			treet Add	ne Elalfi tress				,	ASBES	TOS	3 0	ONT	RO	-8
			il oct noc	21000				L		LICE	:NE	INC	ž	_
X DEP Amended				e, Zip Code Iford NJ 07	646									
Emergency (II			ame of 0		040			Telep	phone Nu	ımber				_
DOH justification) DCA Cancellation		1		ne Elalfi				1						
Name of Facility Where Abatement is Taking	Place (3)		FACILI	ITY INFORM	ATION	Tvr	e of Facility (4)						
Private Dwelling	riace (o)						School (K-12	2)						
Street Address						×	Subchapter 8 Other (i.e. pr	(Other	r than K-1	12) cial bu	uildir	nas, h	omes	j,
						_	etc.) uare Feet		Floors	Т		g. Ag		-
City (5) New Milford NJ07646						N/		N/A			N/	T 15	ŭ	
County (6)			ounty Co				rrent Use (Prio		g demolis	shed)				
Bergen		(5		SE ONLY)			ivate Dwelli batement Cont	-	0)			-		
Name of Monitoring Firm Hired by Building C Bioterra Solution	wner (8)		ASCM	No.			ontracting L		٥)					
Street Address					Street									
1130 W Chestnut St							(734							
City, State, Zip Code Union NJ 07083							, Zip Code nd Park NJ	07424	ļ					
Project Manager for Monitoring Firm		T	elephon	e No.	Telep				License	No.				
Rick Eustaquio				4-3762			2-6298		01266					
Start Date (10) 11-29-2016	Scheduled 12-02-20	016	pletion D	ate (11)	Ama	ax C	SHA Monitor ontracting L	LC						
Occupancy Status During Abatement (Check					Stree		ress < 734							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	ateme lours	ent		City,	State	, Zip Code nd Park NJ	07424	07424					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic			ſ	×	Full Containme Mini-Enclosure Glovebag Proc	edure						
	Т —		T				Non-Exempted	(°) and	Non-Fri	able i		Abate	ment	
Location of	No	ocation or mally	У		Description	n of				-	_	Ty	oe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solely tenan dial S (12)	ce/	(i.e. the	Description of containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)			(8	mount Specify or LF)		Removal	Repair	Encapsulate	Eliciosofie
	Yes	No	N/A						0.1=				Ф	
Basement	ent X					atio	n	7	0 LF	- X				
	+++													
								D1		1511				
Name of Registered Waste Hauler Amax Contracting LLC	Н	JDEP W auler ID 036184	No. of Waste GROWS											
City, State Woodland Park NJ 07424	Disposal Date City, State 12-08-2016 MORRISVILLE PA													
Completed by Tome Maslarkov	ect Manager				ire/	lin	1		Date 10-	18-2	2016	;		

D							727			111	MUA	22	201	<u> </u>	
Date of Notification (1) 11-17-2016 Check # 2939		Name of Building Owner/Operator (2) Queen of Peace High School Street Address ASBESTOS CONTRO								-					
Agencies Notified Type Notification			Street A	ddress	300					ASBI	ESTO	SC	ONTR	OL 8	
☐ EPA ☑ Initial			191 R	utherford	place				1				ING_		
DEP Amended			City, Sta	te, Zip Cod	е										
DOL Amendment			North.	Arlington,	, NJ 07	7031									
DOH Emergency (i	ncluaing		Name of	Contact					Tele	ephone N	Number				
DCA Cancellation			Rob												
	21 12		FACI	LITY INFOR	RMATIO	N			-						
Name of Facility Where Abatement is Taking	Place (3)					Туре	of Facility (4)							
Queen of Peace High School							X	School (K-12							
Street Address							H	Subchapter 8	(Other	er than K comme	12) rcial bu	ilding	s hom	es	
191 Rutherford Place							ш	etc.)			Tolal De				
City (5)								are Feet		Floors					
North Arlington							60,0		2			50+			
County (6)				Code (7) USE ONLY)				Same and Same and a second	if bei	ng demo	lished)				
BERGEN						_		nool			n:=200		v		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	1 No.				atement Contr		2007-0					
							2	ces Corpora	ation	ì					
Street Address						Street /		19.33 cons							
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City, State, Zip Code								Zip Code							
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Project Manager for Monitoring Firm	Γelephor	ne No.		Teleph											
			201-2	0.4830.000			01074								
			pletion [Date (11)				HA Monitor							
11/28/16	11/29/2							above							
Occupancy Status During Abatement (Check	Only On	e)				Street /	Addre	ess							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma															
Abatement Performed Outside of Normal Other – Describe: Starting 7AM	al Facility	Hours				City, St	tate, Z	Zip Code							
Scope of Work (Check All That Apply)	_														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	lenovat				H			t with	Negativ	e Press	ure			
≥160 sf or ≥260 lf		emoliti	on					ini-Enclosure ovebag Proce	dure						
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	Is	Location	on											t	
Location of		lormall			Desc	cription	of				-		i ype		
Asbestos-Containing Material (ACM)	1000000000	d Solel intenar		Asbesto	s Conta	ining M	lateria	al (ACM)	97.5	e & commercial buildings, homes, of Floors Bldg. Age 50+ eing demolished) pr (9) n License No. 01074 th Negative Pressure and Non-Friable Procedure Abatement Type Amount (Specify SF or LF) 5 LF					
TO BE ABATED In Facility	57700	odial S	12 12 12 12 12 12 12 12 12 12 12 12 12 1	(i.e. th	nermal s	systems ing, VA		ation,			den	7 6	ıcap	nck	
(13)		(12)			other mi			,		· /	SVOI	Pall	. lusuk	Sur	
	Yes	No	N/A								=		ate	Œ.	
Boiler Room	X		00.490.00		De u		ina				+	1.,	-		
Crawl space			/rap pi /rap pi	50				+	-	+					
							•		-	1 1080	-	Α.	_		
Kitchen Bathroom (Men's)		Х			Dent	on pi	ре			2 LF		Х			
Name of Registered Waste Hauler NJDEP W					Cubic Y			Name of Re	egiste	red Land	fill				
Atlantic Carting Hauler ID No. 26085					of Wast tbd	te		IESI							
					Disposa	al Date		City, State							
TOO I					tbd			Bethlehe	m, F	PA					
Completed by	Title				Sig	gnature		MI	V		Date				
Gina Betances Office Manager							253.5.5	Elma	1)-		11/47	/201	6		

Print Form-

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#19730005424 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 19 / 16 Sue Swanson Agencies Notified Type Notification Street Address □ EPA ✓ Initial ASBESTOS CONTROL 8 DOLWD Amended LICENSING City, State, Zip Code X DHSS Amendment # ☐ DCA Morristown, NJ 07960 Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Sue Swanson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, NJ 07960 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / __29 / __16 __11__ / __30__ / __16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodiai Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe insulation X 70 LF \boxtimes Garage Pipe insulation X 30 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic wenged N.Jevtic Owner 11/19/16 ASB-41

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Date of Notification (1)		lH	of Building Owner/	1211	()	an') AG	BEST(
Agencies Notified Type Notification PA Initial		Street A	9 Man	ilet	t.		, Aoi			SINC	
EPA Initial Amended Amendment		CityOt	ate Zip Code) \	FO CC	50	o de la companya de l				
DOH justification) DCA Cancellation	ncluding	X71	CAAMA		asnika		elephone *			/	1
Name of Facility Where Abatement is Yaking	Place (3)		ILITT INFORMAT	ION	Type of Facility School (K						
Street Address ACINICST A	· · ·	+			Subchapte Other (i.e.	er 8 (Ot	her than K- & commer	-12) rcial buil	dings	, hom	es,
City To ten 1010 07	501	4			etc.) Square Feet	#	of Floors	E	Bldg.	Age	
Countrie)	301		Code (7) USE ONLY)		Current Use (P		eing demoli	6			
Name of Monitoring Firm Hired by Building O		ASCN	/ No.	Name (of Abatement Co	ontracto	-	11	C.		
Street Address Boulevand				Street	Address \	an					
City, State, Zip Code LOUNTOWN PARES	S UT	070)Hb	City, St	ate, Zip Code	cin		0.	103	35	
Project Manager for Manitoring Firm CONFC STENESH 4		Telepho 173	5884821	Telepho Q7	3 94260	124	License	No. 20	7		
12-02-16	Scheduled Cor	npletion I	Date (11)		of OSHA Monitor	r					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abaten	nent	4/3 b=1		ate, Zip Code						
Scope of Work (Check All That Apply)	(CT)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit			K K	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure	B			Α.	
t work to conf	Is Locati Normal		De						Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintena Custodial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfa		aterial (ACM) insulation, , or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Drolen Dray (Idlino)	Yes No	N/A	TSI (1 101	ve)	5	LF.	V		e	
Dillin retail valve)		10	101	Och	ve.)	0	L-F	1			
Name of Registered Waste Hauler		JDEP W auler ID	No. of Was		was	Te.	ered Landfi	(CVM)	tors	,	
Completed by	Au Pan	N N	07 12	sal Date - Q - \ \ ignature	O. Gity, Sta	ok?	UN (J.			
20/16/20/20 1 1 1			0	a minute	0/ 2	8			477711		. 1

Print Form

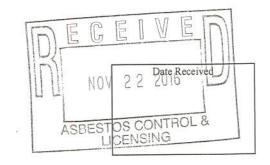
State of New Jersey NOTIFICATION OF ASRESTOS ABATEMENT

		NOT			NJAC 8:60		0)			<u> </u>	- Lon	The second secon	
Date of Notification (1)	vember 18, 201	6		N	ame of Building	Owner/Oper Messer	ator (2) rcola Excavatin	g Co. Inc.	30	3 2	016 75	甲	
Agencies Notified [X] EPA [] DEP [X] DOL	[] Amend	Notification led Notifi lment #	cation		ity, State, Zip Coo	ie	oomfield Road gat, NJ 08005	ASBES	TOS C ICEN			. &	
[x] DOH	[X] Emergy justifice [] Cancel				Tame of Contact Ferna	ndo		Telephone Number	-				
Name of Facility Where Abo Resi	atement is Taking F dence	Place (3)	1	ACIL	III III OIL		Type of Facility (School (k-12) Subchapter 8 (other (i.e., private homes, etc.)	& com	nercial	buildii	ngs,	
Spring Lake		County			ounty Code (7) TATE USE ONL	Y)		# of Floors 1 or if being demolished)	Bldg.	Age 60			
Name of Monitoring Firm F N/A Street Address		wner (8)		A	SCM No.	Name of Street A	ddress	etor (9) rdian Contracting, 9 Route 9, Unit 61	Inc.				
110,000							te, Zip Code	ns River, New Jerse		55-12	71		
Project Manager for Monitoring Firm Scheduled Start Date (10) 11/21/16 Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period o [] Abatement Performed Outside of Normal Facil [] Other – Describe					nent s	732-34 Name of Street A	FOSHA Monitor E.M. ddress 105 ate, Zip Code	00624 I.S.L. Analytical 6 Stelton Road cataway, New Jerse	y 0885	4			
the of	hat apply) f or ≥ 3 If) sf or ≥ 260 If		L	novatio		[[[[x	Mini-Enclosu Glovebag Pro			e			
				T					Abate	ment 7	ype		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally use Solely by Maintenance/Cus Staff (12) YES NO				dial	(i. in	Descripti sbestos-Co Material (e., therma sulation, s VAT, ther miscel	ontaining ACM) I systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior X					Asbestos sid	ing		1700 sf	X				
Name of Registered Waste	Hauler	1	NJDEP Waste H	lauler I	1808 USC	Yards of Wa		egistered Landfill					
Guardian Co	ontracting, Inc.			Disposa		City, S	T.R.R. State Town, Pennsylv						
Toms River,	oct Manager	11/23/	Signature	Tuib	ALGWII, FEIIIISYN	, annu	Date 11/18/2016						

Project Manager

Nicholas Fernicola

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



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Post	tmark:	Notificatio	JII.		
I. TYPE OF NOTIFICATION (O - Original R - Re	vised C - Cance	elled): O	II.	IS ASBESTOS PRESENT? (Yes	s/No):	Y
III. FACILITY INFORMATION (identify owner, rem	oval contractor an	nd other operator)				
OWNER NAME: Mes	sercola Excav	vating Co., Inc.				
Address: 127 Bloomfie	eld Road					
City: Barnegat	State: 1	New Jersey	Zip:	08005		
Contact: Fernando			Tel:	609-549-5704		
REMOVAL CONTRACTOR: Gua	rdian Contrac	cting, Inc.		NJ License: 00624		
Address: 188	9 Route 9, Un	nit 61				
City: Toms River	State: 1	New Jersey	Zip:	08755		
Contact: Nic	nolas Fernico	la	Tel:	732-349-9932		
OTHER OPERATOR (if different)				NJ License:		
Address:						
City:	State:		Zip:			
Contact:			Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordere	d Demo R - R	enovation E - Emergency Re	novation):	D		
V. FACILITY DESCRIPTION (Including building no	me, number and	floor or room number)				
Building Name: Residence						
Address: 920 Prospec	Avenue					
City: Spring Lake	State:	New Jersey	County:	Monmouth		
Site Location: Exterior						
Building Size: 1800 sf	# of Floors:	1	Age in Y	ears: 60		
Present Use: Residence		Prior Use:	Residen	ce		
VI. PROCEDURE, INCLUDING ANALYTICAL MI IS MATERIAL ASSUMED TO BE ASBESTOS		ROPRIATE, USED TO DETEC	CT THE PRE	SENCE OF ASBESTOS MATER	IAL:	
VII. APPROXIMATE AMOUNT OF ASBESTOS IN 1. Regulated ACM to be removed 2. Category I ACM not removed		RACM To Be		LOCATION	Nonfi Asbestos Not T Rem	Material o Be
Category I ACM not removed Category II ACM not removed		Removed			Cat I	Cat II
Pipes (Linear feet):						
Surface Area (Square feet): 1700 sf		Asbestos siding		Exterior		
RACM Off Facility Component (Cubic feet):						
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM	I/DD/YY)	Start: 11/21/	16	Complete: 11/	22/16	

	NOTIFICATION	OF DEMOLITIC	N AND RENOVA	TION (continued)	CELVEN
	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WOR	K, AND METHOD(S) TO	BE USED	VOV 2 2 2016
ci.	DESCRIPTION OF WORK PRACTICES AND EL AND RENOVATION SITE:	NGINEERING CONTRO	LS TO BE USED TO PRE	EVENT EMISSIONS OF ASB	ESTOS A THE DEMOLITION
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed to the procedure of the placed to the procedure of the placed to	e roped off with caution tape ced in double 6 mil. Bags, sea	and warning signs. Plastic shee alled and labeled and placed in a	eting will be placed on the ground be locked container for disposal.	pelow and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting, In	ıc.		
XII.		9 Route 9, Unit 61			
	City: Toms River		New Jersey	Zip: 08	3755
		holas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
AIII.	111.012	dentown Road			
	City: Tullytown	11 00	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732	5		01494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	IENT AGENCY, PLEAS		CY BELOW AND ATTACH O	COPY OF ORDER
Air.	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (I	MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
Αν.	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condi	itions or would cause equi	pment damage or an unreas	sonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBL	LOWED IN THE EVEN ED, PULVERIZED, OR	T THAT UNEXPECTED A REDUCED TO POWDER	ASBESTOS IS FOUND OR P	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND I AVAILABLE FOR INSPECTION DURING NO	EVIDENCE THAT THE RMAL BUSINESS HOU	KEOUIKED IKAINING H	INO DEEM ACCOMI PISTIFF	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE November 18, 2016
	Nicholas Fernicola / Project Manage (Printed Name/Title)	er	(Signature of Owner/C	Operator)	(Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	ON IS CORRECT.		1/	
	Nicholas Fernicola / Project Manag (Printed Name/Title)	er	(Signature of Owner/C	Operator)	November 18, 2016 (Date)

Check#2649	ОТ	OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)									<u>E</u> [
				(Pt	ırsua	nt to NJA	AC 8:60	and 5:1	6)	112					1
Date of Notification (1)		18 80			Name	of Buildin	g Owner/	Operator ((2)		NOV	2	2 2	016	-11
	18	16	_		Mary	Ann Bro	wn				1101	_ (010	-
Agencies Notified	Type Notific	cation				t Address					00000	20.0			
☑ EPA ☑ DOLWD	✓ Initial ✓ Amende									A	SBEST	OEN!			L&
☑ DHSS	Amenda				City,	State, Zip (Code			1	LIC	J L (W)	31140	_	
☐ DCA	☐ Emerger		ding			Falls, NJ									
(NJAC 5:23-8)	justificat		ā		Name	of Contac	t			Teleph	one Numb	er			
	Cancella	ition			Mary	Ann Bro	wn			-					
					FA	CILITY IN	NFORMA	TION							
Name of Facility Where	Abatement is	Taking Pl	lace	(3)					Type of Facility	(4)					
Private house Street Address									School (K-1		ban K 1 2)				
Street Address									Other (i.e.,				uilding	1 5.	
City (5)									homes, etc	92					
Little Falls, NJ 07424									Square Feet	# of F	loors	BI	dg. A	ge	
County (6)					Coun	ty Code (7)	(STATE //	SE ONI VI	Current Use (P	rior if help	a domolis	hod/			
Passaic						.,(1)	,	-L SIELI)	Juneau OSE (F	HOLIT DEIN	y ucitions	ieu)			
Name of Monitoring Firm	Hired by Buil	lding Owr	ner (8)	ASCM	No.	Name o	of Abateme	I ent Contractor (9	9)					_
							Gr Tec		(.						į.
Street Address								Address					10017		
							576 Va	lley Rd #	[‡] 283						
City, State, Zip Code							City, St	ate, Zip C	ode						
Project Manager for Monitoring Firm					,			, NJ 0747	70						
Project Manager for Monitoring Firm					phone	No.	Telepho			l'assertion de	se No.				
Start Date (10) Scheduled Co					ion Da	te (11)	973-63	8-1777 of OSHA N	fonitor	01127	7				
11 /28 /						16									
Occupancy Status During	Abatement (Street A		nsultants,Inc						
□ Facility Closed/Vacate	ed During Ent	ire Period	of A	Abater	nent				Pood Dida #	25E					
Abatement Performed Time of Abatement: _	Outside of N	ormal Fa	cility	Hour	s - Des	escribe 20-21 Wagaraw Road, Bldg .# 35E City, State, Zip Code								-	
		PIVI/_	-			AM		wn, NJ 0							
Scope of Work (Check al	I that apply)			-				Clean up	and decontami	nation with	negative	press	sure		
>3 sf or >3 lf > 160 sf or >260 lf		\boxtimes	Rer	novatio	on		Н	Full Con Mini-Enc	tainment with Ne Iosure	gative Pre	essure				
≥ 160 sf or ≥260 lf			Der	nolitio	n		Ø	Gloveba	g Procedure	Tent with	Negative	Press	ure		
			Is	Locati	on	T		Non-Exe	mpted (*) and N	on-Friable	Procedure	-	1		
Location		_	N	ormal	ly		De	scription o	of				T	ent T	
Asbestos-Containing TO BE ABA		1)		d Sole ntena		Asbe	stos Cont	aining Ma	terial (ACM)	0.0000000000000000000000000000000000000	ount	Remova	Repair	Encapsulate	Enclosure
IN Facili			Custo	odial S	Staff?	(1.6		cing, VAT,	nsulation, or		ecify or LF)	NOU	air	ısde	osu
(13)			П	(12)	1	-	other r	niscellane	ous)	l saves		1 20		late	G,
Danamant :		- Y	es	No	N/A	-						_			
Basement		_ _	-		\boxtimes	Pipe inst	ılation			115 LF		\boxtimes			
Basement					\boxtimes	VAT flo	or tiles			400 SF		\boxtimes			
												П	П		П
Name of Registered Waste Hauler				NJD	EP Waste	Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regi	stered Lar	dfill				
Gr Tech LLC				0	03378	5	TBI		T.R.R.F. Inc						
City, State							Disposa		City, State						\dashv
Wayne, NJ 07470							TBI)	Tullytown, P	Α					
Completed By (Print or Ty	/pe)	Title						nature /	1		Date	е			
J.Jevtic		Owner				Hewice Wenad 11/18/16									
SB-41				-						100000	-				

State of New Jersey

		***			State of New J							
		NO	TIFIC		N OF ASBES ant to NJAC 8:60		BATEMENT	\mathcal{C}	K	. /		
D 011 17				(1 tirsti	ant to NJAC 8.00	and 12.1	20)		7	34	5	
Date of Notification (1)	ovember 11, 2	016			Name of Building		erator (2) Rema, LLC	10)-15	6	ĒÜ	\mathbb{W}	
Agencies Notified [X] EPA		al Notif			Street Address	121 C	Champion Way	And the second s	VOV	22	2016	A deposite and a second
[] DEP [x] DOL		ended N endment	otification		City, State, Zip C			heat two-				-
[X] DOH [] DCA		ergency ((including		Name of Contact	Canor	nsburg, PA 15317	ASBE Telephone Number				OL &
	[] Can	cellation			Programme and the contraction of	B. Gallar	rdy	relephone Numbe	<u>r</u>			
Name of Facility Where Ab	otamant is Tabia	- DI	(2)	FA	CILITY INFORM	MATION						
For	ner JCP&L P	g Place ower P	(3) Plant – W	erner G	enerating Station		Type of Facility (4	School (k-12)				
Street Address							į į	Subchapter 8 (o				
	Main Street						[x]	Other (i.e., privalent buildings, home			cial	
City		Coun	ity (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 240,000 sf	# of Floors		lg. Age	0+/-	
South Amboy	Ý	Mid	dlesex				Current Use (Prior		1)		017-	
Name of Monitoring Firm F	lired by Building ironmental Ta	Owner	(8)		ASCM No. 0045	Name of	Abatement Contracto	r (9)				
Street Address	Broad Street	ctics			0043	Street Ad	ldress	Abatement Ser		, LLC		
City, State, Zip Code					City. Stat	443 Sc te, Zip Code	hoolhouse Roa	d				
Mata Project Manager for Monito	47	Talaukana	N			Monro	e Township, N.					
Tom Geige			Telephone 732-290	-2217		732-60:	e Number 5-9062	License 1 00714	Number	•		
Scheduled Start Date (10) 11/28/16			Scheduled 12/30		ion Date (11)	Name of	OSHA Monitor	nmental Tactics	Inc			
Occupancy Status During A [X] Facili	batement (Check ty Closed/Vacate		e)			Street Ad	dress	1999-1-02	5, 1110.			
[] Abate	ment Performed	Outside	of Normal I	Facility H	ours	64 Broad Street City, State, Zip Code						
	– Describe					Matawan, NJ 07747						
Scope of Work (Check all th	at apply)					[]		with Negative Pre	ssure			
[] >3 sf o			[]	Renova	ation	[]	Mini-Enclosure Glovebag Proced	ure				
[X] ≥160 sf	or ≥260 lf		[x]	Demoli	tion	[x]	(Other) Exterior I	Debris Clean-up				
			Is Locatio	un.		Donowinstin.	-6		Abat	ement	Туре	
Location of			lormally u	sed	Asb	Description estos-Cont	aining	Amount	R E	R E	E N	E N
Asbestos-Containing Ma TO BE ABATI		Main	Solely by tenance/Cu			faterial (A) , thermal sy		(Specify SF or LF)	M	P	C	C
in facility			Staff			lation, surf	facing,	Of LT)	0	A I	A P	LO
(13)			(12)		othe	VAT, or or miscellar			V A	R	S U	S U
		YES	NO	N/A		· · · · · · · · · · · · · · · · · · ·			L		L E	R E
Exterior Building Found		Misc. (demolition debris) 2,608 sf X										
Name of Registered Waste Ha Freehold Cartin		N	JDEP Wast			ds of Waste		L ed Landfill				
City, State	ıg		- 18		al Date 10	City, State						
Trenton, NJ Completed by (Print or Type)		Title		12/30	/16 Signature	Morrisy	ille, PA		Date			
Dominick Tring	t Manage	er		\times				1/16				

C1C 3943

Date of Notification (1)			Name o	of Building	g Owner/Operator	(2)	- 13/5	C F	П	\mathbb{N}	国		
(1/18)1	0	W	Street Address										
Agency Notified Type N	otification						115	**					
D EPA D'Initia	si.		1	SO	YO BOU	N 25	111 111 A	INV O	2 5	040			
			City, St	ate, Zip C	Code		fred land	.01 _	_ (.010			
	endment#			YA	TERSON	, NJ							
	ergency (including ification)		Name	of Contac	ŧ		Telephone Num	ber	201	TO	71		
	cellation		SA	R. K	ENA								
			FACII	JTY INFO	ORMATION					his -			
Name of Facility Where Abateme	nt is Taking Place	(3)		<u> </u>		Type of Facility	(4)						
Trios			Co	RC		D Cohool (V 12	N						
	(M/ P 200.		-July			School (R-12 Subchapter 8) 3 (Other than K-12)						
Street Address	2 2 2 4 1 6	_		,	4	Dother (i.e. pri	ivate & commercia	building	s,				
	BURN S	•		2.4				Dida A	100		\dashv		
City (5)	1				1.2		# of Pioois			2			
PASSI	189H				121 121		14	1222	10	8			
County (6)					(STATE USE	The state of the s	레이스 (100mm - 100mm -						
PASSAI	<u>_</u>		ONLY)	φ.		1, RUCE	SAM						
Name of Monitoring Firm Hired b	y Building Owner	ASC	M No.		Name of Abaten	nent Contractor (9	9)						
(8)					Best Re	moval In	С						
Street Address					Street Address					*			
			85		450 Sou	th River	St						
City, State, Zip Code					City, State, Zip C								
					Hackens	ack, N.J	. 07601						
Project Manager for Monitoring F	im I	Teleph	one No.		Telephone No.		License No.						
Topod manager to monating .					201-329	-7444 -	00388						
Start Date (10)	Scheduled Com	pletion F	Date (11)		Name of OSHA						\neg		
12/1/16	12/21		(, , ,				ental						
Occupancy Status During Abate					Street Address						\neg		
	•		*		280 H	wler St			*	`			
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	Entire Period of A	bateme	nt	City, State, Zip Code									
Abatement Performed Outside				S. Hackensack , N.J. 07606									
Scope of Work (Check all that as					<u> </u>		,				\neg		
	P-37		n.		□ Full	Containment with	Negative Pressure	9					
ZI≥3 sfor≥3 lf □≥160 sfor≥260 lf			□ Den	ovation nolition				9 5					
2 2 100 St 01 2 200 II					☐ Non-	Exempted (*) and	d Non-Friable Proc	edure					
		ls Loc	ation								nt		
		Norm		:	D			h	Τ.	1			
Location of Asbestos-Containing Mater		Used So Mainter		Asbe	Description stos Containing M		Amount		_	m			
TO BE ABATED	,	Custo	5/2 3/3	(i.e	., thermal systems	insulation,	(Specify		en Re	cap	nclo		
(13)	1	Stat			surfacing, VA other miscellan	Type of Facility (4) School (K-12) Sylochapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet of Floors Bidg. Age 1928 Current Use (Prior if being demolished) Removal Inc. South River St. Duth River St. Outh River St. Outh River St. Anomal Inc. Serial Code Iackensack, N.J. 07601 Ide. 109-7444 Manitor Manufacture St. Anomal Procedure Huyler St. Huyler St. Huyler St. Specify State Inc. Anount Specify Removal Inc. Anount Specify Removal Inc. Specify Removal Inc. Anount Specify Removal Inc. Specify Removal Inc. Anount Specify Removal Inc. Anount Specify Removal Inc. Anount Specify Removal Inc. Anount Specify Removal Inc. Implication of Inc. Specify Removal Inc. Speci							
(13)	Ŀ	(12	2)		Otto Habouari		E	1	=	te	0		
	Y	es No	N/A			89.7							
BASSMENT	-			THERM	HAL SYSTEM	MOITEN USA,	80 LF		M				
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		+	_							T			
		+	+	-				,	\dashv	+			
N 6 D	- 1	NIDE	2 Mante 1	douder	Cubic Yards of	Name of Regi	stered Landfill				-		
Name of Registered Waste Hau Best Removal	* S. C.	ID No.	Waste I	auer	Waste	14 152		i	т	TO			
Dest Kemoval	TIIC		7109		2 1/200	Minerva	a Enterpr	rses	, L	טע			
City, State		_			Disposal Date								
			12/2/16		sburg. Oh	,446	88		}				
Hackensack , N.J. 07601 Completed by Title					Signature)		Date /	1				
J.Maiorano	1 2 1 2 2						16						
J. FIATULANO	Estin	14.00.	f	for the first transfer of the first transfer									

no CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

WC - 10 L 10 L 10 L			-111
NOV	22	2016	

Date of Notification	(1)			Name	of Bu	ildina	Owner / Operato	or (2)		UV 22	-201	6	111
					on Services, Inc								
Agencies Notified	Type Notifi	cation			t Add	The same of the sa			ASRES	STOS CO	MITT	201	
	355000			13 E.	Mair	Stree	et, PO Box 897		AODEC	LICENS	NIG	IUL	Ŏ.
☐ DEP		al (Courtesy		City,	State	& Zip	Code						
□ DOL	1111000000	fication)	10)	N / mi au l	-4-4	N. I	00500						
□ DOL	(A)	ended (Start Dat ergency	-			ontac	08562			Talanh	N	1 1	
DCA		cellation	- 1		i Buk		t			Telepho	one N	IUmi	per
		ioonation								1			
					CILIT	Y INF	ORMATION						
Name of Facility Wh	nere Abaten	nent is Taking P	lace (3)			Type of Facil						
Skate Park Street Address							School (- 1/ 40)				
Street Address								oter 8 (Other that e. private & con		nae hom	00 01	·	
							Square Feet			Bldg. Ag		0.)	-
City (5)		County (6)	Co	unty (Code	(7)	12,000	1		56	-		
McGuire, AFB 086	341	Burlington		unity (Jouo	(*)		(Prior if being d		50			
								ntenance Sho					
Name of Monitoring	Firm Hired	by Building Owr	ner (8)		IASC	CM No.		tement Contrac					\neg
Health & Safety Se			(-)		117			lanagement G					
Street Address							Street Addres	SS					
PO Box 365 City, State & Zip Co	da						City, State &	on Avenue, Suite	8 202				
Berlin, NJ 08009	uc						Trenton, NJ						
Project Manager for	Monitoring	Firm	Teler	hone	Numl	ber	Telephone N		License	Number	-	-	\neg
Mr. Jim Proctor				839-2			609-977-61			0118	5		
Scheduled Start Dat		Scheduled Cor)	Name of OSI						
				2016			_	nmental Labora	atories Inc				
		During Entire P			ateme	nt	Street Addres 2333 Route	Talking and the con-					
		during Normal H		017101			City, State &						-
Describe:							Union, NJ 0						
		g Abatement											
Scope of Work (Che	ck all that a	apply)											
N >2 -5>2 H				-					tainment with	Negative	Pres	sure	
≥3 sf or ≥3 lf ≥160 sf ≥260				-	iovatio nolitio	5000		Mini-End					
2100 SI 2200	JII			Den	IOIILIO	11			ag Procedures empted and No		Droo	o di ir	
10	cation of		le	Locati	ion	T	Description		Amount		teme		
A STATE OF THE STA	os-Containi	ng		nally l			Asbestos-Con		(Specify	Abe	T	III I y	pe
	erial (ACM)		S	olely l	ру		Material (A	CM)	SF or LF)			Ш	Ш
	SE ABATED				ce or		(i.e., thermal s			Rem	Repair	cap	nclo
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Resource Manageme	nt Group III	C		65000	uler II 35218	O No.	of Waste	Grows Landfill					
	nic Group, LL			003	0210								
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Date of Notification (1) 11/17/16		Name of Building Owner/Operator (2) Dennis Wright														
Agencies Notified	Type Notification		S	Street Ad	ddress											
× EPA DEP × DOL	Initial Amended Amendment				te, Zip Cod Silver, NJ		9		The state of the s	Date Date		IOV	23		216	
× DOH DCA	Emergency (justification) Cancellation				Contact Wright					Tele	sbane (3प्रांक	er Ç	ONT NG		. &
				FACII	LITY INFO	RMATIC	N				77					
Name of Facility Where A	Abatement is Takin	g Place (3)					S	of Facility (4) chool (K-12)		(10)				
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City (5) Little Silver								Square 2200		2	Floors		70	dg. A	ge 	
County (6) Monmouth					Code (7) JSE ONLY)		_	Curren	nt Use (Prior	if bein	g demo	lished	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				ement Conti onmental			LC				
Street Address							РО В		3, 4 E Ga	te Dri	ve					
City, State, Zip Code								tate, Zip wood,	Code NJ 0741	8						
Project Manager for Mon	roject Manager for Monitoring Firm						Teleph 973-7	one No 764-22			Licens 703	e No.				
Start Date (10) 11/29/16						And the second s										
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Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of <i>F</i> nal Facility	Abatem Hours	ent		_	City, State, Zip Code									
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Name of Registered Wa	ste Hauler		N.	JDEP W	Vaste	Cubic `	Yards		Name of F	Registe	red Lar	ndfill				
					No.	of Was TBD			Western		s Lan	dfill				
City, State Freehold, NJ						TBD	al Date		City, State Birdsbor		١					
Completed by A. Scott Higgins Title President						Signature Date 11/17/16										

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

Name of Building Owner/Operator (2) Date of Notification (1) River Terminal Development Company 11/17/16 Agencies Notified Type Notification Street Address 100 Central Avenue X EPA Initial City, State, Zip Code DEP Amended Kearny, NJ × DOL Amendment # Emergency (including Telephone METROL & Name of Contact X DOH iustification) Emilio Guarino DCA Cancellation EIVUI.NG FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 100 Central Avenue etc.) Square Feet # of Floors Bldg. Age City (5) 70 3000 Kearny Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Hudson ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 703 973-764-2276 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 1/01/17 12/01/16 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) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Demolition Mini-Enclosure × ≥160 sf or ≥260 lf × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) Yes N/A No 800 LF pipe insulation basement X 100 SF tank insulation X basement X NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Western Berks Landfill Freehold Cartage TBD 15939 Disposal Date City, State City, State Birdsboro, PA TBD Freehold, NJ Date Signature Completed by Title 11/17/16 President A. Scott Higgins

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Date of Notification (1)	6		N	Name of Building Owner/Operator (2) // Jim Tower Street Address NOV 2 2 2016											
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Project Manager for Mo	nitoring Firm	Tel	ephon	e No.		Telephone No.		License No.	St.						
Project Manager for Mo	chilott				-7444 -	00388									
						Name of OSHA		00000	-	7		-	\dashv		
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□ ≥ 160 sf or ≥ 260 lf			,	E DOM	Ondon	□ Non	-Exempted (*) an	d Non-Friable Prod	cedure						
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City (5) Teanack County (6)								etc.) and Fee!		Floors		Bidg.		100,	
Bergen Nama of Monitoring Firm Hired by Buildin	- 0		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demotished) Library							
Street Address	(\$).	0095 VMC					npany in	ontractor (C	(9)					
5434 King Avenue City, State, Zip Code	-						Plage	et Avenu	ė						
Pennsauken, NJ 08108 Project Manager for Monthoring Firm		· 	Telephi	ne No		City, S Clifto	n NJ	07011							
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ewark Carting Inc	_	Ha	NJDEP Weste Cubic Yards Hauter ID No. Of Waste					GROWS							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 1054 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) November 17, 2016 National Realty & Development Corp. Agencies Notified Type Notification Street Address 3 Manhattanville Road; Suite 202 **EPA** Initial DEP City, State, Zip Code **ASBESTOS CONTROL &** Amended X DOL Amendment #_ LICENSING Purchase, NY 10577 Emergency (including Name of Contact TelephoneNumber DOH justification) DCA Cancellation Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Shrewsbury Plaza School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 1026 Broad Street etc.) City (5) Square Feet # of Floors Bldg. Age Shrewsbury, NJ 07702 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Monmouth plaza Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, LLC The MACK Group, LLC. Street Address Street Address 1600 Route 22 East Suite #107 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Union, New Jersey 07083 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Nehlsen (908) 377-5644 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/2/16 3/30/17 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 1500 Kings HWY N, STE 209 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) \geq 3 sf or \geq 3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Main Floor

VCT and mastic 22,156 sf 11 ceramic tile and mastic 1,781 sf Mezzanine Tile & mastic 500 sf cove base 50 If Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting 22253 244.9 Cumberland Co./ BFI / GROWS / TRRF City, State Disposal Date City, State Newark d, NJ 3/30/17 Newburg / Imperial / Morrisville, PA Completed by Title Signature Date Michael Cooper President 11/17/16

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× DOL		Amendment Emergency		ing Montclair, NJ 07042 Name of Contact Telephone Number												
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	nt Supervisor	,					1000	Name of Abatement Contractor (9) Academy Construction Inc.								
Street Addre	ess		N. 2004 D. La.			St	Street Address									
								205 Rt. 46 West Suite 14 City, State, Zip Code								
City, State, 2	Zip Code															
			T. 1. 1.	N. N.				NJ 07512		License	No					
Project Man	ager for Monitorin	ig Firm		Telephor	ne No.	1100		one N 832-	4244		01155					
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Filip Gele			erviso	or		-3.	Signature Filip Florify Date 11/16/16									

Date of Notification (1)

School (Howe Center)

1 Castle Point on Hudson

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

11/15/2016

DEP

DOL

DOH

Street Address

City (5) Hoboken County (6)

Hudson

Briggs Associates Street Address

3 Crosswicks Street City, State, Zip Code Bordentown, NJ 08505 Project Manager for Monitoring Firm

Michael Hoodak Start Date (10)

11/18/2016

X X

Agencies Notified

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of Notification (1)				Name of Building Own Stevens Institute			T T T T T T T T T T T T T T T T T T T		1					
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EPA DEP DOL	×	Amended Amendmen	-	City, State, Zip Code Hoboken, NJ 0703	30									
DOH DCA		Emergency (including justification) Name of Contact David Fernandez Telephone Number												
				FACILITY INFORM	ATION									
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nty (6) dson				County Code (7) (STATE USE ONLY)				f being demolish	ned)					
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et Address rosswicks Stree	et					Street Address 11 Rosengren Avenue								
State, Zip Code dentown, NJ 08	3505					State, Zip o								
ect Manager for Mo hael Hoodak	nitorin	g Firm		Telephone No.	40.00	hone No. -345-868	35	License N 01311	0.					
Date (10) 18/2016			Scheduled Co 11/19/2016	ompletion Date (11)	5.5000000000000000000000000000000000000	of OSHA Abaten	Monitor nent, Inc.	24 24						
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Abatement Perform Other – Describe:	med O	utside of Nor			City, State, Zip Code Totowa, NJ 07512									
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		0(5.8 5 2)	× Renov			× Mini-E	ontainment Enclosure bag Proced	t with Negative F	Pressure					

Other - Describe: occupied Scope of Work (Check All That Apply)

Name of Registered Waste Hauler

				Non-Exempter	d (*) and Non-Fria	ble Pro	22.5	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	l Use Ma	Normall Normall ed Sole intenar todial S (12)	ly ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
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10th floor west side		Х		fitting (elbow) insulation	4 LF	X			
12th floor west side		Х		fitting (elbow) insulation	4 LF	Х			
				<					1

Cubic Yards

Hauler ID No. of Waste Waste of Management D&S Abatement, Inc. TBD 20996 Disposal Date City, State City, State TBD Tullytown, PA Totowa, NJ

NJDEP Waste

Date Signature Completed by 11/15/2016 Oliver Hegedis Project Manager

Name of Registered Landfill

m0934	07373	3-0°	(Pu	CATION (irsuant to	te of New OF ASBES o NJAC 8:	STOS A	ABATE! 1 12:120)		ZC	15	LOV	2 2	2 2	116	Comment of the control of		
Date of Notification (1) 11/11/2016				Name of I Stevens	Building O s Institut	wner/C e of T	perator echno	(2) logy			Secretaria .							
Agencies Notified	Type Notification		- 1	Street Ad	dress e Point d	on Hu	dson			ASBESTOS CONTROL & LICENSING								
EPA DEP DOL	Initial Amended Amendment		- 1		e, Zip Cod en, NJ 07					hanne								
DOH DCA	Emergency (justification) Cancellation	including		Name of David F	Contact ernande	ez				Tele	phone N	lumb	elin.					
				FACIL	ITY INFO	RMATI	ON			45								
Name of Facility Where <i>F</i> Library	Abatement is Taking	g Place (3)							of Facility (4									
Street Address		<u> </u>							School (K-1) Subchapter	8 (Othe	er than K-	-12)						
1 Castle Point on H	udson							E 6	etc.)		Floors	rcial		ngs, h	s, homes,			
City (5) Hoboken								N/A	e Feet	N/A	A		N/	1000				
County (6) Hudson				County C	ode (7) SE ONLY)			Curre	nt Use (Prid ary	or if bei	ng demol	lishe	1)					
Name of Monitoring Firm TTI Environmental	Hired by Building	Owner (8)		ASCM 0003	No.		Name of Abatement Contractor (9) D&S Abatement, Inc.											
Street Address	0, 1			0000			Street Address 11 Rosengren Avenue											
1253 North Church City, State, Zip Code	Street						City, S	State, Zi	ip Code	iuc								
Bordentown, NJ 08		0.00						8874	J 07512			. NI.	۸o.					
Project Manager for Mon Jim Guilardi	itoring Firm			Telephor 609-31	ne No. 4-1683			hone No -345-8			License 01311							
Start Date (10) 11/25/2016		Schedule 11/30/2		mpletion [Date (11)		200		HA Monitor ement, In	IC.								
Occupancy Status Durin	g Abatement (Ched	k Only On	e)				1 NEW TOTAL STATE OF	Street Address 11 Rosengren Avenue										
Facility Closed/Vac Abatement Perform Other – Describe: 9	ed Outside of Norn	Period of A	Abater Hour	nent s			City,	City, State, Zip Code Totowa, NJ 07512										
Other – Describe:	occupied					_	Toto	owa, N	IJ 07512									
Scope of Work (Check A	II That Apply)						Г	হা _	" O - t-i		a Nagativ	o Dr	200115	0				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc											
		le	Locat	tion					.,	led () and North Habi				Abate	ment			
Location Asbestos-Containing		1 Use	Norma d Sole	illy ely by	Asbest	tos Cor	Description of Containing Material (ACM)				Amount		_		pe E	ш		
TO BE AB In Faci (13)	lity		intena todial (12)	Staff?	(i.e.	surf	al systen acing, V miscella	AT, or			Specify F or LF)		Remova	Repair	Encapsulate	Enclosure		
(13)		Yes	No	N/A									<u>=</u>		ate	ei		
Library Stair	well East		Х				ed fire		207.01		30 SF		X					
Library Stain	well West		Х		5	Spray	ed fire	oroofir	ng		8 SF		X					
Name of Registered Wa	ete Hauter		NJDEP V	Vaste	Cuhi	c Yards		Name of	Regist	ered Lan	ndfill							
D&S Abatement, Inc		Hauler ID 20996		-f\Alesta			te of Management											
City, State						Disp	isposal Date City, State BD /a Tullytown, PA											
Totowa, NJ Completed by						Signatu	ire)	V	***************************************		Dat		2016					
Oliver Hegedis		Proje	ect M	lanager	0			11 6	1				/ 1 1/2	2010	16.			

	-			,	State of Ne	w Jersey			E) E	C E I	7//	E	[
NO C	H	N	OTIF (F	ICATIOI Pursuant	N OF ASE to NJAC 8:	BESTOS ABA 60-7 and 12:12	TEMENT 0-7)		DE	C E I	W TOTAL	5						
Date of Notification (1)	11/18/16	Nam N.J	e of E	Building O	wner/Oper Develop	ator (2) ment Autho	ority	APPLICATION AND A		MUV 22	2016							
Agencies Notified	Type of Notification	n Stree	et Add						ASB	ESTOS COI)L 8	ž					
[x] EPA [] DEP	[] Initial Notification			, Zip Coo						LICENSIN	<u> </u>							
[X] DOL	[x] Amended Notification #3	Tre	ntor	n, NJ 0	8625-09	90												
[X] DOH [X] DCA	[] emergency	Nam		Contact Sarace	eno			Tele	phone Num									
	[] Cancellation		is ice	FA														
Name of Facility Where Abatement is Taking Place (3) Building 691 Street Address Type of Facility (4) School (K-12) X Subchapter 8 (Other the Other (i.e. private and conhomes, etc.)												s,						
691 Highway 1							Square F	eet	# of Floors	Bldg	. Age							
City (5) North Brunswick	(5) County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being der Office/warehouse																	
Name of Monitoring F	irm Hired by Building	Owner Owner	1 0 1	CM No.	N	lame of Abatem	ent Contra	ctor (9)	nontal Sc	anvices Inc								
ATC Group Se Street Address		piter Environmental Services, Inc.																
3 Terri Lane, Suite 4)							
City, State, Zip Code Burlington, NJ 0	08016					ily, State, Zip C	Pine Bro	ook, NJ	07058									
Project Manager for N	Monitoring Firm			Number -8512	Т	elephone Num	_{ber} 973-575	-8700		License Nu		85	2					
John Lutz Scheduled Start Date	(10) Sched	. Comple	tion D	ate (11)	N	Jame of OSHA	Monitor		ntal Labo	ratories, L	_C							
11/30/16 Occupancy Status Du	uring Abatement (Ch	eck only	one)		1 1	Street Address												
[v] Facility Clos	sed/Vacated During E erformed Outside of	Entire Pe	riod o	f Abatem y Hours -		City, State, Zip	2333 Ro	ute 22V	V									
Des	cribe: cribe: <u>partially vacan</u>					51ty, Otato, 2-p	Union, I	NJ 0708	33									
Scope of Work (Chec	ck all that apply)								ontainment	with Negative	Press	ure						
[] Demolition [] ≥3 sf or ≥3 li [x] ≥160 sf or ≥				[]	Renovation	n]]]] Glove	Enclosure bag Proced Friable Pro	ure cedure								
[x] ≥160 sf or ≥	200 11		ocati			Dose	cription of				Ab Ty		nent					
Locati Asbestos – Material	Containing (ACM)	So Mainte	nally lolely benance Staff	e/Cus		Asbestos Mate (i.e., the	s – Containi rial (ACM) rmal syster surfacing, \	ns		Amount (Specify SF or LF)	R E M	R E P A	E E N N C C A L					
TO BE A In Fa (1:	cility	Yes	No	N/A		or other r	niscellaneo	us)			V A L	I R	P O S S U U					
Main floor			X		Drywall jo	oint compound	d, duct ins	ulation, V	'AT	2100 SF	Х							
								(D1-1	and Londfill									
Name of Registered Jupiter Enviror	Naste D No.	Of W	Cubic Yards Name of Registered Landfill Of Waste Alliance Landfill															
City, State Pine Brook, No	I					osal Date 15/16	City, S Tayl	State or, PA										
Completed By (Print		Title	1	Mana		Signature	(1		Date 11/18	/16							
Pane Repic General Manager																		

ASB-41

Amendment #1, 11/10/16: Project start date is being postponed. Awaiting permit issuance.

Amendment #2, 11/18/16: New start date has been set for 11/30/16.