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

D&S Proj. #: 16-352 Name of Building Owner/Operator (2) Date of Notification (1) 1 11 1/12 13 1/11 16 vincent novellino Agencies Notified Type Notification Street Address ✓ Initial EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency belleville, nj 07109 (includina Telephone Number DOH Name of Contact justification) DCA vincent novellino Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) vincent novellino Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address 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) **ESSEX** belleville 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 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched, Completion Date (11) D & S Restoration, Inc. 12/23/16 Street Address 12/05/16 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-Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure  $\boxtimes$  >3 sf or >3 If Renovation Glovebag procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-friable procedure Is location normally used solely Ε Location of e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or material (acm) to be material (ACM) 0 a LF) abated in facility (13) Yes N/A No 140 l ft X PIPE INSULATION basement Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 2 yds. Disposal Date City, State City, State 012/06/16 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) 11/23 2016 **BOGDAN JOLDZIC** PRESIDENT

Do not use this form for asbestos licensure exempted activities.

ASR-41

CK#25334

Date of Notification (1)	/25/16			Name o	of Building	Owner/Operator	(2) Williams	No.				1,000	
Agencies Notified	Type Notification		-	Street	Address				TUR 2	i	4.1		
□ EPA	Initial												_
DEP DOL	Amended Amendment #			City, St	ate, Zip Ci		Cahway, NJ 0	7065				ÖL	40.20
<b>⊠</b> DOH	Emergency (in justification)	iciuaing	-	Name	of Contact				ne Numbe	r			=
□ DCA	Cancellation		_		Nat	alie William	<u>S</u>						_
				FAC	ILITY INFO	ORMATION							
Name of Facility Where							Type of Facility						
Street Address	Resi	dentia	<u> </u>	1			School (K-1 Subchapter Other (i.e., p	8 (Other the coordinate & co	an K-12) mmercial	buildi	ngs,		
							homes, etc	# of Flo	oors	Bld	g. Ag	je	$\dashv$
City (5)	Rahway,	NJ 0	7065				1500		<u> </u>		75-		
County (6)	Union				ty Code (7 ONLY <del>)</del>	) (STATE	Current Use (P	rior if being	demolish	ed)			
Name of Monitoring Firr		Owner		ASCM I	No.		ment Contractor (9			_			
(8)	MECS		_ .			Ste	vens Environ	mental S	Services	, In	Э		_
Street Address	DO D - 24	1				Street Address		Box 322					
	PO Box 34	1				City, State, Zip		JUA J22				_	_
City, State, Zip Code	Prosswicks, NJ	08515	5			City, State, Zip	Allentow	n, NJ 08	3501				
Project Manager for Mo	onitoring Firm		Tele	phone I	No.	Telephone No.		Licens		400			
Bill W	eisgarber		_		8-4070		59-9688		00	)493			_
Start Date (10)	Sche	duled C			te (11)	Name of OSHA		IECS					
12/5/16 Occupancy Status Dur	ing Abstamont (Cha		2/15/	16		Street Address		ILC5					_
☐ Status Dur													_
☐ Abatement Performe ☐ Other - Describe:	ed Outside of Norma	al Facilit	y Hou	rs		City, State, Zip	Code Crosswic	ks, NJ 0	8515				
Scope of Work (Check													_
≥3 sf or ≥3 if ≥160 sf or ≥260 if		LCS-1	enovati emolitic			Mini-E	ontainment with N nclosure bag Procedure exempted (*) and N			9			
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Location	n of		omally Solel			Description	of			-	Тур		
Asbestos-Containing TO BE ABA	Material (ACM)	Mair	ntenan ustodia	ice/	Asbes (i.e.	tos Containing M thermal systems	aterial (ACM) s insulation,	Amou (Spec	cify	Z.	TI	Enc	En
IN Facil	lity		Staff?		(,,0.,	surfacing, VA other miscellan	T, or	SF or	LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	1		other miscellan	eous)			val	T.	ılate	иге
		Yes	No	N/A	Til	ermal Pipe I	ngulation	110	1f	×	_		
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Basem	nent	-	×	-		Doner msu	lation		31	^			
		+			-			-					
Name of Registered W	Jaste Hauler		<u> </u>	JUDEP '	Waste	Cubic Yards	Name of Re	gistered Lar	ndfill				
Stevens Enviror		es, Inc		Hauler II		of Waste 2 CU			VS Lan	dfill			
City, State	. "					Disposal Date 12/15/16	City, State	Morri	isville,	РΔ			
Allentown, NJ Completed By Title						12/13/16   Signature	1/	1/10111	Date	171			
Mahlon E. S			rojec	t Mai	nager					11/2	5/10	5	_

CK#25329

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

Date of Notification (1)	/25/16		Name of Building Owner/Operator (2)  Carol Grossman LLC.									-		
Agencies Notified	Type Notification		-	Street /	Address									
EPA DEP DOL	Initial Amended Amendment #		-	City, St	ate, Zip C	ode		Sykesville terfield, NJ (			) ŽĒ	is i	, ŝ	
☑ DOH □ DCA	☐ Emergency (in justification) ☐ Cancellation	ncluding		Name o	of Contact				Telephone	Number 609) 2:		630		
				FAC	ILITY INF	ORMATION								
Name of Facility Where  Street Address	Abatement is Takir Res	ng Place ( identia	(3) l				_	Type of Facility  School (K-12  Subchapter 8  Other (i.e., pi	?) 3 (Other tha rivate & cor	an K-12) nmercial	buildii	ngs,		
City (5)								Square Feet	# of Floo	ors	Bld	g. Ag		
	Allentow	vn, NJ (	)850	1		· (OTATE		2500 Current Use (Pr	ior if boing	domolish		90+	-/-	=
County (6)	onmouth			USE	ty Code (7 ONLY)	) (STATE		Current Use (PI	ioi ii beilig	demonsi	eu)			_
Name of Monitoring Fir		Owner	-	ASCM N	No.	Name of Ab	oateme	ent Contractor (9	)	•	т.			
(8)	NA		_   -					ens Environr	nental S	ervices	s, Inc	). 		=
Street Address					Street Add	ress	PO E	322 Box 322					_	
City, State, Zip Code						City, State,	Zip Co	Allentow:	n. NJ 08	501				
Project Manager for M	onitoring Firm		Tele	phone I	Vo.	Telephone	No.	11101100 111	License	No.				=
Project Manager for M	ormorning i min				9-9688			9-9688		00	)493			_
Start Date (10)	Sch	eduled Co	omple 2/31/		te (11)	Name of O	SHA M		ECS					
12/7/16 Occupancy Status Du		eck only	one)			Street Add	iress	DO I	20v 2/11					
Facility Closed/Vac Abatement Perform Other - Describe:	ned Outside of Norm	Period of an all Facility	Abate / Hour	patement PO Box 341								_		
Scope of Work (Check														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		☐ Re <b>X</b> De	novati molitic			□ M □ G	lini-Enc	tainment with Ne closure g Procedure empted (*) and No			e			
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Locatio Asbestos-Containin TO BE AE IN Fac (13)	g Material (ACM) BATED ility	Used Mair Cu	Solel Solel ntenan ustodia Staff? (12)	y by al	Asbes (i.e.	Descrip stos Containir , thermal sys surfacing, other misce	ng Mate stems in , VAT,	erial (ACM) nsulation, or	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				~	1,000	-£	40			
Exte	Exterior × _					Transite	Roo	fing	1600	SI	×			
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				+	-									
Name of Registered V		og Ing	1	NJDEP Hauler II	D No.	Cubic Yard of Waste 10 CT		Name of Reg	istered Lar GROW		dfill			
Stevens Enviro			<u>-   .</u>	18.	292	Disposal Date City, State					_			
Allentown, NJ						12/31/   Signa		1-01/	IVIOITI	Date	IA	PROVINCE OF THE PROPERTY OF TH	-	
	Completed By Mahlon E. Stevens Title Project Mana										11/2	5/10	5	_

ASB-44

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

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

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-351 Name of Building Owner/Operator (2) NOV 28 Date of Notification (1) 1 1 / 2 1 / 1 6 james mercadante Agencies Notified Type Notification Street Address ✓ Initial EPA Amended DEP City, State, Zip Code Amendment #: DOL towaco, nj 07082 Emergency (including Telephone Number DOH Name of Contact justification) ☐ DCA james mercadante Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) james mercadante Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) PASSAIC towaco Name of Abatement Contractor (9) ASCM No Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/08/16 12/30/16 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-Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure □ Renovation  $\times$  >3 sf or >3 lf Glovebag procedure Non-Exempted (\*) and Non-friable procedure ≥160 sf or ≥260 lf Demolition E Is location normally used solely E Location of e n by maintenance/custodial Amount Description of asbestos-containing m asbestos-containing p C staff(12) (Specify SF or C material (ACM) 0 material (acm) to be a а abated in facility (13) N/A p Yes No X PIPE INSULATION 311ft BASEMENT BOILER room 311ft PIPE INSULATION basement behind wall 61 ft PIPE INSULATION **BASEMENT Closet** 71ft PIPE INSULATION basement back entrance 11 L FT PIPE INSULATION main basement 6 locations Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 1 yd. 13506 D & S RESTORATION, INC. Disposal Date City, State City, State TULLYTOWN, PA 012/09/16 PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 11/21/16 **BOGDAN JOLDZIC** PRESIDENT

Do not use this form for asbestos licensure exempted activities.

CK#4106

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	١.			W_L	Committee And Self-sens					
11-10-10-	- 15	Street Add	ress	- DT	50			-		1
Agencies Notified Type Notification	-		13	7 121			-0 - 0 0			1
	-	City, State,	Zip Code	3,	0 41	7	08230	1.1		4
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instification)		Name of C	3RUC	5						
DOH Cancellation	1.		SICUL							7
DCA		FACILI	TY INFO	RMATION	Type of Facilit	y (4)				
	(2)									
Name of Facility Where Abatement is Taking P	ace (2)				Subchapte	er 8 (Other	than K-12)	finas.		
Name of Facility Where Abatement RESIDENCE					Other (i.e.	, private a	commercial build	an igo		
		111-			homes, e	(6.)	Floors . B	dg. Ag	e	
Street Address	I	ALL_			Square Feet	# 01	710013	50	+	_
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City (5) ACHANI CIT					Current Use	(Prior if be	eing demolished)			
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County (6)		USE O	NLY)							1
		ASCM N	0.	Name of Abate	ment Contracto	TAIC		18		=
Name of Monitoring Firm Hired by Building On	wner	ADON'I IN	-	KL	EMCO	1110				
				Street Address			MIE			
(8)				369	S SPI	euce	ALC			
Street Address					Code		11 7 25	305	2	
			Hora.	City, State, 27	LE SHE	ADE_	Mr.	200		
City, State, Zip Code						_	icense No.	. 1		
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Project Manager for Monitoring Firm	1	Ciopiio		850-	179-047					
Project Malayor To		- Da	to (11)	Name of OSH	IA Monitor ILL		V#12-4			
Scher	Juled Com	pletion Da	16 (11)		R	1				
Start Date (10)	17-1	2-16		Street Addre	SS					
Occupancy Status During Abatement (Che	ok only or	ne)		Succession						
Occupancy Status During Abatement (One	eriod of At	patement		City, State, Z	in Code	1 1 1				
Occupancy Status During Abatement (Ore Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	al Facility	Hours		City, State, 2		- 15 Thin				
Abatement Performed										
Other - Describe:					l Containment v	vith Negat	ive Pressure			
Scope of Work (Check all that apply)				A fire	S Enclosure					
	□ Ren	ovation		HGI	ovebag Procedu	and Non-	Friable Procedur	e		
□ >3 ef or >3 lf	Den Den	nolition		No	n-Exempted (*)	and reon		Al	oatem	ent
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Location of	Used	itenance/	As	Descript bestos Containin i.e., thermal sys			(Specify SF or LF)	Removal	Repair	squ
Leates-Containing Material (AOM)	Ct	stodial		i.e., thermal sys surfacing	VAT, or		31 01 2-7	Ova	막	Ha
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Name of Registered Waste Hauler		Hay	Her ID No.			y, State				
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MicHAU KLOMM				Unant	ure exempted	activities.				
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CK# 1100

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	70-16		N	lame o	f Building	Owner/Operator (	CH CON	TRACTIN	6	0		-
Constant Control of Co	Type Notification		1 5	Street A	Address	2-						
Agencies Notified	Type Notification				200000	ISS RT	20					-
	Amended		-	City. Sta	ate, Zip C	ode		0000	000	TUL	12	
⊠ DOL	Amendment #_		'		GR	ELMFIEL	D M.J	0823	-	17.1		=
	Emergency (in justification)	cluding	-	Jame 0	of Contac			Telephone Numb	er			
DOH DCA	Cancellation		1.	edino o	BRI	NE						-
				FACI	LITY INF	ORMATION	Type of Facility (	4)				$\neg$
Name of Facility Where	Abatement is Taking	Place (3)	)				School (K-12					
· R	ESIDENCE						C Subchapter 8	(Other than K-12	2)			
Street Address	-					ti	Other (i.e., pr	ivate & commercia	al buildir	ngs,		
							homes, etc.)	# of Floors	Blde	g. Age		_
City (5)							Square Feet	7		0		
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Name of Monitoring Fin		Owner	A	SCM	lo.		nent Contractor (9)		12			
Name of Monitoring Fin (8)	M / / M	211.1-0				KLE	EMCO I	VC				_
No. 5	NIA					Street Address						
Street Address						369	S SPIEU	CE ALE				_
			_			City State Zip C	Code	100 12-01		- 2		
City, State, Zip Code						MAPL	E SHADI	E M.J	080	5 4	_	_
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Project Manager for M	onitoring Firm		reich	A TOTAL .	10.	856-77	19-0472	004	44		_	_
		duled Con	- nlati	on Dat	0 (11)	Name of OSHA						
Start Date (10)					e (11)	l incline or o	NI	Δ				_
11-30-16		7-7		10		Street Address						
Occupancy Status Dur	ring Abatement (Che	ck only or	ne)			Succinduiose	-	=				_
Facility Closed/Vac	ated During Entire Pe	eriod of Ab	paten	nent		City, State, Zip (	Code					
Abatement Perform	ed Outside of Norma	il Facility h	Hours	5		City, State, 2p	3000					
Other - Describe:												
Scope of Work (Check	( all that apply)					☐ Full Co	ontainment with Ne	gative Pressure				
	(d) (G)	Reno	ovatio	on		☐ Mini-Er	nclosure					
≥3 sf or ≥3 lf ✓≥160 sf or ≥260 lf	) <sup>i</sup>	Dem	olition	1		Glovet	pag Procedure exempted (*) and N	on-Friable Proced	lure			_
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Asbestos-Containing	Material (ACM)	Mainte			Asbe	stos Containing Ma , thermal systems	insulation	(Specify	R	R	nca	1
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Completed By	KLOMM	SI	DP			Dyu	u /			-	10	
MICHAU	IN CPIEME -											

C1C#4100



Date of Notification (1) 1 - 20 - 10	0		Name of Build	ARVIU	STATE	DRIDGING	JA.			
Agencies Notified Type Not			Street Addres	s		•				-
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☐ Emerc	dment # gency (including			LURMON	IT NIT	0821	D			
	cation)	1	Name of Conta	act		Telephone Numb	ber		-	
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Name of Facility Where Abatement	is Taking Place	(3)	FACILITY IN	FORMATION	Type of Facility	, (A)				
RESIO		(3)			School (K-1	2)				
Street Address						8 (Other than K-12 private & commerci		dings		
City (5)	11 1011200	١			Square Feet	# of Floors	В	ldg. A		
County (6)	ILDWOOD		County Code	(7) (STATE		rior if being demolis	shed)	50		-
CAPE MI		_	USE ÓNLY)		The state of the s	CHAIT				
Name of Monitoring Firm Hired by Bu	uilding Owner	AS	SCM No.		nent Contractor (9					
Street Address				Street Address	EMCO I	MC	_			
Street Address				369	S. SP16	LICE HIE				
City, State, Zip Code				City, State, Zip C		tot W.J	080		7	
Project Manager for Monitoring Firm		Teleph	one No.	Telephone No.	LE SAV	License No.	001	ورر		=
				856-7	19-0472	004	14			
Start Date (10)	Scheduled Cor			Name of OSHA	Monitor					
Occupancy Status During Abatemen	TZ-		<u>6</u>	Street Address	MIA					_
Facility Closed/Vacated During Er			ent .	- Cacci / Idai CSS						
Abatement Performed Outside of				City, State, Zip C	ode					
Other - Describe:										_
Scope of Work (Check all that apply)					ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf	. Reno	ovation olition			ag Procedure	12000 0101 1200 III				
	Is Loc	ration		Non-Exe	empted (*) and No	on-Friable Procedur	7	bate	ment	
	Nom	nally		er			'	Тут		
Location of Asbestos-Containing Material (ACM	Used So Mainter	nance/	Asbes	Description of tos Containing Mat	erial (ACM)	Amount			ш	_
TO BE ABATED IN Facility	Custo		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Repair	ncap	Enclosure
(13)	(12	2)		other miscellaneo	(sus		oval	alr	Encapsulate	sure
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Name of Registered Waste Hauler		NUDE	P Waste	Cubic Yards	Name of Regi	stered Landfill				-
KLIMCO DWK		Haule	FIDNO.	of Waste	C.V	4. ( M. V.	И			
City, State				Disposal Date	City, State		10.1	1		
MAPLE SHADE	N.J			I Circut	1 Was	NO PINE	NI.	)		=
Completed By MICHAEL CLONICH	SUPE	ev:	SOR.	Signature.	2002	Date 11	- 7	0-	16	2

### ANH DORD

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	);^)		(Pi	ursuan	It to NJA	C 8:60 and 5:16	>)					111	
Date of Notification (1)	21 /	16				g Owner/Operator (	2)	MOA	282	1016			
Agencies Notified	Type Notific	cation			Address	ngton Road			56-0	TRO	1		
☑ DOLWD	☐ Amende	d			State, Zip (								
☑ DOH	Amendn	nent #		1000	ing, NJ 0								
☐ DCA		ncy (includin	g		of Contac			Tolophone Nur	nhor.				
(NJAC 5:23-8)	justificat  Cancella			10.33.807.31.9	anda Ra			Telephone Nur 609-771-28					
	_ Caricella	1001		1				003-771-20	01				
				FA	CILITY IN	IFORMATION							
Name of Facility Where A			e (3)				Type of Facility (						
The College of New	Jersey - G	reen Hall					School (K-12	) 3 (Other than K-1	2)				
Street Address							Other (i.e., pr	rivate and comm	ercial bu	ilding	5,		
2000 Pennington Ro	oad		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				homes, etc.)						
City (5)							Square Feet	# of Floors	17	dg. Ag	е		
Ewing							50,000	2		70			
County (6)				Cour	nty Code (7	')(STATE USE ONLY)	Current Use (Pri						
Mercer								d Office Build	ing				
Name of Monitoring Firm			(8)	ASCM	No.	Name of Abateme	BEST 120m - 영향(120m) 120m - 120m)						
USA Environmental	Managem	ent					onmental, LLC						
Street Address						Street Address							
344 West State Stre	et					623 Cutler Av							
City, State, Zip Code						City, State, Zip Co							
Trenton, NJ 08608					2001	Maple Shade, NJ 08052							
Project Manager for Moni	toring Firm			ephone		Telephone No.		License No.					
John Duggan				09-656		856-755-0099		00842					
Start Date (10)		Scheduled (				Name of OSHA N							
11 /19 /	16	11	1	9 /	16	EMSL Analyt	L Analytical, Inc.						
Occupancy Status During				7.		Street Address							
☐ Facility Closed/Vacate	•				20	200 Route 13	0 North					- 11	
☐ Abatement Performed Time of Abatement:						City, State, Zip Co							
		1 101/		-	Alvi	Cinnaminsor	i, NJ 08077						
Scope of Work (Check all	that apply)					□ Eull Cont	tainment with Neo	otivo Proceuro					
		⊠ R€	enova	tion		☐ Full Con		alive Piessure					
≥160 sf or ≥260 lf		□ De	emolit	ion		☐ Gloveba	g Procedure						
						□ Non-Exe	mpted (*) and No	n-Friable Proced		Activis of Vice			
Lastina	-5		s Loca Norma			Description			Ab	ateme	nt I	ype	
Location Asbestos-Containing N		VI) Use	ed So	lely by	Asbe	Description o estos Containing Ma		Amount	Rer	Repair	Enc	Enc	
TO BE ABA	TED	Ma		ance/ Staff?		e., thermal systems	insulation,	(Specify	Remova	air	Encapsulate	Enclosure	
IN Facilit (13)	у	Cus	(12			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		ula	Te	
(13)		Yes	No			other miscellane	ous)				te		
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2 Floor Well's Battil	2 <sup>nd</sup> Floor Men's Bathroom					Sulation (Wrap a	ild Cut)	0 LF			_		
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No. 96-100-10-10-10-10-10-10-10-10-10-10-10-10		.   [	In						П		П	П	
Name of Registered Wast	- 1	NJDEP I		Cubic Yards of .	Name of Regis	tered Landfill			_				
Freehold Cartage	-	1-1	10.0	Hauler II	O No.	Waste 1		orth Landfill					
City, State				Disposal Date	City, State	F-1.72							
Freehold, NJ				11/19/2016	Morrisville	, PA							
Completed By (Print or Ty	pe)	Title				Signature	<b>\</b>		Date				
Christina Lynch		Vice P	President of Operations							111	0		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEM

(Pursuant to NJAC 8:60 and 12:120

IN E	- G			V	E	
IENT	NOV	2	657	201	6	

Date of Notification (1)	77 1/		Ti	Name o	of Building	Owner/Operator	(2) CH CON	TRACTING	7					
Agencies Notified	ZZ-I(_		- 1	Street A	Address	102						-		
	☑ Initial					155 KI	2-0			-		-		
	Amended Amendment #_		(	City, Sta	ate, Zip C	EENFIEL	7 14 0	08230	C					
Ø DOL	Emergency (inc	duding	L				1) 10.	Telephone Number		1. 1		_		
Ø DOH	justification)  Cancellation			Name o	of Contact			•				_		
DCA	Gartonica					ORMATION						-		
		Diseas	2)	FACI	LITING	ORMATION	Type of Facility (	4)						
Name of Facility Where	Abatement is Taking ESIDENCE	Place (	(3)				School (K-12)	)						
	EZIDERCE						Subchapter 8	(Other than K-12) vate & commercial	buildin	gs,				
Street Address							homes, etc.)			. Age		_		
City (5)		,					Square Feet	# of Floors	100	0				
C C	XTAM CI	TY				TOTATE	Current I Se (Pri	or if being demolish	-					
County (6)				USE (	ty Code (i ONLY)	7) (STATE		AUIT	500 			_		
	MAY		-1	SCM N	Jo.	Name of Abatem	nent Contractor (9)							
Name of Monitoring Firm	n Hired by Building C	wher	1	CONTI			EMCO IN		-			_		
(8)	NIA					Street Address								
Street Address						369		CE ALE				_		
City, State, Zip Code						City, State, Zip C	Code	= NI. J C	080	7				
City, State, 21p Code							E SHADE	License No.	000			_		
Project Manager for Mo	onitoring Firm		Telep	phone h	Vo.	Telephone No.	19-0472	0044	4					
						Name of OSHA						_		
Start Date (10)		luled Co	omplet	ion Dat	e (11)	Name of OSIZA	NI	Δ				_		
12-5-16		7 -		-16		Street Address								
Occupancy Status Duri	ing Abatement (Chec	ried of	one) Abater	nent								=_		
Facility Closed/Vaca	ated During Entire Fe	Facility	Hour	\$		City, State, Zip C	Code	1856						
Other - Describe:											_	=		
Scope of Work (Check	all that apply)					□ Full Co	ntainment with Ne	gative Pressure						
		□Re	novati	on		☐ Mini-Er	nclosure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	*	De De				Gloveb	pag Procedure xempted (*) and No	on-Friable Procedur	e			_		
183-101-1		le l	ocatio	n		181			A	bater Typ				
		No	ormaliy			Description (	of		-	17	1			
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Asbestos-Containing TO BE AB	Material (ACM)	Cı	stodia		(i.e	, thermal systems surfacing, VAT	insulation,	SF or LF)	Removal	Repair	aps	Enclosure		
IN Facili	ity	200	Staff? (12)			other miscellane	eous)	73073 600 300	oval	air	Encapsulate	BID		
(13)		Vac I	No	N/A							CD			
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						Cubic Yards	Name of Rec	gistered Landfill						
Name of Registered W	aste Hauler		1	UDEP L	Waste D No.	of Waste	C 14	JCIMU.	A					
KITMLE	- Tulf		_ [	tauler II	04_	Disposal Date	City, State							
City, State	F-10 (1870) - 10 (					Usposal Date		OBBINE				=		
MAPLE S	HADE IN	1.)				Signature	1 ^ >	T Date	-27	) _ [	1.			
Completed By	Titk	e (	UP			DUL	le W		-LI		10			
MICHALL	UCMA -	2	UV			1								

CK#4107



Date of Notification (1)		Name of Buildi	ng Owner/Operator	(2) STAM BU	WERS				_
Agencies Notified Type Notification		Street Address		100 100	-		=		_
☐ BPA ☐ initial ☐ Amended		City, State, Zip	OO TOY	'AS ALC				dillamony	=
Amendment #_  Emergency (inc	ludina		APE MK	AY N.T	08204			. 1	
DOH justification justification ☐ DCA		Name of Conta			Telephone Numb	0.7500	-17	50	
			FORMATION		001 01	0	10		
Name of Facility Where Abatement is Taking		TAGISTT		Type of Facility	(4)				
KESIDENIC	E			School (K-12	!) 8 (Other than K-12	!)			
Street Address	0.4			Other (i.e., pr homes, etc.)	rivate & commercia		- 171 		
City (5)	 -{			Square Feet	# of Floors	100	dg. A		
County (6) CAPE WAY		County Code ( USE ONLY)	(7) (STATE		or if being demolis	hed)			
Name of Monitoring Firm Hirpd by Building Ow	mer	ASCM No.	Name of Abatem	nent Contractor (9)					
(8)				MCO. IN	10				_
Street Address			Street Address	S. SPR	OCE ALE				
City, State, Zip Code			City, State, Zip C		DE WI.	T C	80	52	>
Project Manager for Monitoring Firm.	Tele	phone No.	Telephone No.	9-0472	License No.	14			
	ed Comple	tion Date (11)	Name of OSHA	Monitor A / /	Δ				
Occupancy Status During Abatement (Check		16	Street Address	107.	,				
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F.			City, State, Zip C	nde .					_
Other - Describe:	acinty ( rour		City, State, Zip C						
Scope of Work (Check all that apply)			☐ Full Cor	ntainment with Neg	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		☐ Mini-End			re			
	Is Locatio			T			bater Typ		
	Ised Solely Maintenand	by	Description of		Amount				
TO BE ABATED	Custodial Staff?		thermal systems in surfacing, VAT,	nsulation,	(Specify SF or LF)	Ren	Repair	incap	Enclosure
IN Facility (13)	(12)		other miscellaneo			Removal	pair	Encapsulate	Sure
Y	es No	N/A						е	
SIDING		X	RAWSIT	<u>E</u> .	1250 SF	X		_	
	-							$\dashv$	
Name of Registered Waste Hauler		IDEP Waste	Cubic Yards of Waste	Name of Regis	tered Landfill	1)	1 A		
City, State		7904	Disposal Date	City, State	ч. С. И.	U,	H		
MADLE SHADE NI	<u>.T</u>			W601	OBINE			_	
Completed By MICHAEL KLOMM Title	SUPT	RUBOR	Signature _	202	Date	-2	2-	-16	

11/23/2018 12:45

CIC# 3537

Date of Notification (1)	23 / 16				of Buildir	ig Owns!/Operator ( prd	2)	· . : · · · · · · · · · · · · · · · · ·	+	V		
Agencies Nothing	Type Natification			Street	Address		12 1 <del>2 - 1</del> 2 1		1	tr.	4.	12
⊠ EPA	initial 🖾											
N DOLLAD	☐ Amended			City, &	State, Zip	Code		TT 11				_
M DOH	Amendment #	-				60 NJ 08108	1	UOV NOV	2 8	3 2	316	
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(NJAC 5:23-8)	justification)  Cancellation			110000000000000000000000000000000000000		n - Ciprieni Bullo:	er's	t assbuone idun	19@F			
	D patiestation			_		VEORMATION	1	ASSECTO	<del>20-0</del>	ON.	RC	TE ?
Name of Facility Where	Obstanta la Tabla	a Pila	121	FA	GILITTI	AFORMA I ION	Type of Facility	110	FNIC	11/1/	àn i	r-
Clifford Residence		ğ racı					☐ School (K-1		21			
Giraat Address								private and commit .)		uilding	js,	
City (5)							Square Feet	# of Floors	B	ldg, A	ge	7.00
Collingswood							2,600	3		100		
County (8)				Cour	nly Code (	TYYTAIE USE ONLY	Current Use (P	var I being demoii	shed)			
Camden							Residence					
Name of Monitoring Fire				ASCM	Na.	Name of Abateme	Int Conventor (	)		0 <del>80</del>		
Mgmt. & Environm						Shade Enviro	nmental, LLC	=				
Street Address		-au 1 / 5				Street Address		7.1		0.00		
PO Box 341						823 Cutler Av	renua					
City, State, Zip Code			. —			City, State, Zip Co	ode	-, -				-
Chesterfield, NJ 0	3515					Maple Shade	NJ 08052					
rolect Manager for Mon	nitoring Firm		Tel	phone	No.	Tolonhane No.		Higenaa No.				-
Bill Weisgarber			G	19-298	-4070	858-765-0099		00842				
Slad Dale (1D)	School	Died C	nmole	(lon Da	9M (11)	Name of OSHA M	anitar					_
11 / 29 /				) /	70 10	EMSL Analyti						
Occupancy Status Durin				meni		Street Address 200 Route 13	D North	1.117				
Abatement Parlonne Time of Abatement:	d Outside of Narma	Fodit	y Hou	6 - Des	elba AM	City, State, Zip Co	ode			_		
Scope of Work (Check a ≥3 of or ≥3 if ≥100 of or ≥260 to	a that apply)	⊠ Re				Mini-End	einment with Ne locure procedure	gative Prezzura	-			
		-:				U Nan-Exel	mpted (') and N	en-Friable Procedu	7			
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		You	No	N/A	_				-	-	-	-
Basement	1				Paper	on Ductwark		40 8F	N N			+
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erne of Registered Was Freehold Cartage	la Hauler	ON THE STATE		JDEP v autor ID 15839	No.	Cubic Yards of		etered Landfill nd County Land	7111			
ity, State				10043		Diaposal Date	City, State	1			_	_
Freehold, NJ		7				11/30/2018	Newburg,	PA				
ompleted By (Print or T	ype) Tille				*1.	Signature	5	Da	te			
Christina Lynch			861de	nt of C	peratio	1 4.0	Cla	32	12	AI	et	
						MINIA		111	104	100	C	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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of Notification (1)	Nan	ne of Bu	ailding C	wner/Oper	nult	re!	-	10V 2 S 2	016	1		
1 CC 1 C	Stre	96				R	!					
Type Notification	Cit	v. State	, Zip Čo	ode _	1 T	772	170	5709 001	TRUL	Ġĸ.		
EPA Amended	_	1	123	ne.	107	00	Teleph	none Number		-		
DOL Emergency (including	Na	ame of	Contact								-	
DOH justification) Cancellation	E	ric Pla	ackis	ODBAATIO	N							
DCA		FACIL	ITY IN	ORMATIO	Ty	pe of Facility						
me of Facility Where Abatement is Taking Place (	3)			7/2-2		School (K Subchapt	(-12) ter 8 (Other private &	r than K-12) commercial bu	ıildings, h	omes		
1.00					5	etc.)		Floors	Bldg. Ag	je		
reet Ad						Square Feet		2	bl			
ity (5)						1 L I K	Prior if bei	ng demolished	)			
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county (6) Process			USE ON	(LT)	I Name 0	of Abatement	Contractor	(9)				
	(8)	ASC	M No.		Brick	Industries	Inc.					1
Name of Monitoring Firm Hired by Building Owner	F 5 60				Street	Address						
					P.O.	Box 915						
Street Address					City, S	tate, Zip Cod	e 201 0872	3				1
City, State, Zip Code					Brick	New Jer	sey oor z	License No				1
		Telep	hone N	0.	Telepi	none No. 2)899-7499	)	01196				_
Project Manager for Monitoring Firm					Nome	of OSHA M	onitor					
Sch	neduled C	omplet	on Date	(11)	Name	, 01 00.						_
Start Date (10) 11 / 7 2 / 1	1/	30	16		Stree	et Address						
Occupancy Status During Abatement (Check O	nly One)											
Occupancy Status Duffing Abdition  Facility Closed/Vacated During Entire Peri  And Parformed Outside of Normal	od of Aba	tement			City,	State, Zip C	ode					
Other - Describe:	racility ri	Juis						with Negative	Pressure			
Scope of Work (Check All That Apply)	× -	-tio	2			I Mini-F	nciosure					
0 15	Re De	novatio molition	1			Glove	bag Proced	dure *) and Non-Fria	able Proce	edure		_
≥3 sf or ≥3 ii ≥160 sf or ≥260 lf						☐ Non-E	xempled	June	F	Abater		
		ocation							-	- 1		1
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Location of	Mai	Solely	ce/	Asbesto (i.e. th			on,	SF or LF)	Removal	Repair	psu	
Asbestos-Containing Material (ACM) TO BE ABATED	Cust	odial St	aff?			y, VAT, or cellaneous)			a	-	ate	1
In Facility (13)		(12)								-	-	+
(10)	Yes	No	N/A	200	Imal	Jose Li	12	600 SF	X	-	-	+
				0565	)(1)	400( F	.,.			-	+	+
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	+											
	-	-			An 1-20		Name of	Registered La	indfill			
		1	NJDEP	Waste	Cubic Y	ards te /		VS Inc.				
Name of Registered Waste Hauler			Hauler I	D No.		0						
Brick Industries Inc.			21602		Dispos	al Date	City, Sta	sic				_
City, State					(F	1116	100		Date	1/2	711	1
Brick, New Jersey	Title	9			S	ignature	1110		1	110	011	
BIICK, NOW SELL	1 1 11 11					/	1111					
Completed by Eric Plackis		eside	nt				CV	for asbestos li		vomn	ted a	cti

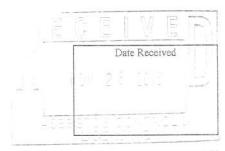
#### (K#3041

S. J. Childendon (6)		Name of	Building Owner	Operator (	(2)					
Date of Notification (1)		KA		denc	et.	V 2			-	
Agenties Rottlied Type Motification		Street Ad		(1)						
		±					1			
DEP Amended			s, Zīp (319	Ę	7	10017				1
DOL Amendment#		1793	ion. Iul	(00)	(Say	ンチンナー				
DOH Emergancy (in justification)	псишир	Ivame of	1		U	Telspinona Mun	nber			6
DCA Cenceliation			bha							
AT THE MACHINE AND ADDRESS IN TOLLING	Diena (2)	FACE	ITY INFORMA	ATOM I	Type of Facility	(4)				
Name of Facility Where Abetement is Taking	rista (v)			j	School (K-1					
Kow Residen Cl					Subchanter	8 (Other than K-12	2)			
Open Mauress	91			all words	Other (i.e. ; etc.)	orivate & commercia	ai busici	ngs, l	nome	:5.
City (5)				7 7 7 7 7 7	Square Feet	# of Floors	Bi	ág. Ag	9	
8HISON				dation of	1600		15	+ (		
County (6)		County C		1	Current Use (Pr	for if being demolish	<i>ied</i> )	-		
middlesex		(STATE !	ISE ONLY)		Mesido	16				
Name of Monitoring Firm Hired by Building C	)wner (8)	ASCN	1 No.	1	of Abatement Co	ntractor (9)				
		1		1	Insulation Co.	, inc				
Street Address				A	Address Iontrose Rd					
					tate, Zip Code					
City, State, Zip Code				***	s Neck, New J	ersev				
Project Manager for Monitoring Firm		Telephor	ne Pén	- I	ione filo.	License N	o.		-	
Project manager to anomaticity con-		10.00		40	294 1757	00029				
Start Date (10)	Scheduled (	Completion	Date (11)	Name	of OSHA Monito	Г				
11/32/16	17/5/1	10								
Occupancy Status During Abstement (Chec	k Only One)			Street	Address	100				
TI Facility Closed/Vacated During Entire F	eriod of Aba	itement		-						
Abatement Performed Outside of Norm Other - Describe: - Am 7	al Facility Ho	ours		City, S	itate, Zip Code					
(traker)	P*			- }						
Scape of Work (Check All That Apply)	· · · · · · · · · · · · · · · · · · ·			· ·	7 = = = = = = = = = = = = = = = = = = =		Denner	20		
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The second secon		ocation mally	*			e proposition of		T	pe	
Location of Aspestos-Containing Material (ACM)	Used S	Solely by		Description Containing I	n or Material (ACM)	Amount		1	177	1
TO BE ABATED		enancel lial Staff?	(i.e. then	mal system	is insulation,	(Specify SF or LF)	Ren	Re	leon	incl
In Facility (13)		12)		ufacing, VA er miscella		) SPULLE	Removal	Repair	Encapsulate	Enclosure
	Ven B	No N/A	-			per la constitución de la consti		De contra de de	क	0
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Name of Registered Waste Hauter		NJDEP V		ibic Yards Waste		of Registered Lands	III			
Ace Insulation Co., Inc.		12086	FRO. OF	Wasie /	Chrin	s Landfill				
City, State		1	Dis	sposal Date	City, St					
Colts Neck, New Jersey			1	2/5/16	Easto	n PA				
Completed by			Signatus	e \_	7	ate		1,		
Bree McGuire	Secret	Secretary Treasurer Signature							U	
							. 1			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

		25/4/17/2015												
Date of Notification (1)	ovember 21, 20	16			Name of	f Building (			?) Theological Se	eminary	Bi	7	112	7]
Agencies Notified  [ X ] EPA  [ ] DEP	l Error d	Notific	ation tification		Street A		РО Во	ox 82	1					
[x] DOL [x] DOH	Amer	ndment # gency (i			City, Sta	ate, Zip Cod		ton, N	New Jersey 0					
[ ] DCA		ication) ellation			Name o	f Contact Germa	n Martin	ez	I	elephone Number 609-49	7-777	ROL	8	
				FAC	CILITY I	INFORM	ATION							
	patement is Taking sidence	Place (3	)					Турс	e of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address					.*				[x]	Other (i.e., privat homes, etc.)	e & coi	mmerc	al build	lings,
City		Coun			County C (STATE	Code (7) USE ONLY	7)		are feet 3000 sf	# of Floors		. Age	00	
Princeton		Mer							Resider					
	Hired by Building ( ardian Contract				ASCM N	10.			ment Contractor Guardi	(9) an Contracting,	Inc.			
Street Address	9 Route. 9, Un	it 61					Street Ac	idress	1889 R	oute 9, Unit 61				
City, State, Zip Code Tor	Toms River, NJ 08755						City, Star	te, Zip		liver, New Jerso	ey 087	755-1	271	
	ject Manager for Monitoring Firm Telephone Nu Nicholas Fernicola 732-349-9						Telephor 732-34			License N 00624	umber	79		
Scheduled Start Date (10) 12/1/16			Scheduled C	The state of the s	ion Date (1	11)	Name of	OSHA	A Monitor E.M.S.	L. Analytical				
Occupancy Status During A	Abatement (Check	only one	)				Street Ac	idress					11	
	lity Closed/Vacated								1056 S	telton Road				
	tement Performed ( er – Describe	Outside	of Normal Fac	cility Ho	ours		City, Sta	te, Zip		way, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[ ]		ull Containment	with Negative Pres	sure			
[x] >3 s	f or ≥3 lf		[x]	Renova	ation		[x]		Jlovebag Procedi	ire				
	0 sf or ≥260 lf			Demol	ition		[ ]			) and Non-Friable I	rocedu	ire		
					T					T	I Abot	ement	Trans	
			Is Location				Descriptio	n of			Abai			
Location of	of	]	Normally use				estos-Cor		ng	Amount	R	R E	E	E N
Asbestos-Containing N			Solely by				Material (A			(Specify SF	M	P	С	C
TO BE ABA in facility		Mair	tenance/Cus Staff	stodial			, thermal			or LF)	0	A	A P	L
(13)	Y		(12)			IIISt	ılation, su VAT, o		18,		V	R	S	S
(15)		-	(12)			oth	er miscell		is)		A		U	U
YES NO N/A											L		L E	R
crawlspace X					Asbe	stos pipe	insulatio	n		175 lf	X			
Name of Registered Waste			NJDEP Waste		ID No.		rds of Was	te [	Name of Registe	red Landfill				
Guardian Co City, State	ntracting, Inc.		20	)223	sal Date	3	City, St	ate	T.R.R.F.					
	Toms River, New Jersey 12								Pennsylvania	/				
Completed by (Print or Typ	e)	Title			Signat	ire	7	1	1		Date		1.0	
Nicholas Ferr	nicola	Proje	ect Manage	r		1	,	-			11/2	21/20	16	



#### DEMOLITION / RENOVATION NOTIFICATION

Operat	for Project #:	ostmark:		Notification	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled): O		П.	IS ASBESTOS PRESENT? (Ye	es/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contractor	and other operat	or)				
	OWNER NAME: Princeton Theological Se	eminary					
	Address: PO Box 821						
	City: Princeton State:	New Jersey		Zip:	08542		
	Contact: German Martinez			Tel:	609-497-7779		
	REMOVAL CONTRACTOR: Guardian Contr	racting, Inc.			NJ License: 00624	1	
	Address: 1889 Route 9, U	Unit 61					
	City: Toms River State:	New Jersey		Zip:	08755		
	Contact: Nicholas Fernic	cola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)		<u></u>		NJ License:		
	Address:						
	City: State:			Zip:			
	Contact:			Tel:		100	
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	Renovation E	- Emergency Reno	vation):	R		
V.	FACILITY DESCRIPTION (Including building name, number as	nd floor or room	number)		1		
	Building Name: Residence				///		
	Address: 31 Alexander Avenue						
	City: Princeton State:	New Jersey		County:	Mercer		
	Site Location: crawlspace				T.		
	Building Size: 3000 sf # of Floo	ors: 3		Age in Y	ears: 100		
	Present Use: Residence	Pri	or Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AF	PPROPRIATE, U	SED TO DETECT	THE PRE	SENCE OF ASBESTOS MATER	RIAL:	
	t <sub>e</sub> s						
N/TI	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	T			1	Nonf	friable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		2101			Asbestos	Material To Be
	Regulated ACM to be removed     Category I ACM not removed		RACM To Be		LOCATION	10 mm	noved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet): 175 lf	Asbestos pi	pe insulation		crawlspace		
	Surface Area (Square feet):						
	DACIM Off Positive Companyor (Outline Seas)						
	RACM Off Facility Component (Cubic feet):			**************************************	H50000	1=1+-	
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	12/1/16	- 11	Complete: 12/	5/16	

NOTIFICATION	OF DEMOI	LITION AND	RENOVATION	(continued)
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X.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WO	RK, AND METHOD(S) TO B	E USED	
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONTR	OLŚ TO BE USED TO PREV	ENT EMISSIONS OF A	SBESTOS AT THE DEMOLITION
	Removal to take place using negative pressure glove-bag with a surfactant/water mix. All waste to be double baggs surfaces where removal took place. All materials to be keeper surfaces where removal took place.	ed. sealed and affixed with	appropriate warning labels and place	ed in closed/locked container	r for disposal. Encapsulation of all
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.		
	Address: 188	9 Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nic	holas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:	-1			
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
	Location: Bor	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 101	1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND ATTAC	H 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 eq	uipment damage or an unreasor	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBL			BESTOS IS FOUND OF	R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND I AVAILABLE FOR INSPECTION DURING NO	VIDENCE THAT THE	LREQUIRED TRAINING HAS	S BEEN ACCOMPLISH	RT M) WILL BE ONSITE DURING ED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/Ope	erator)	November 21, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIO	N IS CORRECT.		1	
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/Ope	erator)	November 21, 2016 (Date)

M	#105F		N		ATION	OF ASBE	ESTOS A	ABATEM				11011				7
	e of Notification (1) /19/2016					Building (			2)			NUV	2 0	20	15	
_	encies Notified	Type Notification		19 22	Street Ad 235 Mc	idress ore Str	eet				,	ASBEST	28.0	ONT	RO	_ &
×	EPA DEP DOL	X Initial   Amended   Amendment	#			e, Zip Consack N										
×	DOH DCA	Emergency justification) Cancellation			lame of	Contact						ephone Num 1-206-783				
스	DCA	Cancellation			FACIL	ITY INFO	ORMAT!	ON			1					
Pr	me of Facility Where ivate Property	Abatement is Takir	ng Place (3)						☐ s	of Facility (4 chool (K-12	2)	er than K-12	١			
Stre	eet Address								× e	other (i.e. pr tc.)	ivate &	& commercia	al build			s,
	y (5) pringfield NJ								Square 5000		# of	Floors		dg. A 50	ge 	
	unty (6) nion				County C STATE U	Code (7) ISE ONLY		_	Currer	nt Use (Prio	r if bei	ng demolish	ed)			
Na N/	me of Monitoring Firm A	n Hired by Building	Owner (8)		ASCM N/A	No.				ement Cont ions Serv				11011000		
Str	eet Address A							Street /	Addres							
Cit	y, State, Zip Code									o Code en NJ 07	047					
100000	eject Manager for Mo	nitoring Firm		11000	Telephor N/A	ne No.		Teleph 201-7	one No 759-00			License N 01320	0.			
10000000	nt Date (10) 1/29/2016		Schedule 12/30/2		pletion [	Date (11)				A Monitor Imental L	abor	atories				
Oc	cupancy Status Durir	ng Abatement (Che	ck Only On	e)				Street								
×	Facility Closed/Vac Abatement Perform	ned Outside of Nor	Period of A mal Facility	batem Hours	ent			City, S	tate, Zi	e 22 Wes						
Ш	Other – Describe:							Unio	n NJ (	7803					1-1-1	
Sc	ope of Work (Check ) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	-	enovat emoliti				×	Min	i-Enclosure	edure	n Negative F			a	
-			1 10	Location					1 1401	1-Exemples	( ) 61	o won i nac		Abate	ement	t
	Locatio	n of	N	iormali	у		De	scription	of				-	Ту	pe	_
	Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Mai	d Solel intenar odial S (12)	ice/	Asbes (i.e.	. thermal surfa	taining M I systems icing, VA miscellar	s insula T, or	(ACM)	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
-	Main F	loor	165	140	X		Floor ti	le and	Masti	c	22	500SF	x			
	Main F	1001			^		1 1001 ti	ile ariu	141000							
												1				
	me of Registered Wawark Carting Inc			Н	JDEP W		Cubic of Wa	Yards iste		NAME OF THE OWNER OF THE OWNER.		ered Landfill nem Rd L				
	y, State			04	4509		Dispo	sal Date		City, State	е					
177000	Box 5670									2335 A	ppleb	utter Rd B	Bethle	ehen	PA	

Signature

Title

President

Date

11/19/2016

Print Form

Completed by

Marcos Regato

#106

Date of Notification (1)	11/21/2016			Name of	Building		perator (e Bro		1						=-1
Agencies Notified	Type Notification			Street A	ddress						T <sub>4</sub>	-		-	
EPA DEP DOL	Initial Amended Amendment	#	_	City, Sta	te, Zip Co	ode Litt	le Eg	g F	larbour		MOV 2	8 2	016	-	1.
DOH DCA	Emergency justification)			Name of	Contact				1	Tele	ephone Num	ber			
DCA	Cancellation					Joh				1.5				Lâ	
Name of Facility Where	Abatement is Takin	n Place (3)		FACI	LITY INFO	ORMATI	ON	Type	of Facility (4	1		1 - 1 - 1	<u></u>		
Resid		ig 1 1400 (0)						Decimal Control	School (K-12						
Street Address	-							П	Subchapter 8 Other (i.e. pr etc.)	(Othe			dings,	home	∋s,
City (5)	Egg Harboi	r						Squa 18	00 SF	# of	Floors 1	В	ldg. A	ge O+	
County (6) Ocea	n			County (	Code (7) JSE ONLY	)	_	Curre	ent Use (Prio		ng demolishe dence	ed)			
Name of Monitoring Firm	n Hired by Building N/A	Owner (8)		ASCM	l No.		Name Sa	of Aba	atement Cont Vay Aba	ractor	(9) nent LL(	С			
Street Address							Street 1		artlett A	ve					
City, State, Zip Code	11						City, St	tate, Z	Zip Code Creek,	NJ (	08092				
Project Manager for Mor	nitoring Firm			Telephoi	ne No.		Teleph 60	one N	0. 276-054	0	License No.	319	)		
Start Date (10) 11/3	0/2016	Schedule	d Con 2/0	npletion [ 1/201	Date (11)		Name	of OS	HA Monitor	N/	Ά				
Occupancy Status Durin	ng Abatement (Chec	ck Only One	e)				Street	Addre	ess						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, St	tate, Z	Zip Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Separation 1999	enova emolit					Mi Gl	ull Containme ini-Enclosure ovebag Proce on-Exempted	edure				e	
		le	Locati	ion.						( )			Abate	ement	
Locatio	n of	N	ormal	ly		De:	scription	of					Ту	ре	
Asbestos-Containing	Material (ACM)	100000000000000000000000000000000000000	d Sole ntena				taining M systems				mount	TI		E	Ш
TO BE AB	The state of the s	Custo	odial 8 (12)	Staff?	(i.e.	surfac	cing, VA	T, or			Specify or LF)	Remova	Repair	caps	Enclosure
(13)			(12)			other n	niscellan	eous)	)			oval	air	Encapsulate	sure
		Yes	No	N/A							00.05			0	
Exte	erior		Χ			sidii	ng SI			18	00 SF	Х			
	70 000														
Name of Registered Wa Timster Truc			100	JDEP W lauler ID 210	No.	of Was		3D			Manag	gen	nen	t	
City, State West (	Creek, NJ					Dispos	sal Date	BD	City, State	Tu	illytown	, P.	A		
Completed by		Title		. 0-	f a =		Signature	1	M	100	Dat		1	111	2
Amanda M	ears	Ov	vne	r- 5a	feway			1			1	11/	21	118	/

Shed added House Dorm at rea to be close 11/20/2016

Klock.	(Pu	ırsua	nt to	0 <u>N.J</u>	.A.C	3. 8:60 and 1	2:120)					
Date of Notification	(1)	N	ame (	of Build	dina C	Owner / Operator	(2)					
	11/20/2016	10000		Demo			(-)					
Agencies Notified	Type Notification	Si	treet /	Addres		K E		NOV.	2 8 2	015		
	☐ Initial			tate &	Zin Co	nde		La-			-	
homond						, NJ 07717		ASBESTOS	COK	TRO	8	1
				of Con		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1_	LIVE	elephor	ne Nu	ımbe	er
□ DOH □ DCA	Cancellation	1		Lurch				7:	32-988	-881	4	
			FAC	ILITY	INFO	ORMATION						
Name of Facility Wi	here Abatement is Taking Pl	ace (3)				Type of Facilit		000				
Residence						School (K						
Street Address							er 8 (Other tha					
						Brown C.		nmercial building			tc.)	
						Square Feet	# of Flo	ors Bl	dg. Age			
City (5)	County (6)	Cou	nty C	ode (7	)	1200		1		80		
Spring Lake	Monmouth					Current Use (F	Prior if being d	emolished)				
						Residence		1 - (0)	-	-		
Name of Monitoring	Firm Hired by Building Owr	er (8)		ASCN	И No.	Name of Abate Alpha Enviro						
Street Address						Street Address						
						PO Box 829						
City, State & Zip Co	ode					City, State & Z Trenton, NJ						
Project Manager for	r Monitoring Firm	Teleph	none	Numbe	er	Telephone Nu 609-847-295	mber	License Nu	mber 0122	2		
Scheduled Start Da	ate (10) Scheduled Cor	npletion	n Date	e (11)		Name of OSH	THE RESIDENCE OF THE PARTY OF T	and the second second		-	-	
11/17/20	16 11/28/2016			0.0		EMSL Analy						
Occupancy Status Facility Close	During Abatement (Check or sed/Vacated During Entire P	nly one eriod o	) of Aba	itemen	t	Street Addres 107 Haddon						
						City, State & Z						
Describe:						Westmont, I	NJ 08108					
Scope of Work (Ch	eck all that apply)						☐ Full Cor	ntainment with Ne	egative	Pres	sure	,
□ >3 ef or >3	I <del>f</del>	$\Box$	Ren	ovation	ı		Mini-En		9			
	70) 300,	$\forall$		nolition			Glove E	Bag Procedures				
2100 31 = 20	50 11							empted and Non-	Friable	Pro	cedu	ıre
1	castion of	le l	ocati	on		Description	K-mil	Amount		atem		
		Norm				Asbestos-Cont		(Specify				7
			lely b			Material (AC		SF or LF)	7		Ē	ш
TO	BE ABATED	Maint				(i.e., thermal sy			em	Repair	cap	ncls
i		Custo		Staff?	- 1	insulation, surfactor or other miscella			Removal	air	Encapsulate	Encisoure
	(13)	Yes	(12) No	N/A		of other miscens	arieous)		_		ite	0
Exterior				П		Siding		800sf				
Shed		- 1				Siding		300sf				
			1			10 Li- V1-	This of Doo	istered Landfill		L		
Name of Registere	d Waste Hauler		100000	DEP W uler ID		Cubic Yards of Waste	Name of Reg	istered Landilli				
ALPHA ENVIRO	ne of Monitoring Firm Hired by Building O  set Address  , State & Zip Code  lect Manager for Monitoring Firm  eduled Start Date (10)			03333	0	3	Grows Lan	dfill				
City, State	e of Monitoring Firm Hired by Building Ore  et Address  State & Zip Code  ect Manager for Monitoring Firm  eduled Start Date (10)					Disposal Date	City, State					
Trenton, NJ	encies Notified  EPA  DEP  Initial  Amended  DOL Emergency Cancellation  To Be Address  DOL Emergency Cancellation  To Be Address  DOL Emergency Cancellation  To Scheduled Start Date (10) Coupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Describe: Facility Cocupied During Abatement Check In Facility Check In Fa					Various	Morrisville	PA				
Completed By (Prin			Titl			Signature		73	Date	0.00	040	
Rod Richardson	1		Pro	oject		Rad Rich	ardenn		11/2	20/2	U16	).

Check 2000

Date of Notification	(1)			Name	of Build	ing (	Owner / Operato	or (2)	<u>ullacional Paris, </u>			-			
	11/20/2016		9	Surek	(leen	0.25		17. 1.			Nov	) i ,	672		
Agencies Notified EPA	Type Notific	ation	11/3		Address	S	4						- 9	-	-
☐ DEP	☐ Initia				tate & Z	500				ASB	ESTOS	QC/M7	201	J	1
⊠ DOL		nded					VJ 08094				LICEN				
□ DOH □ DCA		rgency cellation	- 1		of Conta							Teleph 609-8			ber
			-									003-01	JO-1	004	
Nome of Facility VA/I	Ab -4		- 10		ILITY	INF	ORMATION	/45							
Name of Facility Wh Woodbury Court		ent is Taking Pi	ace (3	5)			Type of Faci								
Street Address							Subchar		Other tha	an K-1	2)				
232-240 S Broad	Street						Other (i.					gs, ho	nes,	etc.)	
							Square Feet		# of Flo	ors	E	3ldg. A	ge		
City (5)		County (6)	Co	unty C	ode (7)		5000			1			80		
Woodbury		Gloucester					Current Use	(Prior it	f being d	iemolis	shed)				
Nome of Manitorine	Ciona I live of h	. De ilelie e O	(0)		LACONA	A.I	Apts			-1 (0)	************		-	- Tutane	the state of the s
Name of Monitoring	Firm Hirea b	y Building Own	er (8)		ASCM	No.	Name of Aba Alpha Envi								
Street Address							Street Addre		meal oc	31 VICE	3				
							PO Box 829								
City, State & Zip Co.	de						City, State &		de						
Designat Management	Adamie - F		= 1	1 6	VI I		Trenton, N.								
Project Manager for				DATE OF STREET	Vumber	-	Telephone N 609-847-29		****		License N	012			
Scheduled Start Dat 11/22/201		Scheduled Com 11/26/2016	pletio	n Date	(11)		Name of OSI EMSL Anal		nitor						
Occupancy Status D							Street Addres	SS							
		During Entire Pe					107 Haddor	-							
Describe:	Performed Of	utside of Norma	Hou	irs - /	am to 3	pm	City, State &								
Facility Occu	upied Durina	Abatement					Westmont,	IAN OO	100						
Scope of Work (Che															======
_	•							December 1			ent with N	egative	Pre	ssure	9
≥3 sf or ≥3 lf			$\bowtie$		vation			-	Mini-End						
≥160 sf ≥260	) IT			Demo	olition				Glove Ba	•					
									Non-Exe		and Non				
	cation of os-Containing	,		ocatio			Description Asbestos-Con				mount Specify	Ab	atem	ent 1	ype
	erial (ACM)			lely by			Material (A				or LF)			Ш	_
	E ABATED			enance			(i.e., thermal s	ystems			,	Remova	Re	Encapsulate	Enclsoure
ın	Facility (13)	19		dial St (12)	aff?		nsulation, surfactor or other miscella					VOC	Repair	usc	nos
	(10)				N/A		or other miscen	aneous	"			<u>m</u>		ate	re
Boiler Room	***************************************						Transit	е		450sf	•				
Name of Registered	Waste Haule			NID	ED Was	to I	Cubic Yards	Nama	of Regis	ctored	Landfill				
Tarre of regional	Tradic Fidale	,1			ler ID No		of Waste	Ivallic	or Nega	Sicreu	Lanum				
ALPHA ENVIRONI	MENTAL			000	33330		3	Grow	s Land	fill					
City, State						1	Disposal Date	City, S	State						
Trenton, NJ							Various	Morri	sville, l	PA					
Completed By (Print Rod Richardson	or Type)			Title		15	Signature	92				Date			
Nou Richardson				Proj			Rad Rich	onerete.	75 ju			11/2	0/2	016	
				man	ager		Y								

Date of Notification (1)   Name of Registered Vaste Hauler   Name of Registered Landilli Pours   Name of Registered Vaste Hauler   Name of Registered Landilli Pours   Name of Registered Vaste Hauler   Name of Registered Landilli   Name of Registe	W#007910	NC			NJAC 8:				744	1 [	G		W	E	7
Agences Nortified   Pyre Notification   Pyre N						wner/Op	perator (	(2)	9 7.		1161			3	
DDP	Agencies Notified Type Notification		S	treet Add	dress				150	0	NUV C	6 2	016	-	
DOH							8			-dia	ESTOS	00) in	50.	- &	
Name of Facility Where Abatement is Taking Place (3)    Street Address	DOH Emergency (ir justification)	ncluding	10000							Tele	phone Nun	nber			
Street Address  Sireet Address  Street Address  Street Address  City (5)  Clity (6)  Clien Ridge  County Code (7)  Salare Feet	DCA Cancellation					RMATIC	ON								
Succhapter's (Other than K-12)  City (5) Glen Ridge  County (6) Glen Ridge  County (6) Glen Ridge  County (7) Glen Ridge  County (8) Square Feet   # of Floors   Ridg. Age   N/A   N/A  Street Address  Name of Monitoring Firm Hired by Building Owner (8) NA  Name of Registered Waste Hauder   N/A  Asbestos-Containing Material (ACM)   Scheduled Completion   Demolition    Asbestos-Containing Material (ACM)   To BE ABATED   Custodial Staff (12)    Location of   Asbestos-Containing Material (ACM)   To BE ABATED   Custodial Staff (12)    Location of   Rabits   N/A    Name of Registered Waste Hauder   N/A    Name of Registered Landfilli   Waste Management of PA    Signature   N/A    Signature   N/A    Signature   N/A    N/A    Side Floor   # of Floors   N/A	1000	Place (3)		5-1002				,,,							
Square Feet   # of Floors   Ridge   Square Feet   # of Floors   Ridge   Ridg	**************************************								Subchapter 8	(Othe	r than K-12	2) al buildi	nas, l	nomes	5,
County (6) ESSEX Name of Monitoring Firm Hired by Building Owner (8) N/A									etc.)						
Start Date   St	G 307							N/A		N/A		N/			
Street Address  11 Rosengren Avenue  Street Address  11 Rosengren Avenue  Street Address  11 Rosengren Avenue  Street Address										r if beir	ig demolish	ned)			
Street Address  1 Rosengren Avenue  City, State, Zip Code  Telephone No.  Telephone N		wner (8)		ASCM	No.						(9)				
City, State, Zip Code    City, State, Zip Code	(F									ue					
Telephone No.   Telephone No.   Telephone No.   973-345-8685   License No.   01311	City, State, Zip Code						City, S	State, Z	Zip Code	-				,	
Start Date (10) 12/02/2016  Scheduled Completion Date (11) 12/03/2016  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: Occupied  Scope of Work (Check All That Apply)  Scope of Work (Check All That Adventure That Apply)  Scope of Work (Check All That Adventure That Apply)  Scop	Project Manager for Monitoring Firm		-	Telephon	ne No.		Teleph	none N	No.			10.			
12/03/2016   12/03/2016   D&S Abatement, Inc.	2. 12.1 (40)	Cabadula	d Com	pletion [	)ate (11)		7 Stices				01311		-		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: Occupied  Scope of Work (Check All That Apply)    2 3 sf or ≥3 lf				piction	sate (11)		D&S	Abat	tement, Inc	С.					
Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied  Scope of Work (Check All That Apply)    Sope of Work (Check All That Apply)				200.000			1977			iue					
Salid or ≥3 if   Pull Containment with Negative Pressure   Mini-Enclosure   Mabatement   Type   Mabatement   Type   Mabatement	Abatement Performed Outside of Norm	Period of A al Facility	Hours	ent											
≥ 160 sf or ≥ 260 lf   Demolition   Description of Abatement   Type   Description of Asbestos Containing Material (ACM)   Amount   Cspecify   Ser of LF   Demolition   Ser of LF   Demolition   Ser of LF   Demolition   Demoli	Scope of Work (Check All That Apply)						F		7					9	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Per No N/A  Name of Registered Waste Hauler D&S Abatement, Inc.  Name of Registered Waste Hauler Totowa, NJ  Completed by  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely by Maintenance Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Type  Rep Date Title  Name of Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered (Specify SF or LF)  Rep Date Title  Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME of Registered Landfill  Waste Management of PA  Disposal Date Tullytown, PA  Date 11/24/2016								M	ini-Enclosure	edure				٩	
Location of Asbestos-Containing Material (ACM)   Specify Description of Asbestos-Containing Material (ACM)   Specify Description of Asbestos Containing Material (ACM)   Amount Maintenance / Custodial Staff? (12)   Yes No N/A		le	Locati	on			E.		UII-EXEMPLE	( ) an	d North Ha		Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler D&S Abatement, Inc.  Name of Registered Waste Hauler Totowa, NJ  Completed by  Maintenance/ Custodial Staff? (12)  No N/A  Boeligy SF or LF)  SF or LF)  SF or LF)  Waste Haulet of Name of Registered Landfill Waste Management of PA  City, State Totowa, NJ  Completed by  Title  Signature  Date 11/2/1/2016		l N	Vormal	ly	=				-1 (A CNA)	٨	mount		1 9		
Name of Registered Waste Hauler  D&S Abatement, Inc.    NJDEP Waste Hauler ID No. 20996   Disposal Date Totowa, NJ	TO BE ABATED In Facility	Mai	intenar odial S	nce/	Asbes (i.e.	therma surfa	I system	ns insu AT, or	lation,	(5	Specify	Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler  D&S Abatement, Inc.  City, State Totowa, NJ  Completed by  Title  NJDEP Waste Hauler ID No. 20996  Cubic Yards of Waste Toubic Yards of Waste Toubic Yards Of Waste TBD  Disposal Date TBD  City, State Tullytown, PA  Date 11/21/2016		Yes		N/A							0.05	- 37		O .	
D&S Abatement, Inc.    Hauler ID No. 20996   TBD   Waste Management of PA	basement		X			boile	er insul	lation			:0 SF	X			
D&S Abatement, Inc.    Hauler ID No. 20996   TBD   Waste Management of PA															
D&S Abatement, Inc.  Hauler ID No. 20996  City, State Totowa, NJ  Completed by  Title  Hauler ID No. 20996  Of Waste TBD  Waste Management of PA  City, State Tullytown, PA  Date 11/21/2016	Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	c Yards		Name of	Regist	ered Landf	ill			
Totowa, NJ  Completed by  Title  TBD  Tullytown, PA  Date  11/21/2016			H	lauler ID		of Wa	aste								
Completed by Title Signature Date								e A			A				
The state of the s	Completed by	100000000000000000000000000000000000000	ect Ma	anager			Signatu	9/	1	_			2016		

M # KXXI	(	Purs	uant to	NJAC 8:60	and 1	(2:120)			-	ERF		M	E	
Date of Notification (1) 11/22/16				uilding Owr HOUSE	ner/Op	erator (	2)						122	
Agencies Notified Type Notification			eet Addr 0 N N	ress EW YOR	K AV	/Ε				MOV 2	1	201E		
EPA Initial Amended Amendment #		Cit	y, State, TLANT	Zip Code IC CITY	NJ 0	8401			L AS	EESTOS	001		)L 8	
	cluding	Na	me of C	ontact				1		phone Numb -344-7328		2		
DCA Cancendon			FACILI	TY INFOR	MATIO	N								
Name of Facility Where Abatement is Taking Street Address	Place (3)			×			Sch	Facility (4) nool (K-12 bchapter 8 ner (i.e. pr	) 3 (Othe	r than K-12) commercial	buildin	ngs, h	omes	,
710 N NEW YORK AVE							etc Square		# of	Floors	Bld	g. Ag	9	
City (5) ATLANTIC CITY NJ							Current	Llee /Brie	r if hair	ng demolishe	rd)		_	-
County (6) ATLANTIC			TATE US	ode (/) SE ONLY)			SENIC	OR CITIZ	ZEN I	HOME				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM I	No.		Name	of Abater	ment Conf PROFE:	tractor SSIO	NALS				
Street Address							Address HITE D	OVE CC	URT					
City, State, Zip Code							State. Zip EWOO	Code D, NJ 08	3701					
Project Manager for Monitoring Firm		T	elephon	e No.			hone No. -668-90			License No 1200	).			
Start Date (10) -	Scheduled		oletion D	ate (11)				Monitor PROFE	SSIO	NALS				
11/23/16 Occupancy Status During Abatement (Chec			-	-		Stree	t Address							
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of Ab	ateme	ent		_	City,	State, Zip	SCHOOL STATE						
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novat					× Mini	-Enclosure	e cedure	h Negative F			e	
	ls L	ocatio	on		<del> </del>							Abate	ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Main Custo	ormall Solel itenar	y y by nce/	Asbesto (i.e. t	os Con therma surfa	l syster acing, V	Material ms insula	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
CRAWL SPACE	Yes	INU	INIA			TSI				121 LF	x			
CRAWE SI NOE											х			
Name of Registered Weste Hauler NEWARK CARTING		F	IJDEP V lauler ID		Cubi of W	c Yards aste	5	Name o	f Regis	stered Landfi	11		1	
City, State		U	4509		Disp	osal Da	ate	City, Sta		EM PA				
NEWARK, NJ Completed by	mpleted by Title					Signat	ure				ate	******		
JOSEPH PERLSTEIN	OWIN	LK												

Date of Notification (1)		T	Name of	f Building	Owner/C	perator	(2)		E	io is				1
11-18-2016				nit Plaza	Assoc	iates							-	
Agencies Notified Type Notification			Street A	iddress ewark A	venue									
EPA Initial DEP X Amended Amendment #	£ [		City, Sta	ate, Zip Co	ode						0 (6.			
Emergency (i				f Contact	0 07 00				Tel	ephone Nu	mher	i.		-4
DCA justification)  Cancellation				ny Cord	asco					1-674-20				
Name of Facility Where Abatement is Taking	Diago (2)		FACI	LITY INF	ORMATI	ON								
Residential	Place (3)						Тур	e of Facility (						
Street Address							×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerc	2) ial bui	dings	, hom	ies,
City (5)								etc.) are Feet	T#0	f Floors	1	Bldg. /	Ane	70
Jersey City, 07306							200		10			70+	-gc	
County (6) Hudson				Code (7) USE ONLY	)		Curr	ent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/ No.				atement Cor						
Street Address			-			Street 235		ess nia Avenu	——— е					
City, State, Zip Code						City, S	State,	Zip Code						
								ty, NJ 073	304					
Project Manager for Monitoring Firm			Telepho			Teleph 201-		No. 8855		License N 001174	lo.			
Start Date (10) 11-18-2016	Scheduled 11-19-2	d Con 016	npletion I	Date (11)				SHA Monitor above						
Occupancy Status During Abatement (Check	Only One	e)				Street	Addre	ess					-	
Facility Closed/Vacated During Entire Portion  Abatement Performed Outside of Normal Other – Describe:	eriod of Al al Facility	baten Hours	nent			City, S	state, 2	Zip Code		-				
											N;			WWW.
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	П						1							
≥160 sf or ≥260 lf		enova emolit				×	M G	ull Containme ini-Enclosure lovebag Prod	e cedure					
1	le l	ocati	on				1 1/10	on-Exempted	(°) an	Non-Friat	ne Pro		emen	t
Location of	No	ormal	ly		Des	scription	of						/ре	
Asbestos-Containing Material (ACM)  TO BE ABATED		Sole ntenar		Asbes	tos Cont	aining N	Aateria	al (ACM)		mount	_		m	m
In Facility	Custo	dial 5 (12)	Staff?	(1.6.	surfac	cing, VA	T, or			Specify or LF)	Remova	Repair	сар	Enclosure
(13)	V	V27.2	T		other n	niscellar	neous)	1			oval	air	Encapsulate	sure
Boiler room	Yes	No	N/A		5.								(D	
Boilet 100111		X			Pipe	insula	tion		16	80 LF	X			
	-													
Name of Registered Waste Hauler		h.	IDED	(1-										
Green Environmental Services, LLC		H	JDEP W auler ID	No.	of Was			Name of I		red Landfill				
City, State		00	34889		3 Dispos	al Det				Lanuilli				
Jersey City					1.5	al Date -2016		City, State Morrisvi		Α				
Completed by	Title					ignature			-, -,	Da	ite			
Liliana Serrano	Office	Man	ager			4		olein	P.R.	+	-18-	2016		

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

Data of Matification	(1)					mer/Operator	(2)		7/1			
Date of Notification 11/22/2016				nk Cl		mer/operator	(2)			Ē, Į	19	<u>.</u> E.
Agencies Notified	Type Notifica	tion S	treet	Addres	ss							
[ ]EPA	[X]Initial								NOV	21	201	6
[ ]DEP	Notific	ation	ity,	State,	Zip Co	ode						
[X] DOL	[ ]Amended Notific	ation	Ste	rling	J,NJ	,07980		7.62				
[X]DOH		N	lame o	f Conta	act	12	Telephone	e Number		=		
[ ]DCA	[ ]EMERGENC		Fra	nk Cl	lark							
	[ ] 00000			FACIL	ITY IN	FORMATION						
Name of Facility Who	ere Abatement	is Taking	g Plac	ce (3)			Type of Facili	ty (4)				
Frank Clark							[]School					
Street Address	- Y							er 8 (Othe L.e., priva				1
							buildings,			de	7 ~~	
City (5)		County (	6)		Count	y Code (7)	Square Feet 2173	# of Floo	DIS BI	.dg. 78		
Sterling		Essex			The second second	E USE ONLY)	Current Use (H		ing de			)
Name of Monitoring	Firm hired by	Building	ASC	M No.		ame of Abate	ment Contractor	(9)	-			
Owner (8) N/A							ANAGEMENT	, Inc.				
Street Address						treet Address 86 Chris	s topher St	<b>.</b> X				
City, State, Zip Co	de					ity, State, Montclai	Zip Code r, NJ 0704	12				
Project Manager for	Monitoring Fi	rm Tele	(T)	e Numbe	r	elephone Number (973) 744		ļ.	icense		ber	
0-1-3-1-3 0tt D-t	- (10)			Data /	11)	Name of OSHA						
Scheduled Start Date 12 05 2		d. Comple	07	201	1	N/A	MONITOL					
Month Day Y Occupancy Status Du [X]Facility Clo	ring Abatement	onth Da (Check uring Ent	only o	Year one) Period	9	Street Addres	s					
of Abatemer []Abatement Pe Hours - Desc []other - Desc	erformed Outsi cribe:	de of Nor	rmal F	acility	у	City, State,	Zip Code					
Service Transportation of Postational Conference of the Conference		7771										
Scope of Work (Chec [X]>3 sf or []>160 sf	≥3 lf	[X		vation lition		[ ]Mini- [X]Glove	Containment wi Enclosure bag Procedure Triable Procedu		Press	ure		
-			Is			[ ]1,01, 1			Ab	atem	ent :	Type
Locatio			ocatic ormall			Description			R		E	E
Asbestos-Co Material		5	Used Solely			Asbestos-Con Material		Amount (Specify	E	R	CA	C
TO BE AF	.07	By	/ Main	1-	(	i.e., thermal		SF or	0	PA	P	0
In Faci	S	Cu	stodi	al		lation, surf		LF)	V A	I	S	S
(13)		Yes	aff (1 No	N/A	01	other misce	IIaneous)		L	1	L	RE
Basement				X E	Pipe	Insulati	on	50 LF	X			
												1
							Name of Regi		יונפג			
Name of Registered AZTECH MANAG		IC Ha	DEP Water : 7040	ID No.	100000000000000000000000000000000000000	.c Yards Waste 1.5	Minerva			IN	С	
City, State						osal Date	City, State				_	
Montclair, NJ	07042				12	2/08/2016	Waynesb	urg, Oh	io 4	468	8	
Completed By (Print		tle				Signature	11/	1	Date			
Dimitri G. Te	midis Sa	ales				Mim	thall	/	11/2	2/20	16	

	NOT	IFICA	TION	OF AS	SBESTO	S ABA	ATEMENT 12:120-7)							-	
	(Purs	uant	to N	JAC B	ling 0	wner/	12:120-7) Operator (2	.)	100				-		
te of Notification	a (1)	Nam	im	Hori	n						- I	1		P	
11/22/2016	5	St		Addres						- 18/ E					
encies Notified	Type Notification								100		_	E + 100			
[ ]EPA	[X]Initial Notification	Ci	tv, S	tate,	Zip	Code	07079			W€V	2 -	24.0			
[ ]DEP	[ ]Amended		Sout	th O	rang	ge,l	NJ,07079		- Numb	er					
[X] DOL	[ ]Amended Notification	20 0		E Cont				Te.	Lephone Numb	CCEC	S (1)	n Fi			
		Na		Hol						-19	18	1155			-
[ ]DCA	[ ]EMERGENCY	1.1	TIM												
	[ ]Cancellation					INFOR	RMATION	Type of	Facility (4	)					
rim Horn	Where Abatement is T	raking	Plac	ce (3)	)			[]S	chool (K-12) Subchapter 8 Other (i.e., Ldings, home	private	han & co	K-12)	ial		
Street Address	al rest							Square	F0-5-0-0 <del>-0</del>	f Floors	Bl	dg. A	ge		
							0-d- 17)	Square	00	2		64			
	Con	inty (	(6)		Co	ounty	Code (7)	32		. if hoir	a de	molis	hed)		
City (5)	FS	sex			(	STATE		Curren	it Use (Prior	II Deli	.g ue				
South Orang	e	W.585													77
			- 12 -	en/ No		Na	ame of Abate	ement Co	ontractor (9)	nc					
- Monitori	ng Firm hired by Bu	ildin	g As	SCM No	٠.		AZTECH 1	MANAG	EMENT, I						-
Name of Monitoria	3					11	+ Addre	SS							
N/A						15	86 Chri	stoph	er St.						_
Street Address							71 12	7in Co	de						
							City, State,	ir 1	J 07042						
City, State, Zip	o Code					- 11				工	icens	se Nur	ber		
			7	one N	Tumber		Telephone Nu	umber	00		003	371			
Design Manager	for Monitoring Fir	m T		lone 1		- 44	(973)74				_				
project many			1/A			1)	Name of OSH	A Monit	or						
Scheduled Start	- Date (10) Sched	l. Con	mplet:	ion Da	ate (1		N/A								
	2016 1	2	03		Year										
T-2	Year Mor	nth	Day	lar on	ie)		Street Addr	ess							
Occupancy State	Year Morus During Abatement Ly Closed/Vacated During	ring	Enti:	re Per	riod										
[X]Facilit	y Closed/Vacated 25			7 170	ailits	U	City, State	e, Zip (	Code						
of ADa	ent Performed Outside	de of	Norm	al ra	ره سسدی	1									-
LOUITS .	- Describe.												_		
r lother	- Describe:	- 1					r 1 E4	11 Cont	ainment with	n Negativ	re Pr	essui	=		
Scope of Work	(Check all that app	òΤĀ)						Enc	OSULE						
	sf or >3 lf		[X]	Renov	ration Lition			had	Procedure	е		Abat		o+ T	VI
[X] <u>&gt;</u> 3	60 sf or >260 lf		1 1	Demor			[ ]N	on-Fila	Die			Abat	eme	E	1
	98-00-00-10-00-00 Hz	-	5,335.55	Is	-		Descri	ption c	of	Amour	nt	R	R	N C	1
-	ocation of		No	catio	-Y		Achestos	-Contal	ning	(Speci		M	E	A P	
y spea	tos-Containing			Used solely	7		4-74	ial (AC	rstems	SF O		0	Ā	S	1
Ma	terial (ACM)	1	Ma	inten	ance/		- Linn	CITTLACT	1191	LF)		A	R	L	1
Ψ	O BE ABATED		Sta	stodi eff (:	12)		or other I	niscella	meous)					-	+
	In Facility (13)		Yes	No	N/A					70	LF	X		X	+
27-147 CT 2					X	Du	ct insul	ation		50	LF	X		X	1
Kitchen			-		X	Du	ct insul	atio	n						
Bathroom	(2 <sup>nd</sup> Floor)			-	F					stered I	andf	ill		0.00	
					Waste		Cubic Yards		Minerva	Ente	rpi	ise	IN	(C	
Warrant Port	istered Waste Haule	E .		anler	ID No		of Waste 2	.0	1						
AZTECH	MANAGEMENT,	INC	· ji	704	.0		Disposal Da	ite	city, state Waynesl	ourg,	Ohi	_0 4	468	38	
City, State	27040						12/5/2	OTO	1				_		-
Montcla:	ir, NJ 07042						loża	mature	1/1			Date	22/1	2016	
		Title	e						11/1			11/	24/4		_
Completed B	X (Print or -ip-	Sal					l i	Um 1	1001		2000		-72-011-0		
Dimitri	G. Temidis	المال													

		NOTI	FICAT	ION OF A	SBEST	os ABATEMENT and 12:120-7)			T-CRIT-LA		A 5	7 -		-
Date of Notification	(1)	(Pursu	Name	of Build	ding C	wner/Operator	(2)				lo L		Villy.	E
11/19/2016			Ka	thy Co	oyne					i i				
Agencies Notified	Type Notifica	ation	Stree	et Addres	ss								80.4	
[ ]EPA	[ ]Initial								1			5 4	W 10	
[ ]DEP	Notific	cation	City	, State,	Zip (	Code								
20.70	[ ]Amended	00000		rona,						ASE D				II.
[X]DOL	Notific	cation	Mana	of Cont	act		T	elephone	Numbe	r				
[X] DOH	[X] EMERGENO	CY		thy C		4		Ì						
[ ]DCA	[]Cancella	ation	ita	77.0	\$1876 				-					
					ITY I	NFORMATION			. (4)					
Name of Facility Who	ere Abatement	is Taki	ing Pl	.ace (3)			Type of	Facili	ty (4)					
Kathy Coyne							[]	School ( Subchapt	er 8 (	Other 1	than F	(-12)		
Street Address								Other (i			& COI	merc:	Lal	
								ldings,			lo 1 a	g. Ac		
		-	151		Com	nty Code (7)	Square 20		# OI	Floors	100000	g. Au 3	=	
City (5)		County				ATE USE ONLY)		t Use (P	nior i		100		(he	-
Verona			Ess	ex			Curren	t use (P	TIOL I	r bern	g demo	)TTSII	-u,	
						Name of Abate	Co	troator	(9)				-	
Name of Monitoring	Firm hired by	Buildi:	ng A	SCM No.										
Owner (8) N/A						AZTECH M	IANAGI	PIATERIA T \	. 1110					
Street Address						Street Addres		er St.						
						City, State,								
City, State, Zip Co	de					Montclai			12					
Project Manager for	Monitoring F	rirm T	elepho	one Numb	er	Telephone Num	ber			Lic	ense	Numbe	r	
Project Manager Tor	Monitoring 1		N/A			(973) 744	1-8800			0	037	1		
Scheduled Start Dat	e (10) Sch	ed. Com	pleti	on Date	(11)	Name of OSHA	Monitor							
11 19 2	2016	11	21	2016	6	N/A								
		ionth	Day	Year			N.74							
Occupancy Status Du [X]Facility Clo	osed/Vacated	nt (Chec During D	k only Entire	y one) Period		Street Addres	ss							
of Abatement Pe	nt erformed Outs	ide of 1	Normal	Facilit	ty	City, State,	Zip Cod	e						
Hours - Des	cribe:				3									
[]other - Des					-	1		9						
Scope of Work (Chec	ck all that ap	obla)				[X]Full	Contair	ment wi	th Nega	ative E	ressu	re		
[X]>3 sf or	r >3 lf		[X]Re	novation	1		-Enclosu							
[ ]\(\frac{1}{2}\)160 sf	or ≥260 lf		[ ]De	molition	1	[ ]Glove	e bag Pi Friable	rocedure Procedu	re					
			Is	3		[ ]21023					Aba	temer		
Locatio	on of		Loca			Descripti			3	ount	R	-	E	E
Asbestos-Co			Use	ed		Asbestos-Com Material		ſ	Val. 2011	ecify	E	E	C A	C
Material		Bv	Sole	enance/		(i.e., therma		ms		or	0	PA	PS	0
TO BE A		_	Custo Staff	dial	ir	sulation, sur			] ]	LF')	VA	I	S U	S
(13	NA	Ye	1		1	or other misc	ellaneou	ıs)			L	R	L	R
	3/A					- 1			11	0 LF	X		•	E
Basement	17			X	Pi	e Insula	cion					-		
Basement				X	Во	iler			28	SQ F	TX		_	
Name of Registered	Waste Hauler		NJDEF	Waste	40000	bic Yards		of Regi						
AZTECH MANA				040		Waste 2.0		nerva	Ent	erpr	ise	INC		
City, State						sposal Date		, State		01:	_ //			
Montclair, N	J 07042					11/22/201	6   Wa	ynesb	urg,	Ohi	0 44	5803		
Completed By (Prin	t or Type) I	itle				Signatur	e //	1	_	7	Date		2	
Dimitri G.		Sale	s			Kim	the Gu	an			11/1	9/201	6	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

ate of Notification (1)  November 21	, 2016			Nam	e of Building	Tom Lo	ozowsł	ci		13		4		
	Initial Notifica			Stree	et Address									-
] DEP [ ]	Amended Not Amendment # Emergency (ir			City	, State, Zip Co	wall, 1	NJ 077		1 .		4 4		-	1
1 DOM   X	justification)  Cancellation	iciudini	5	Nan	ne of Contact Tom	Lozowski		T	elephone-Nur	nber		JAC JG	)L&	_
			FA	CILIT	Y INFOR	MATION							777-07	
Name of Facility Where Abatement is T Residence	aking Place (3	)	113	.025			Туре	of Facility (4)  [ ]  [ x ]	School (k-) Subchapter Other (i.e.,	8 (other	than k-1 & comm	.2) ercial b	uilding	s,
Street Address							4		homes, etc	.)	Bldg. A			
City	Coun	ty (6)		Cou (ST.	nty Code (7) ATE USE ON	ILY)		re feet 800 sf	1			80		
Point Pleasant	Oce	an						ent Use (Prior i Reside	nce	nisiled)				
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)		ASO	CM No.			nent Contractor Guardi	ian Contra	cting, I	nc.			-
N/A Street Address				- I		Street A			Route 9, U	nit 61				
City, State, Zip Code							ate, Zip	Toms	River, Nev	w Jerse	y 0875	5-127	1	
Project Manager for Monitoring Firm		Tele	phone Numb	per		Telepho 732-3	one Nun 49-993	nber 32	100000	cense Nu 0624	ımber			
Scheduled Start Date (10)			eduled Comp	pletion I	Date (11)	Name	of OSHA	A Monitor	S.L. Analy	tical				
11/22/16 Occupancy Status During Abatement  [ x ] Facility Closed	(Check only o	ne)	1/23/16	Abatem	ent	Street	Address	1056	Stelton Ro	ad				
[ X ] Facility Closed [ ] Abatement Per [ ] Other – Descri	formed Outsid	le of No	ormal Facilit	y Hours		City, S	State, Zip	Pisca	taway, Ne			4		
Scope of Work (Check all that apply)						" [ [	j	Full Containme Mini-Enclosure	1	tive Pres	sure			
[x] >3 sf or ≥3 lf	ro 10	]	Lab.	novatio emolitio		[ [ x	[ :]	Glovebag Proc Non-Exempted	edure I (*) and Non	-Friable	Procedu	re		
[ ] ≥160 sf or ≥26	50 II	L	X ]								Abate	ement T	уре	
Location of Asbestos-Containing Material ( TO BE ABATED in facility (13)	N	Nor	Location mally used colely by nance/Custo Staff (12)			Asbestos- Materia (i.e., therm insulation VA other miss	Contain I (ACM nal system , surface T, or	ing  f)  ems  ing,	(Spec	nount cify SF 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 C S U F F
		L	X		Asbestos	flue pipe			15 lf	Ê	X		-	+
Interior			23											+
Name of Registered Waste Hauler	na Ina	NJ	DEP Waste		D No. C	ibic Yards of		T.R.R.I	gistered Land	dfill				
	mg, mc.				al Date	Ci	ty, State		2					
Guardian Contracti City, State Toms River, New				11/23		Tr	illytov	n, Pennsylv	ania		Da	te		

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



#### DEMOLITION / RENOVATION NOTIFICATION

Operato	r Project #:	Postmark:		Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled):	0	II.	IS ASBESTOS PRESENT? (	Yes/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contra	ctor and other o	perator)				
	OWNER NAME: Tom Lozowski					¥4	
	Address:						
	City: Wall State:	New Jer	sey	Zip:	07753		
	Contact: Tom Lozowski			Tel:			
	REMOVAL CONTRACTOR: Guardian Co	ontracting, In	c.		NJ License: 006	24	
	Address: 1889 Route	9, Unit 61					
	City: Toms River State	: New Jer	rsey	Zip:	08755		
	Contact: Nicholas Fe	rnicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State	:		Zip:			
- F	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	E - Emergency l	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number						
	Building Name: Residence						
	Address: 1667 East Drive						
	City: Brick State	: New Je	rsey	County:	Ocean		
	Site Location: Exterior						
		Floors:	1	Age in	Years: 80		
	Present Use: Residence		Prior Use:	Resider	nce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, I	F APPROPRIA	TE, USED TO DET	TECT THE PRI	ESENCE OF ASBESTOS MAT	TERIAL:	
,							
	IS MATERIAL ASSUMED TO BE ASBESTOS?					Nonfr	riable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	3:				Asbestos	Materia!
	Regulated ACM to be removed     ACM not removed.		RACM To Be		LOCATION	Not T Rem	
	Category I ACM not removed     Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet): 15 lf	Asbest	os flue pipe		Interior		
	Surface Area (Square feet):						
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY	) Start:	11/2	2/16	Complete:	11/23/16	
000000000000000000000000000000000000000							

#### NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WOR	K, AND METHOD(S	TO BE USED	3.5 <u>U</u>
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE:  Flue pipes will be taken down in whole pieces	9		PREVENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION
				oc removed by non-maste procedu	100
XII.		ian Contracting, In	nc.		
		Route 9, Unit 61			
-	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicho	las Fernicola			
	WASTE TRANSPORTER #2 Name:			and the second s	
	Address:				
	City:	State:		Zip:	=
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R	.F.			
	Location: Borde	ntown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	JT AGENCY, PLEAS			CH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Be	gin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS		Date Cracion to De	gm (1.1.12.2.).	
Αν.	Date and Hour of Emergency (MM/DD/YY):				
=	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ns or would cause equip	pment damage or an u	nreasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED				R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVI AVAILABLE FOR INSPECTION DURING NORM	DENCE THAT THE R	REQUIRED TRAININ	IG HAS BEEN ACCOMPLISH	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Own	ner/Operator)	November 21, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION I	S CORRECT.			
	Nicholas Fernicola / Project Manager	_	(Simple of C	- //	November 21, 2016
	(Printed Name/Title)		(Signature of Own	ici/Operator)	(Date)

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				1	Name of Build	ding Owner/O	perato	r (2)	2.005.00		_			
	ovember 21, 201	6				101	Pros	pect Apartme	nt Corp		30		G.	
Agencies Notified  [ X ] EPA	L -1	Votificati			Street Address	112	4 Eas	st Ridgewood	Avenue	, Suite 101				
[ ] DEP [x ] DOL	Amend	led Notif lment #_ ency (inc			City, State, Zi		gewo	od, NJ 07450		Way s	. 4 5	74.0		
[X] DOH	justific	ation)		]	Name of Con		,		Telepho	ne Number 201-343	5122	100	11.000	
	[ ] Cancel	lation				aman Khos				201-343 DESTOS				_
				FACII	LITY INFO	ORMATIO:		Duma of Equility /		LIGE	10 1			$\pm$
Name of Facility Where A	batement is Taking F artment	Place (3)						Type of Facility (		ool (k-12)				
*	ar unont						-	į j		chapter 8 (oth				
Street Address	1 Prospect Aven	ue						[ ]	hom	er (i.e., private es, etc.)			l buildi	ngs,
City		County	(6)		County Code ( STATE USE		1	Square feet 150,000 sf		f Floors 8	Bldg.	Age 80	)	
Hackensack		Berge	n		011111111111111111111111111111111111111	,		Current Use (Pri						
					001/11	11 27	CAI		rtment					
Name of Monitoring Firm	Hired by Building C ardian Contracti			A	ASCM No.	Name	of At	batement Contrac Gua		ntracting,	Inc.			
Street Address	iai dian Contracti	ng, me	•			Stree	Addr	ess		-0521000 220				
	89 Rte. 9, Unit 6	1				City	Ctoto	Zip Code	Route	9, Unit 61				
City, State, Zip Code	oms River, NJ 08	755				City,	State,	Zip Code Ton	s River,	New Jerse	ey 087	55-12	71	
Project Manager for Moni			Telephone ?					Number		License N	umber			
Nicholas Fer			732-349- Scheduled		Date (11)			9932 SHA Monitor		00624				
Scheduled Start Date (10) 11/21/1			11/22/		I Date (II)	1,4411	010		.S.L. Aı	nalytical				
Occupancy Status During				1 0 11		Stree	t Addı		6 Steltor	Road				
	cility Closed/Vacated							1700000	o Stellol	1 Kodu				
5 1	her – Describe	Juiside 0	i ivoimai i	active 110a		City,	State,	Zip Code Pisc	ataway	New Jerse	v 088	54		
							-							
Scope of Work (Check all	l that apply)					I I	]	Full Containn Mini-Enclosu		vegative Fres	Sure			
[x] >3	sf or ≥3 lf		[x]	Renovati	on	]	x ]	Glovebag Pro						
	60 sf or ≥260 lf		[ ]	Demoliti	on	]	]	Non-Exempte	ed (*) and	Non-Friable	Procedu	re		
											Abat	ement '	Гуре	
			Is Location	n		Descri				List Monorphy System Co.	R	R	Е	E
Location		N	ormally u Solely by			Asbestos- Materia				Amount Specify SF	E	E P	N C	N C
Asbestos-Containing TO BE AB		Maint	Solely by tenance/Ci			(i.e., then			1	or LF)	M	A	A	L
in facili			Staff			insulation					O V	I R	P S	O S
(13)			(12)				T, or				A	K	U	U
£ 1		YES	NO	N/A		other mis	сепал	ieous)			L		L E	R E
		115	- T. (1978)	1777	4.1		ati am		20	) lf	X		E	
Laundry room			X		Asbestos	s pipe insul	ation		20	J 11	1			
			-	-							+			
				-					_		1			
Name of Registered Wast	te Hauler Contracting, Inc.	1	JDEP Was	 ste Hauler       20223	D No. C	ubic Yards of	Waste	Name of Re		andfill			1	
City, State	onu acting, mc.			Disposa		Cit	y, Stat	e						
	r, New Jersey	Title		11/23	/16 Signature	1 Tu	llyto	wn, Pennsylv	anıa	/	Date	:		
Completed by (Print or T Nicholas Fe			ct Manag	ger	Signature				, ,	1		21/20	16	
1,101101001		-			for ashest	e licaneura	1	oted activities.						

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



#### DEMOLITION / RENOVATION NOTIFICATION

Operate	tor Project #:	Postmark:		Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled):	0	П.	IS ASBESTOS PRESENT? (Y	'es/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contra	actor and other o	operator)				
	OWNER NAME: 101 Prospect Apartm	ent Corp					
	Address: 1124 East Ridgewoo	d Avenue, Si	uite 101				
	City: Ridgewood State	NJ		Zip:	07450		
	Contact: Raman Khosla	1		Tel:	201-343-5133 x102		
	REMOVAL CONTRACTOR: Guardian C	ontracting, Ir	nc.		NJ License: 0062	4	
	Address: 1889 Route	9, Unit 61					
	City: Toms River State	New Je	rsey	Zip:	08755		
	Contact: Nicholas Fe	rnicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State			Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	n E - Emergency l	Renovation):	Е		
V.	FACILITY DESCRIPTION (Including building name, number	per and floor or	room number)				
	Building Name: Apartment						
	Address: 101 Prospect Avenu	3				4	
	City: Hackensack State	: NJ		County:	Bergen		
3	Site Location: Laundry Room						
	Building Size: 150,000 sf # of	Floors:	8	Age in Y	ears: 80		
	Present Use: Apartment		Prior Use:	Apartm			
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, I	F APPROPRIA	TE, USED TO DET	ECT THE PRE	SENCE OF ASBESTOS MATE	ERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	<del>}</del> :			File	7/15/2007	friable
	Regulated ACM to be removed		RACM		LOCATION	Not '	s Material To Be
	2. Category I ACM not removed		To Be Removed		LOCATION		noved
	3. Category II ACM not removed	4.1			Loundry room	Cat I	Cat II
	Pipes (Linear feet): 20 lf	Asbest	os pipe insulatio	DIT	Laundry room		
	Surface Area (Square feet):						
	RACM Off Facility Component (Cubic feet):		2,000	-			
VIII.		Start:	11/2	1/16	Complete: 11	1/22/16	

#### NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

х.	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION WOR	K, AND METHOD(S) TO BE	USED E G E	IDVERN
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:	NGINEERING CONTRO	OLS TO BE USED TO PREVI		STOS AT THE DEMOLITION
	Removal to take place using negative pressure glove-bag r with a surfactant/water mix. All waste to be double bagge surfaces where removal took place. All materials to be ke	d. sealed and affixed with ap	propriate warning labels and place	d in closed/locked container for-	disposal. Encapsulation of all riping of all surfaces.
xii.	WASTE TRANSPORTER #1 Name: Gua:	rdian Contracting, In	nc.		
		Route 9, Unit 61			
	City: Toms River		New Jersey	Zip: 08°	755
		iolas Fernicola			
	WASTE TRANSPORTER #2 Name:			*	
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	dentown Road		-	
	City: Tullytown	State:	Pennsylvania	Zip: 190	007
	Telephone: 215-943-9732		Permit #: 101	494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEAS	E IDENTIFY THE AGENCY	BELOW AND ATTACH C	OPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MN	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 condit	ions or would cause equi	pment damage or an unreason	able financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE	LOWED IN THE EVEN' ED, PULVERIZED, OR I	T THAT UNEXPECTED ASP REDUCED TO POWDER	bestos is found or pr	EVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT THE I	REQUIRED TRAINING HAS	BEEN ACCOMPLISHED I	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	r	(Signature of Owner/Open	rafor)	November 21, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIO	N IS CORRECT.			
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/Open	rator)	November 21, 2016 (Date)

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

					Nome of I	Building O	umer/Oner	ator (2)		55				
Date of Notification (1)	ovember 21, 201	6			Name of i	Building O		s Residential, L	LC IN	EB	OE'	78	I E	
Agencies Notified [ X ] EPA	Type of Notificati	on Notifica	ition		Street Add	dress	500 Ba	arnegat Blvd. No	orth				. / 60	
[ ] DEP [x] DOL	Amen	dment#	ification ——— icluding		City, State	e, Zip Code		gat, NJ 08005	-	N.U	1 2	÷ 1.	IU	
[X] DOH	justific	cation)	loidding		Name of	Contact Victor			Telephone)	Numbers 609-607	TOS ( +9500	SING	ROL	&
[ ] DCA				E L C	TT TOTAL TA	TEODIA	ATION							
Name of Facility Where A		Place (3)	)	FAC	LLIY II	VFORM	ATION	Type of Facility (4	School (	k-12)				
Res	sidence							l i i		oter 8 (other	er than l	(-12)		
Street Address								[x]	Other (i.	.e., private etc.)			l buildir	ngs,
City		Count	y (6)		County Co (STATE U	ode (7) JSE ONLY	7)	Square feet 1500 sf	# of Fl	1	Bldg.	Age 60	)	
Lavallette	0.00	Ocea	an					Current Use (Prio	r if being der lence	nolished)				
Name of Monitoring Firm		Owner (8	8)		ASCM No	0.	Name of	Abatement Contrac		racting,	Inc.			
Street Address	A						Street A	idress	Route 9, 1					
City, State, Zip Code							City, Sta	te, Zip Code Tom	s River, N			55-12	71	
Project Manager for Moni	toring Firm		Telephone	Scarcillari.co.			732-34	ne Number 9-9932		License Ni 00624	ımber			
Scheduled Start Date (10) 11/22/1	6		Scheduled 11/23/		on Date (1	1)			S.L. Analy	ytical				
Occupancy Status During	Abatement (Check cility Closed/Vacated	only one	e) - Entire Perio	d of Aha	tement		Street A		Stelton R	oad				
	atement Performed						City Sta	ite, Zip Code						
D 5 5	ner – Describe						City, Sta		ataway, Ne	ew Jerse	y 088:	54		
Scope of Work (Check all	that apply)						[ ]	Full Containm Mini-Enclosur		ative Press	sure			
L J	sf or ≥3 lf 60 sf or ≥260 lf		[ ] [ x ]	Renova			[ [ x	Glovebag Prod Non-Exempte		n-Friable F	rocedu	re		
L. J		1			T						Abate	ement '	Гуре	
			Is Location	on			Descripti	on of			R	R	Е	Е
Location	of	15	Normally u	sed		Asl	bestos-Co	ntaining	0.000000	nount	E	E	N	N
Asbestos-Containing			Solely by				Material (.			cify SF LF)	М	P A	C A	C
TO BE AB		Man	ntenance/C Staff	ustodiai			ulation, s		01	. 101 )	0	I	P	0
(13)			(12)				VAT,	or			V	R	S	S
						oth	ner miscel	laneous)			A		L	R
		YES	s NO	N/A							L		Е	Е
Exterior house			X		Asbe	stos sidi	ng		1400	) sf	X			
				1										
			-	+										
Name of Registered Wast	te Hauler Contracting, Inc.		NJDEP Was	ste Haule 20223	r ID No.	Cubic Y	ards of Wa	ste Name of Re	gistered Land	ifill				
City, State				Dispo	osal Date		City, S	State	1					
	r, New Jersey	Title		11/2	3/16 Signat	hire	Tully	town, Penhsylv	ania //		Date			
Completed by (Print or T Nicholas Fe	ger	Signal	- L		- te			100000000000000000000000000000000000000	21/20	16				

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



#### DEMOLITION / RENOVATION NOTIFICATION

Operator Projec	t #:		P	Postmark:		Notificati	ion:			
I. TYP	E OF NOTIFIC	ATION (O - Original R - Revis	ed C-Ca	incelled):	0	П.	IS ASBES	TOS PRESENT? (	Yes/No):	Y
III. FAC	CILITY INFORM	MATION (identify owner, remova	l contractor	and other o	perator)					
	OWNER	NAME: Walter	rs Resider	ntial, LLC	2					
	Address:	500 Barnegat B	lvd. Nort	th						
	City:	Barnegat	State:	New Jer	rsey	Zip:	08005			
	Contact:	Victor				Tel:	609-607	7-9500	72	
REN	MOVAL CONTI	RACTOR: Guard	ian Contr	racting, In	c.		NJ Licer	nse: 0062	24	
	Address:	1889 I	Route 9, I	Unit 61						
	City:	Toms River	State:	New Jer	sey	Zip:	08755			
	Contact:	Nicho	las Fernic	cola		Tel:	732-349	9-9932		
OTH	ER OPERATO	R (if different)					NJ Licer	nse:		
	Address:			<del></del>						
	City:		State:			Zip:				
	Contact:					Tel:				
IV. TYF	PE OF OPERAT	TON (D - Demo O - Ordered I	Demo R -	Renovation	E - Emergency R	Lenovation):	D			
V. FAC	CILITY DESCR	IPTION (Including building name	e, number a	nd floor or r	oom number)					
Buil	ding Name:	Residence								
Add	ress:	108 Haddonfie	ld Avenu	e						
City	: Lavalle	ette	State:	New Je	rsey	County:	Ocean			
Site	Location:	Exterior								
Buil	ding Size:	1500 sf	# of Floo	rs:	1	Age in Y	ears:	60		
Pres	ent Use:	Residence			Prior Use:	Residen	ce			
VI. PRO	OCEDURE, INC	CLUDING ANALYTICAL MET	HOD, IF AP	PROPRIAT	E, USED TO DETE	ECT THE PRE	SENCE OF	ASBESTOS MATE	ERIAL:	
		SUMED TO BE ASBESTOS?  MOUNT OF ASBESTOS INCL	IDING:	1			T		Nont	friable
(V) 310) (C) 100			ODING.		DACM				Asbesto	s Material To Be
	Regulated ACM Category I ACM				RACM To Be			LOCATION	1 - 2000 - 2000	noved
3. 0	Category II ACM	1 not removed			Removed				Cat I	Cat II
Pipe	es (Linear feet):									
Surf	face Area (Squa	re feet): 1400 sf		Asbesto	os siding		Exteri	or		
RAG	CM Off Facility	Component (Cubic feet):								
VIII. SCHEI	OULE DATES A	ASBESTOS REMOVAL (MM/D	D/YY)	Start:	11/22	/16	Comple	te: 11	1/23/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Χ.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION	N WORK, AND MET	THOD(S) TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING C AND RENOVATION SITE:	ONTROLS TO BE U	ISED TO PREVENT EMISSIONS C	OF ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be roped off with cauremoved by non-friable procedures. All waste will be placed in double 6 mil.	tion tape and warning sig Bags, sealed and labeled	ens. Plastic sheeting will be placed on the and placed in a locked container for disp	ground below and the asbestos will be osal.
xii.	WASTE TRANSPORTER #1 Name: Guardian Contract	ting, Inc.		
	Address: 1889 Route 9, Un	it 61	40	
	City: Toms River State	e: New Jersey	Zip:	08755
	Contact Person: Nicholas Fernicol	a	29	
	WASTE TRANSPORTER #2 Name:			
	Address:			
	City: State	e:	Zip:	
	Contact Person:			
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.			
	Location: Bordentown Road	1		
	City: Tullytown State	e: Pennsylvan	ia Zip:	19007
	Telephone: 215-943-9732	Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, I	PLEASE IDENTIFY	THE AGENCY BELOW AND ATT	ACH COPY OF ORDER
	Name:	Title:		
	Authority:			
	Date of Order (MM/DD/YY):	Date Ordere	ed to Begin (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 conditions or would cause	se equipment damage	or an unreasonable financial burden	:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED	EVENT THAT UNEX ), OR REDUCED TO	XPECTED ASBESTOS IS FOUND POWDER	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISI THE DEMOLITION OR RENOVATION AND EVIDENCE THAT AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS	THE REQUIRED TR	RAINING HAS BEEN ACCOMPLIS	PART M) WILL BE ONSITE DURING SHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature	of Owner/Operator)	November 21, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		41	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature	of Owner/Operator)	November 21, 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 (	wner/Oper Zarrill			2	1	7	7						
	ovember 21, 201					Zam	1110	ilics	D & D	0 5	7	1	-			
Agencies Notified  [ X ] EPA	L 4	Notificati			Street Address	186 M	anto	loking Road	EGE	<u> </u>		-10				
[ ] DEP [x ] DOL	F 7	ded Notif dment #_	ication		City, State, Zip Coo		Man	v Jersey 08723	11011 0	0 00						
[x] DOH		gency (inc	luding			DITCK,	TACA		NOV 2	0 20	15	-	1			
[ ] DCA	justifi [ ] Cance	llation)			Name of Contact Rich 2	Carrilli			732-26	2-4848	3					
				EACH				1 4	ASBESTOS ( LICEN			&	$\vdash$			
Name of Facility Where Al	natement is Taking	Place (3)		FACII	LITY INFORM	ATION	Tvi	pe of Facility (4)	LI ULIY	Univo			_			
	sidence	1400 (3)							School (k-12)							
Street Address									Subchapter 8 (oth			11 :11				
									Other (i.e., privat homes, etc.)	e & con	imercia	il buildi	ings,			
City		County	(6)		County Code (7) STATE USE ONL	Y)	Sqı	uare feet 1200 sf	# of Floors	Bldg	Age 8	0				
Point Pleasa	nt	Ocean	1				Cu	rrent Use (Prior if b Residence	(70)							
Name of Monitoring Firm		)wner (8)	0.	A	ASCM No.	Name of	Abat	ement Contractor (9		Inc						
N/A Street Address	1				Street Address											
						G:t- 5t-	1889 Route 9, Unit 61 City, State, Zip Code									
City, State, Zip Code					Toms River, New Jersey 08755-1271					271						
Project Manager for Monit	roject Manager for Monitoring Firm Telephone Nu					Telephor 732-34	19-99	932	00624	umber						
Scheduled Start Date (10) 11/22/16	Scheduled Start Date (10)   Scheduled Cor   11/22/16   11/23/16					letion Date (11) Name of OSHA Monitor E.M.S.L. Ar					nalytical					
Occupancy Status During	Abatement (Check of ility Closed/Vacated		Entire Period	of Abate	ment	Street A	ddress		lton Road				-			
*****	itement Performed (					City, Sta	ite, Zi	p Code								
[ ] Oth	er – Describe								ay, New Jerse	y 088	54	7				
Scope of Work (Check all	that apply)					[		Full Containment w	rith Negative Pres	sure						
[x] >3 s	sfor≥3 lf		[ ]	Renovati	On.	L ,	1	Mini-Enclosure Glovebag Procedure	e							
	60 sf or ≥260 lf			Demoliti		[x	<b>.</b>	Non-Exempted (*)		Procedu	re					
										Abat	ement '	Гуре				
			Is Location			Description				R	R	Е	Е			
Location		N	ormally use	ed		bestos-Co Material (			Amount (Specify SF	E	Е	N	N			
Asbestos-Containing N TO BE ABA		Maint	Solely by enance/Cus	stodial		onaterial (2			or LF)	M	P A	C A	C L			
in facilit			Staff			ulation, su	urfaci			O V	I R	P S	O S			
(13)			(12)		ot <sup>†</sup>	VAT, ner miscel		nie)		A	K	U	U.			
		YES	NO	N/A	OL.	iei illiseei	ianco	743)		L		L E	R E			
Interior			X		Asbestos flue	nine			30 lf	X		1				
Interior			11			r r										
Name of Registered Waste Hauler  Guardian Contracting, Inc.  NJDEP Waste Hauler ID  20223					D No. Cubic Y	ards of Wa		Name of Registers T.R.R.F.	ed Landfill							
City, State				Disposa 11/23/		City, S		n, Pennsylvania								
Completed by (Print or Ty	, New Jersey pe)	Title		11/23/	Signature	Tuny	LOWI	//		Date						
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager					Signature						16					

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

#### DEMOLITION / RENOVATION NOTIFICATION

						II	
	-20	I	Date R	ecei	ved_	17.	
		NC P	9 5	*	ME		
45			ō Ō				

Operato	r Project #:	Postmark:		Notificat	ion:		-			
I.	TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled):	0	П.	IS ASBESTOS PRESENT? (	Yes/No):	Y			
Ш.	FACILITY INFORMATION (identify owner, removal contr	actor and other	operator)							
	OWNER NAME: Zarrilli Homes									
	Address: 186 Mantoloking Ro	ad								
	City: Brick State	: New J	ersey	Zip:	08723					
	Contact: Rich Zarrilli			Tel:	732-262-4848					
	REMOVAL CONTRACTOR: Guardian C	ontracting,	tracting, Inc. NJ License: 00624							
	Address: 1889 Route	9, Unit 61								
	City: Toms River State	: New J	ersey	Zip:	08755					
	Contact: Nicholas Fe	ernicola		Tel:	732-349-9932					
	OTHER OPERATOR (if different)				NJ License:					
	Address:									
	City: State	B:		Zip:						
	Contact:			- Tel:	. Tel:					
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovati	on E - Emergency	Renovation):	D					
V.	FACILITY DESCRIPTION (Including building name, num	ber and floor or	room number)							
	Building Name: Residence				The second secon					
	Address: 100 Rochester Drive	2								
	City: Brick Stat	e: New J	ersey	County:	y: Ocean					
	Site Location: Exterior									
	Building Size: 1200 sf # of	of Floors: 1 A			Age in Years: 80					
-	Present Use: Residence		Prior Use:	Residence						
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD,	F APPROPRIA	ATE, USED TO DE	TECT THE PRE	ESENCE OF ASBESTOS MATI	ERIAL:				
	IS MATERIAL ASSUMED TO BE ASBESTOS?					1 37	C '- 1 1 -			
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	G:				Asbesto	friable s Material			
	Regulated ACM to be removed		RACM To Be		LOCATION	100	To Be noved			
	Category I ACM not removed     Category II ACM not removed		Removed		73	Cat I	Cat II			
	Pipes (Linear feet): 30 lf	Asbes	tos flue pipe		Interior					
	Surface Area (Square feet):									
	DACM Off Facility Component (Cubin fact)									
	RACM Off Facility Component (Cubic feet):									
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY	) Start:	11/2	22/16	Complete: 1	1/23/16				

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATIO	n wor	K, AND METHOD(S) TO BE	USED E						
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING C AND RENOVATION SITE:	CONTRO	DLS TO BE USED TO PREVE	ENT EMISSIONS OF ASI	BESTOS AT THE DEMOLITION					
	Flue pipes will be taken down in whole pieces wrapped in 6 mil	. poly. A	Il asbestos flue pipes will be remov	ved by non-friable procedures	TENTROL &					
xii.	WASTE TRANSPORTER #1 Name: Guardian Contract	ting, I	nc.							
	Address: 1889 Route 9, Ur	it 61								
	City: Toms River Stat	te:	New Jersey	Zip: 0	8755					
	Contact Person: Nicholas Fernico	la								
	WASTE TRANSPORTER #2 Name:									
	Address:			-						
	City: Stat	te:		Zip:						
	Contact Person:									
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.									
	Location: Bordentown Road	d								
	City: Tullytown Sta	te:	Pennsylvania	Zip: 1	9007					
	Telephone: 215-943-9732		Permit #: 101	494						
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY,	PLEAS	E IDENTIFY THE AGENCY	BELOW AND ATTACH	COPY OF ORDER					
	Name:		Title:							
	Authority:									
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MN	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 conditions or would car	use equi	pment damage or an unreasona	able financial burden:						
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER									
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVIS THE DEMOLITION OR RENOVATION AND EVIDENCE THA AVAILABLE FOR INSPECTION DURING NORMAL BUSINES	T THE F	REQUIRED TRAINING HAS	BEEN ACCOMPLISHED						
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Oper	ator)	November 21, 2016 (Date)					
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			0						
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Oper	rator)	November 21, 2016 (Date)					

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	P. C.
23.280	4.34
-	

Date of Notification (1)	Name of Building Owner/Operator (2) EARTHTECH CONTRACTING									
Agencies Notified Type Notification	Street Addres	155 RT	- 50							
☐ BPA	City, State_Zi	p Code		0 - /	-	and the same of		=		
DOL Amendment # Emergency (including	6	rten fit								
☑ DOH justification) □ DCA □ Cancellation	Name of Con	BRUCE		Telephone Numb	er					
		NFORMATION								
Name of Facility Where Abatement is Taking Place (3)	1 2010111		Type of Facility	(4)						
RESIDENCE			School (K-1	2) 8 (Other than K-12)	)					
Street Address			Other (i.e., phomes, etc.	private & commercia )	ıl build	- 37	C			
City (5) WARGATE CI	14		Square Feet	# of Floors	9	g. Ag				
County (6) ATC AUTIC	County Code USE ONLY)	(7) (STATE	Current Use (P	rior if being demolis	hed)					
Name of Monitoring Firm Hired by Building Owner	ASCM No.	The second secon	nent Contractor (9							
Street Address		Street Address 369		EUCE AL						
Ch. Chris Tip Code		City, State, Zip C	Code			_	_			
City, State, Zip Code		MAPLE SHADE NI, J 08052								
Project Manager for Monitoring Firm Tele	ST6-779-0472 License No. 656-779-0472 COY44									
Start Date (10) Scheduled Complete	4 2	Name of OSHA	Monitor N/K	1						
0ccupancy Status During Abatement (Check only one)	~16	Street Address								
Compancy Status During Abatement (Check billy Grey)     Facility Closed/Vacated During Entire Period of Abate	ement									
Abatement Performed Outside of Normal Facility Hou  Other - Describe:	rs	City, State, Zip Code								
Scope of Work (Check all that apply)		T Full Cos	ntainment with Ne	egative Pressure						
≥3 sf or ≥3 lf		Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Is Location	on	71012	cripted ( ) and			bater				
Normally Location of Used Solel	y by	Description of				Тур		_		
Asbestos-Containing Material (ACM)  Maintenan	ice/ Asb	estos Containing Ma e., thermal systems i	terial (ACM) insulation,	Amount (Specify	Re	"	Enca	Enc		
IN Facility Staff?		surfacing, VAT,	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13) (12) Yes No	N/A	00101 11400011	/		a		ale	9.1		
	X	TRANSI	TE	2500.3€	X					
SIDING	17	11-114 31								
			10	intered I and All						
Name of Registered Waste Hadron	UDEP Waste tauler_ID Ng.	Cubic Yards of Waste	Name of Reg	istered Landfill						
CCIVICO SIG	tauler ID No.	Disposal Date	City, State	CUM						
MAPLE SHADE WI.T			PLEX	+S HUTVIL	LE	_	_			
Completed By KLEMM SUP.		Signature ·	lon		-15	<u>^</u>	16			

EGELVED

NOV 28 201

Date of Notification (1)	18-16		Name	of Buildin	ng Owner/Operator	ONTRAC	TORS			٩υĽ	
Agencies Notified	Type Notification		Stree	Address	61 RT	- 9	(p. P. d) L	1996	11162	-	
DEP DDD DOL	☐ Amended Amendment # ☐ Emergency (incl	uding		State, Zip	Code PE MK	V N,T 0820Y					
DCA DOH	justification)  Cancellation		Name	of Contac							_
			FAC	CILITY IN	ORMATION						
Name of Facility Where A	Abatement is Taking F	Place (3)			- 1	Other (i.e.,	2) 8 (Other than K-12) private & commercia		iings,		
City (5)	tate A a see a deal at	1.4.50	. 0			Square Feet	# of Floors		dg. A		
County (6)	. ,	1 ALLO	Cour	nty Code (	7) (STATE	Current Use (P	rior if being demolish				=
Name of Monitoring Firm (8)	Hired by Building Ow	mer	ASCM	No.		ent Contractor (9					
Street Address	J/A				Street Address		RUCE AU	E			_
City, State, Zip Code					City, State, Zip C	ode	ADE NIJ	- 0	80	5	2
Project Manager for Mon	itoring Firm	Tele	Perhone No. Telephone No. 856-779-0472 License No. 60444								
Start Date (10)			etion Date (11) Name of OSHA Monitor								
Occupancy Status During	g Abatement (Check	only one)		and the same of th	Street Address						
Facility Closed/Vacate Abatement Performed Other - Describe:	Outside of Normal F	acility Hou	City, State, Zip Code								
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	,	] Renovat Demolitic			Mini-End	ad Procedure	egative Pressure on-Friable Procedur	e			
7		Is Location			THOREE	ompion ( ) and .		1	bate Typ		
Location o Asbestos-Containing M TO BE ABATI IN Facility (13)	aterial (ACM)	Normally Jsed Solel Maintenar Custodia Staff? (12)	y by ice/	Asbes (i.e.,	Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellane	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SUOVA		es No	N/A	7	RANSIT	E	7000 BF	X			
SIDIA		+	^								
								-	-		_
Name of Registered Wast	te Hauler	10000	UDEP V lauler ID	555 F. C.	Cubic Yards of Waste	Name of Reg	istered Landfill	1)	Δ	_	
City, State	INC		auler D	04	Disposal Date	City, State	11	0.	9		_
MAPLE S  Completed By	HADE W	T			Signature	Mo	OUBINE		8-	1	
WICHAEL K	(LEMM S	SUP.			Mel	UM			0	0	_

	G.		Charge	W	R
	MOV	É		8646	

Date of Notification (1)			Nome of D. 3	f 0 0	(0)	T .			1		
11-18-16	>		Name of Building Owner/Operator (2)  EARTHTECH CONTRIACTING								
Agencies Notified Type No	tification		Street Addres	155 R			-		-	-	
DEP Amer	nded	-	C+ - C+-+- 7:			_	- Control of the Cont				
	idment #	_	City, State, Zip		J 08230						
	gency (includi ication)	ing		RELIMFIE	CD NI	7 08 5	-30	)			
	ellation	1	Name of Cont	22.23/	Telephone Number						
	CUCE										
None of Fe The last			FACILITY II	NFORMATION							
Name of Facility Where Abatement		ce (3)			Type of Faci	3 (1) (2)					
Street Address	NCE				School (K	-12)					
	3	Other (i.e.	er 8 (Other than K- , private & commerc tc.)	12) cial bu	iilding	ıs,					
City (5)	,				Square Feet	# of Floors	. 1	Bldg.	Age	_	
- OCTANI	(17	1			2000	_   _ Z	_   _	5	0+		
CAPE MAY			County Code USE ONLY)	(7) (STATE	Current Use (	Prior if being demol	ished	)			
Name of Monitoring Firm Hired by Br	uilding Owner	A	SCM No.	Name of Abatem	nent Contractor	(9)					
(8) N/A		_   _		ICLE	EMCO J	INC					
Street Address				Street Address							
				369		UCE ALE					
City, State, Zip Code	1			City, State, Zip C	ode				_		
Desired Management of the second				MAPL	E M.J	E M. J 08052  License No.					
Project Manager for Monitoring Firm	Project Manager for Monitoring Firm Telep				hone No. Telephone No. 856-779-0472						
Start Date (10)	Scheduled C	completio	n Date (11)	Name of OSHA N		_004				_	
11-28-16	12-	5-	-16   N/A								
Occupancy Status During Abatemen				Street Address	7.1						
Facility Closed/Vacated During En	tire Period of	Abateme	ent			)(					
Abatement Performed Outside of I	Normal Facilit	y Hours	City, State, Zip Code								
Other - Describe:											
Scope of Work (Check all that apply)				Π- " ο		100					
≥3 sf or ≥3 lf .	□Re	novation		☐ Full Cont	tainment with No	egative Pressure					
☑ ≥160 sf or ≥260 lf		molition	n Glovebag Procedure								
				Non-Exe	mpted (*) and N	on-Friable Procedu	re				
	A 2000 PM	ocation mally					A	Abate			
Location of		Solely b	y	Description of				Typ	ж		
Asbestos-Containing Material (ACM)		tenance/	Asbest	os Containing Mate	rial (ACM)	Amount			m		
TO BE ABATED IN Facility		stodial taff?	(i.e.,	thermal systems in		(Specify	Re	R	nca	Enc	
(13)	1	12)		surfacing, VAT, other miscellaneou		SF or LF)	Removal	Repair	psu	Enclosure	
	Yes	No N	1/4				l a	-	Encapsulate	ure	
	160	NO N	I/A								
SIDING			[ ]	RAWSITE		3000 SF	X				
ν.	_										
							$\Box$	$\neg$			
Name of Registered Waste Hauler			P Waste	Cubic Yards	Name of Regi	stered Landfill	11				
KLEMIO INC		Haule	FID No.	of Waste	( IN	LC M.U.	A				
City, State				Disposal Date	City, State					-	
MAPLE SHADE	IN. J				WOO	DBINE					
Completed By	Title	^		Signature	^ -	Date	. /		, ,		
MICHAU GOMA	SU	) b.		Dull	UN	_   _   (	-18	}-	16		