#### State of New Jersey Notification of Asbestos Abatement Continuation Sheet

		Locat						ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lorma d Sole ntena odial (12)	ely by nce/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair 40	Encapsulate	Enclosure
	Yes	No	N/A		OCT -	1 20	10	1	1
Ext. Main Roof Bottom Layer		X		Black Tar Paper	1,382-SF	-X	ROL	<u></u> &	-
				The state of the s	LICEN	SING		S. AMAZINE MARKET	Name of Street
									= 3

Date of Notification (1) 9/29/16		Na D	ame of B livision	uilding Ow of Prope	ner/Ope erty Ma	erator (2) anagem	ent & Const	ruction					
Agencies Notified Type Notification		St 3	treet Add 3 West	ress State S	treet, 9	9th Floo	r, (P.O. Box	034)					
X EPA X Initial Amended Amendment x DOL Amendment x	#			, Zip Code NJ 086									
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding	100	ame of C					Telep	hone Numb	ner			
DOA BOOK			FACILI	TY INFOR	MATIO	N	4 = 191 /	4)		Construct to 4 days on the	-7		
Name of Facility Where Abatement is Taking Residential Street Address	Place (3)						School (K-1 Subchapter Other (i.e. p	2) 5 8 (Other	than K-12) commercial	-111	ngs, h	omes	<b>S</b> ,
City (5) Woodbridge						1	quare Feet 00			57	g. Ag yrs	Э	
County (6) Middlesex			County Co	ode (7) SE ONLY)		_ C	urrent Use (Pri louse	or if bein	g demolishe	ed) <sup>1</sup> . 0			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		Name of	Abatement Con Contractin	ntractor (	9)	. 2 - 1			
Street Address						Street Ac 205 Ro	ldress oute 46, Suit	e 7A					
City, State, Zip Code							te, Zip Code a, NJ 07512						
Project Manager for Monitoring Firm			Telephon	e No.		Telephor	ne No. 33-9176		License No 01232	Ο.			
Start Date (10)	Scheduled	d Com	pletion D	ate (11)		Name of Enviro	OSHA Monitor	ultants,	Inc.				
10/26/16 Occupancy Status During Abatement (Che	ck Only One					Street A	ddress Wagaraw R	d., Bldg	g. 35 E				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Al mal Facility	batem Hours	nent			City, Sta	te, Zip Code awn, NJ 074						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enova emolit				X X X	Full Containn Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure				9	
	la la	Locat	ion								Abate Ty	ment	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	lormal d Sole ntena	lly ely by nce/ Staff?	Asbest (i.e.	tos Con thermal surfa	escription of taining Ma I systems acing, VAT miscellane	aterial (ACM) insulation, , or	(	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				_		10.05	v		-	-
Int. Forced Air Vent		Χ				Thermal			12 SF	X			-
Int. Basement Floor		Χ					soc. Mastic		40 SF	X			
Int. Basement Floor		Х		White 9			Assoc Masti	1	40 SF	X			
Ext. Wooden Windows		X			1.00	Vhite Gla		12 200	windows	X			
Name of Registered Waste Hauler		100	NJDEP V Hauler ID		Cubic of Wa	c Yards aste			ered Landfi esource F		erv I	acil	litv
Newark Carting, Inc.		1000	4509	, 110.	5+		City, S		esource r		Ciy .		,
City, State Newark, NJ					TBD		Tullyt	own, P		ate			900
Completed by Dimo Golcev	Title Gene	eral l	Manage	er		Signature	11/1	/		/29/1	6		
ASB-41 (R-06-03)						·Dodo	use this form	for asbe	stos ligensu	ire exe	mpte	d activ	vities

#### State of New Jersey Notification of Asbestos Abatement Continuation Sheet

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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Mair	ormall Sole ntenar odial S (12)	y ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	*	1,088 SF	X			
Ext. Siding		Х		White Transite	1,000 3F	^			
				Paración Votas	E C E		VI		
					OCT -	4 2	Φ16		
				, and a second	ASSESTOS LICEN			-8	
				Legendarettask	Ber E. Vertical and St. Community of Communi			100	
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Date of Notification (1)					ilding Own		erator (2	2)	_			- n ·	WA IS		57	
09-27-16					Demolit	ion			_	11 11 1		; [ ]	W E	=	III	
Agencies Notified	Type Notification		4		est Ave.					KI		- Indiana - Indi	2010			
DEP DOL	Amended Amendment	<u> </u>	Ci	ty, State, ast Han	Zip Code lover NJ	0793	6					CT - 4 2		1	2	
_	Emergency (i	ncluding		ame of Co							Tele	phone Numb	er	J		
DOH DCA	Cancellation		J	hon Car							_	LICENSIN	0			$\dashv$
		- (O)		FACILIT	Y INFORM	MATIO	N	Type	e of F	acility (4)			-			
Name of Facility Where Private Residence	Abatement is Taking	Place (3)						R	Scho	ool (K-12)	(Othe	r than K-12)				
Street Address									Othe	er (i.e. priv	vate &	commercial	buildin	gs, ho		-
City (5) Paterson		14	2						are F							_
County (6) Passaic				County Co			_					ng demolishe	:u)			
Name of Monitoring Fir	rm Hired by Building	Owner (8)		ASCM N	10.					ent Contr cting LL		(9)				
Street Address			9				Street 522									
City, State, Zip Code					-	-	City, S				7					
Project Manager for M	onitoring Firm		Т-	Telephone	No.	-	Telepl			J 07087	-	License No	D.			
Project Manager for M	omtoring i iiii			• • • • • • • • • • • • • • • • • • • •			201 Name			3 Monitor		01206			_	-
Start Date (10) 09-27-16		Scheduled 09-29-16		ipietion D	ale (11)		Delf	a Co	ontra	cting Ll	_C					
Occupancy Status Du	ring Abatement (Che	ck Only One)					Street 522									
Facility Closed/V	acated During Entire	Period of Aba	atem	nent		}	City,			Code						
Abatement Perfo	ormed Outside of Non	mai Facility II	ours	,		-				J 0708	7					_
Scope of Work (Chec	k All That Apply)											h Namatika E	Process			
≥3 sf or ≥3 lf ≥160 sf or ≥260	If		nova molif	ition tion					Mini-	Enclosure	e edure	h Negative F nd Non-Friat			<b>)</b>	
			_						MOII-	Exempled	1 ( ) a.	ila i tott i i i i		Abate	ment	
		10 00000	ocat	2.5		_								Ту	pe	
Asbestos-Contain TO BE In F	ation of thing Material (ACM) ABATED recility 13)	Used Main Custo	Sole tena	ely by ince/ Staff?	Asbesto (i.e. t	os Con herma surfa	escription taining I system cing, V miscell	Mate ms in /AT,	erial ( sulati or	ACM) on,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Dom	alition	Asbe	aeto	s De	hris			X			
Entire	Property		X		Demo	Olltion	ASDE	3310	3 56	5110						
			2.25													
							34									
Name of Registered	Waste Hauler			NJDEP W		Cubic of Wa	c Yards	S			Regis	stered Landf	III			
Caravella Demol				Hauler ID 35685	NO.	80				IESI	nto.					
City, State E. Hanover, NJ 0	7936					09-2	osal Da 29-16			City, Sta Bethle			201-			
							Cianot	uro	A			[	Date			

09-27-16

Signature

Title

Proj. Manager.

Completed by

Jaime Delgado

 $<sup>\</sup>ensuremath{^{*}}$  Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)					
9 /	30 /	16		Robe	ert Pauls	on				100 miles (100 miles) (1	-	
Agencies Notified	Type Notification	n		Street A	Address			NEGE	i W	100	11-	
⊠ EPA												
⊠ DOLWD	Amended	- #		City, St	ate, Zip Co	ode						
☑ DOH ☐ DCA	Amendmen			Merc	chantville	e, NJ 08109		OCT -	- 4 201	5	11-	71
(NJAC 5:23-8)	justification		1	Name (	of Contact		1	Tele-hana Nim	mhar			
	☐ Cancellation	ı		Rob	ert Pauls	on		ASBESTOS				1
				FAC	ILITY IN	FORMATION		LICE	NSING			
Name of Facility Where	Abatement is Tal	king Place	(3)	*			Type of Faci	. 53.574		HOMESE		
Paulson Residence	Э						Subchapt	(-12) ter 8 (Other than K-1	12)			
Street Address							Other (i.e	., private and comm	nercial bui	ldings	š.,	
							homes, e		PIA	g. Ag	0	-
City (5)							Square Feet	# 01 F1001S		9. A9 40	C	
Merchantville				-		(0T1TE 110E 04# \A	1,100	(Prior if being demo	- 10 m	40		
County (6)				Count	ty Code (/)	(STATE USE ONLY)	Residence		olistieu)			
Camden							100000000000000000000000000000000000000					
Name of Monitoring Firm			(8)	ASCM I	No.	Name of Abateme						
Mgmt. & Enviro. Co	onsulting Sen	rices				Shade Enviro	onmental, L	LC		-		
Street Address						Street Address	5255562					
PO Box 341		iti 1972				623 Cutler Av						
City, State, Zip Code						City, State, Zip C						
Chesterfield, NJ 08			T= :			Maple Shade	e, NJ 08052	License No.				
Project Manager for Mor	nitoring Firm			phone i		Telephone No.	<b>Y</b>	00842				
Bill Weisgarber				9-298		856-755-0099 Name of OSHA N		00042				
Start Date (10)	1	heduled (				EMSL Analyt						
						Street Address	1001, 11101					
Occupancy Status Durin				mont		200 Route 13	RO North					
<ul> <li>☑ Facility Closed/Vacat</li> <li>☑ Abatement Performe</li> </ul>					cribe	City, State, Zip C				-		_
Time of Abatement:	AM	_PM/	PM	·	AM	Cinnaminson						
Scope of Work (Check a										-	- 33	
Scope of Work (Offeck a	ili tilat apply)					☐ Full Con	tainment with	Negative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-End	closure ag Procedure					
☐ ≥160 St 01 ≥200 II			Cirioliti	011		☐ Non-Exe	empted (*) and	d Non-Friable Proce	dure			
			s Loca			11		10	Ab	ateme	ent Ty	уре
Location		116	Norma ed Sol		Asha	Description stos Containing Ma		Amount	Re	Re	En	En
Asbestos-Containing TO BE AB	g Material (ACM) ATED	IV	ainten	ance/	(i.e	., thermal systems	insulation,	(Specify	Remova	Repair	caps	Enclosure
IN Faci	ility	Cu	stodial (12)			surfacing, VAT	Γ, or	SF or LF)	<u> </u>		Encapsulate	лге
(13)		Yes		N/A	1	other miscellane	eous)				Ф	
Decement					Pine In	sulation (Wrap	& Cut)	175 LF				
Basement	*				1 ipe iii	Sulution (True)			$\neg \vdash \neg$	П	П	П
			$\perp$ $\sqcup$									
						[4] (H)				Ш	Ш	
Name of Registered Wa	iste Hauler		1.0	NJDEP '		Cubic Yards of Waste		Registered Landfill				
Freehold Cartage				Hauler II		5		erland County La	inatill			
City, State						Disposal Date	City, State					
Freehold, NJ						10/14/2016	Newbu	Irg, PA				
Completed By (Print or	Type)	Title				Signature	7		Date	,		
Christina Lynch		Opera	tions	Manag	ger	(Was	ton		9/3	3/1	0	



												1 -		11 /	S.
Date of Notification (1) 9/30/16				Name of Antony			perator	(2)						_	
Agencies Notified	Type Notification			Street Ad	dress										
EPA EPA	X Initial														
LI I DEP	Amended	24		City, Stat								0 0	7 E		57
▼ DOL	Amendment Emergency		-	Clifton,	DESCRIPTION OF STATE OF	113			111	7	Eelenbong	1 //	f li		111
DOH .	justification)			Name of Antony		la				11	LE-Eleptrone	ìF			
DCA	Cancellation				JTY INFO		OM.		- 11			1 00	116	- 111	
Name of Facility Where	Abatement is Takin	g Place (3)	)	PAGIL		JI MIM III	214	Туре	of Facili	ty (4)	OCT	4-4	110	-	-
Residential	2								School (	ا ا (K-12	1				Ì
Street Address									Subchar	ter 8	Other than Kativate & commerc	2) <sub>QN</sub>	TROL	8	-
									etc.)	e. pri	Vale a confiner	421146	ili igs,	110111	es, 1
City (5)					<u>s</u>			(C. C. S. C. C.	e Feet		# of Floors	10000	Idg. A		
Clifton								926			_1		6 yrs	5	
County (6) Passaic				County C (STATE U			_	Hous		Prior	if being demolisi	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement (		actor (9) Corp.				
Street Address		<del></del>		1				Addres	59 A. I. S.						
							205	Route	46, St	uite	7A				
City, State, Zip Code	- Headen							state, Zij		_			ELECATO		1
							10-05-00		J 0751	2					
Project Manager for Mor	itoring Firm			Telephon	e No.			none No 333-91			License N 01232	lo.			
01-1 D-1- (40)		Cahadula	d Cor	mpletion D	oto (11)				IA Moni	or	01202				
Start Date (10) 10/9/16		10/11/1		ripieuori L	ale (11)						ants, Inc.				
Occupancy Status Durin	a Abatement (Chec	k Only On	e)					Addres						Som Edition A	
➤ Facility Closed/Vac				nent			20-2	1 Wag	garaw	Rd.,	Bldg. 35 E				
Abatement Perform	ed Outside of Norn	nal Facility	Hour	S				tate, Zi							
Other – Describe:						_	Fair	Lawn,	NJ 07	410					
Scope of Work (Check A	II That Apply)						Econ	77							
≥3 sf or ≥3 lf		-	enova				×		Contain i-Enclos		t with Negative F	ressu	re		
≥160 sf or ≥260 lf			emoli	uon				Glo	vebag F	roce					
								1 Non	n-Exemp	oted (	*) and Non-Friat	le Pro	cedur Abate		+
		1000000	Locat	200000000000000000000000000000000000000										ре	'
Location			lorma d Sole		Achoe	Des tos Conta	cription		(ACM)		Amount			-	
Asbestos-Containing TO BE AB			ntena			thermal	system	s insula			(Specify	Re	æ	nca	Enc
In Facil	ity	Cust	(12)	Staff?		surfac other m	ing, VA				SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		- T	*1	1 1/0		outer ii	noodiai	10000)				<u>m</u>	_	late	Гe
		Yes	No	N/A		1		'1 101	-11	+	05.05	37			-
Bathroom in the	e basement		Х		As	sbestos	Irans	site vv	all	_	85 SF	Х			
Name of Registered Was	ste Hauler			JDEP W		Cubic '			Name	of Re	egistered Landfil				
Unicorn Contracting	Corp.		1 15783	Hauler ID 1 035844	Vo.	of Was	ite		Tully	towr	n Resource R	ecov	ery F	acili	ty
City, State				000044		1.0	al Date		City, S	State				56	
Totowa, NJ						TBD		Arm	-		n, PA				
Completed by		Title				S	ignatur	11	A	/		ate			
Dimo Golcev		Gene	ral N	/lanager			/	1/.	1 /	/ ,	W 9	/30/16	3		
						-	H	100	7	7	/				
ASB-41 (R-06-08)							Den	ot use th	his forth	for a	sbestos licensur	e exer	npted	activi	ities.
									1/						

Date of Notification (1) 09/30/16		¥0	1 10000	ame of B heldon	uilding Owne Marx	r/Operator	(2)								
Agencies Notified  EPA DEP DOL	Type Notification    X	#	. Ci		ress , Zip Code , NJ 07055										
M DOH DCA	Emergency (i justification) Cancellation		N:	ame of C Sheldor	Contact				Telep	phone Nur	mber				
Name of Facility Wher Private House Street Address	e Abatement is Taking	Place (3)		FACILI	TY INFORMA	ATION	Typ	e of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	(Other	than K-1	2) ial buil	) () (	gs, h	omes	1
City (5) Passaic		_					Squ	etc.)	# of l	Floors	E	Bldg	. Ag	a .	
County (6) Passaic				ounty Co	ode (7) SE ONLY)			rent Use (Prio	and the second second	20 M. T.	hed)				
Name of Monitoring F Competent Supe Street Address	irm Hired by Building ( ervisor	Owner (8)		ASCM	No.	Acad	dem Add	batement Cont y Construct ress 46 West Su	ion In						
City, State, Zip Code						200000000000000000000000000000000000000		, Zip Code NJ 07512							
Project Manager for M	Monitoring Firm		T	elephon	e No.	V040747474	-832	2-4244		License I 01155	No.				
Start Date (10) 10/14/16		10/21/1		pletion D	Date (11)	San	ne a	SHA Monitor s Above							
▼ Facility Closed/	uring Abatement (Che Vacated During Entire ormed Outside of Norn e:	Period of Al	oatem	ent		Stree City,		, Zip Code							
Scope of Work (Chec × ≥3 sf or ≥3 lf × ≥160 sf or ≥260			enovat emoliti				×	Full Containmonth Mini-Enclosure Glovebag Proposition Non-Exempte	e cedure	Negative				9	
		100	Locati	0.11								100	H 30 - 50 -	ment	
Asbestos-Contai TO BE In F	ation of ning Material (ACM) ABATED Facility (13)	Used Mai	d Sole ntenar odial S (12)	ly by nce/	(i.e. the	Description Containing rmal syster surfacing, V her miscell	Mate ms in AT, o	or	(5	mount Specify F or LF)	Kellioval		Repair	Encapsulate	Enclosure
Bas	ement	100		X	F	Pipe Insu	latio	n	1	50 LF	X			Х	
Name of Registered Academy Const			F	NJDEP W Hauler ID	No. 3			GROV	VS La	ered Land	dfill				
City, State Totowa, NJ	J		10.00	Disposal Da BD		City, Sta Tullyto	wn, P								
Completed by Filip Geleski		Title Supe	erviso	or	·	Signat	ure	der Dos	De Fi		Date 09/3	0/1	6		

				<del>versus services</del>		441		11			
Date of Notification (1)			Name o	f Building Own	er/Operator (	2)					
9-26-16			RD	SALIND	CHA	DWICK	PAPI	717	P	-	
Agencies Notified	Type Notification		Street A	Address	9,7,4		5 6 5 L	W	5	11)	11
	2										
EPA	✓ Initial		0:4 . 04	-t- 7:- 0-d-		115			_		-
DEP	Amended		City, St	ate, Zip Code		, ,   +	1 POTI - T	> 2016		IIU	11
DOL	Amendment		- 1700	ORSTO	wa	N 61.	08057	2010	ì	1	1
	Emergency (		Name o	of Contact			Telephone Nun	nber		1	1
DOH DOH	justification)		1	/							
DCA	Cancellation	8		AllND						85	-
			FAC	ILITY INFORM	IATION		LICENS	ING	-		women)
Name of Facility Where	Abatement is Takin	g Place (3)	29.			Type of Facility	(4)				
RESIDENT	TAI					School (K-	12)				
Street Address	1110					Subchapte	r 8 (Other than K-12	2)			
Oli Ooli 7 taarooo						Other (i.e.	private & commercia	al build	ings, l	home	S,
					'	etc.)			10000 20		2/0
City (5)						Square Feet		BI	dg. Ag	ge	
MOORSTOW						2500	3	1	UA	)	
11001101000			Country	Codo (7)			ior if being demolish		- / /		-
County (6)			(STATE	Code (7) USE ONLY)		1		icu)			
BURLINGTON			(O.A.L		/	YESIDEM					
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	M No.	Name o	of Abatement Co					
							ONSTRUC	770	w		
ATTAS GNU	. [NOTO C]	10005					01-5/1100	110			
Street Address	, /					Address	~				
POBOX 116	25				101	BOX 115	180				
City, State, Zip Code	V				City <sub>a</sub> St	ate, Zip Code	1				
011/10	1011				1011	1.1/2 /	A 19116				
Project Manager for Mor	19116				117	1/13					
Project Manager for Mor	nitoring Firm		Teleph	one No.		one Ño.	License N				
TA 500			267.7	84-4693	267-7	724-4694	0/2	76			
Start Date (10)		Scheduled	Completion	Date (11)	Name	784- 4694 of OSHA Monitor	, , , ,	, , ,			
			- 11	Date (11)	2						
(NCT11/2/1		1/1/									
00//-/6	F	10-1	8-16			AM DUA					
Oct 17-16 Occupancy Status Durin	ng Abatement (Che	ck Only One	8-16		Street A	Address	-/				
		ck Only One	)		Street A	Address	-/				
Facility Closed/Vac	cated During Entire	ck Only One Period of Ab	) patement		Street A	Address HENDRI)	-/				
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Norr	ck Only One Period of Ab	) patement		Street A	Address	x Pl.				
Facility Closed/Vac	cated During Entire ned Outside of Norr	ck Only One Period of Ab	) patement		Street A	Address HENDRI)	-/	C			
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Norr	ck Only One Period of Ab	) patement		Street A	Address HENDRI)	x Pl.	C 4 HIII			
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Ab nal Facility F	) patement Hours		Street A	Address  HENDRI) ate, Zip Code	x Pl. 19116	Draeeur			
Facility Closed/Vac Abatement Perform Other – Describe: Scope of Work (Check A	cated During Entire ned Outside of Norr	Period of Abnal Facility F	patement Hours		Street A	Address  HENDRI) ate, Zip Code  HOA  Full Contains	19116 nent with Negative F	Pressur	re		
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Abnal Facility F	) patement Hours		Street A	Address  AGURTO  Ate, Zip Code  Full Containn  Mini-Enclosu	19116 nent with Negative F	Pressur	re		
Facility Closed/Vac Abatement Perform Other – Describe: Scope of Work (Check A	cated During Entire ned Outside of Norr	Period of Abnal Facility F	patement Hours		Street A	Address  HENDRI) ate, Zip Code  Full Containn Mini-Enclosu Glovebag Pro	1916  nent with Negative Fre pocedure			e	
Facility Closed/Vac Abatement Perform Other – Describe: Scope of Work (Check A	cated During Entire ned Outside of Norr	ck Only One Period of Ab nal Facility F	patement Hours		Street A	Address  HENDRI) ate, Zip Code  Full Containn Mini-Enclosu Glovebag Pro	19116 nent with Negative F	ole Prod	cedure		
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Facility Closed/Vac Abatement Perform Other – Describe:  Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locatio Asbestos-Containing TO BE AB In Fac (13)  Name of Registered Wa  ROBY PSOW  City, State VOOR/FES	aste Hauler	Re De Is L No Used Main Custo	antement Hours  anovation molition  accation ormally Solely by Itenance/ dial Staff? (12)  No N/A  NJDEP Hauler II	PINE CONO.	Description Containing M rmal systems surfacing, VA' her miscellan	Address  Full Containn Mini-Enclosu Glovebag Pro Non-Exempte  of aterial (ACM) insulation, T, or eous)  Name of City, Sta	nent with Negative Free ocedure ed (*) and Non-Friate Amount (Specify SF or LF)	Removal	Repair	ement pe Encapsulate	Enclosure
Facility Closed/Vac Abatement Perform Other – Describe:  Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locatio Asbestos-Containing TO BE AB In Fac (13)  Name of Registered Wa  ROSINESON City, State VOOR/FES	aste Hauler	Re De Is L No Used Main Custo	enovation molition  cocation ormally Solely by Itenance/ dial Staff? (12)  No N/A	PINE CONO.	Description Containing M rmal systems surfacing, VA' her miscellan	Address  Full Containn Mini-Enclosu Glovebag Pro Non-Exempte  of aterial (ACM) insulation, T, or eous)  Name of City, Sta	nent with Negative Free ocedure ed (*) and Non-Friate Amount (Specify SF or LF)	Removal	Repair	ement pe Encapsulate	Enclosure

. Check # 884

**MAY 11** 

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

Date of Notification (1)			N	lame of l	Building O	wner/Operator (2)	)						
9 /	29 / 16			Acces	s Proper	ty Managemer	nt			T= [			
	Type Notification	•	9	Street Ad	dress			IN E	3 E I V	5	11		
Agencies Notified  ☐ EPA						ood Aveneue		11111	2		111		
□ DOLWD	☐ Amended		0		e, Zip Cod			11601					
☑ DHSS	Amendment #		1		us, NJ 0			111 111 (	DCT - 4 2016		2		
□ DCA		iding	-	Name of					elephone Numbe		110000	1	
(NJAC 5:23-8)	justification)		1		andy Dicl	rineon							
	☐ Cancellation				1050			1 ASS	LICENSING	. II. (X		1	
				FACIL	ITY INFO	ORMATION	T	be of Facility (4)					$\dashv$
Name of Facility Where	Abatement is Taking F	Place (3	5)					School (K-12)					
Caribbean House								Subchanter 8 (0	Other than K-12)				
Street Address		11196.4					$\boxtimes$	Other (i.e., priva	ate and commerci	ial build	ings,		
1375 River Road							100	homes, etc.)		Did	A == 0		
City (5)							A	55 Y 25	# of Floors	1000000	. Age		
Edgewater								88,000	6		+ yr	S.	_
				County	Code (7)(5	STATE USE ONLY)	Cu	rrent Use (Prior	if being demolish	ied)			
County (6)							1	Apartment Bu	ilding				
Bergen	. I II d by Building O	vnor (8)	\ \ \ \	ASCM N	0	Name of Abatem	ent (	Contractor (9)					
Name of Monitoring Fin	m Hirea by Building Ov	WITEL (O	'   '	N/A	J			Mat Removal	, Inc.				
N/A				IVA		Street Address							
Street Address						494 East 41s	et St	treet					
City, State, Zip Code						City, State, Zip C							
						Paterson, N.	J 07	504	License No.		17.17		-
Project Manager for Mo	nitoring Firm		Tele	phone N	0.	Telephone No.							
						973-345-002			00507				-
Start Date (10)				tion Date		Name of OSHA							
9 / 30_	/ 16	0_/	5	/ _	16	Same as abo	ove						
Occupancy Status Dur		only or	ne)			Street Address							
☐ Facility Closed/Vac	ated During Entire Per	ind of A	bate	ment									
☐ Abatement Perform	ared During Entire 1 of	Facility	Hou	rs - Desc	ribe	City, State, Zip C	Code	9					
Time of Abatement	:AMPN	///	_PM	/	MA	,,							
Scope of Work (Check	all that apply)							nment with Neg	ative Pressure				
≥3 sf or ≥3 lf		⊠ Rei				☐ Mini-Er 図 Gloveb							
☐ ≥160 sf or ≥260 lf		☐ Der	moliti	on		⊠ Gloven	xemi	oted (*) and Nor	n-Friable Procedu	re			
		1 1-	1	41						Aba	ateme	ent Ty	/pe
		100	Loca			Description	n of						1 300
Locat				lely by	Asbe	stos Containing N	Mate	rial (ACM)	Amount	Removal	Repair	Encapsulate	nck
Asbestos-Containi TO BE A	RATED			ance/	(i.e	., thermal system	ns ins	sulation,	(Specify SF or LF)	ova	Hi-	psı	Enclosure
	acility	Cus	todiai (12	Staff?		surfacing, VA other miscella			SF ULL)	-		llate	6
(1	3)	Yes	No		1	Other miscena	11000	,					
		1,000					_		20 LF		П	П	
Basement Pump F	Room	$\boxtimes$			Pipe In	sulation			20 1		-		F
											Ш	Ш	L
	Carlo State Colore		-										
													F
													-
Name of Registered V	Vaste Hauler	The state of the s	1	NJDEP	Waste	Cubic Yards of	f	Name of Regis					
	Mat Removal, Inc.			Hauler I	D No.	Waste		G.R.O.W.S	S., North W/M o	f PA			
	mat itemoral, me.			419		1 Disposal Date		City, State					
City, State						10-5-16		Morrisville	e,"PA				
Paterson, NJ					× 100 - 100		/	1	//	Date		-	-
Completed By (Print	or Type) Tit					Signature	1	/ 11/2	'		19	,	,
James Unger		Sr. Est	tima	tor/Pro	ject Mgr.	lu.	can	c 4 17		9-	×/	- 1	6
ASB-41		-		2000									
MAY 11	2	* Do no	t use	this for	n for asbe	stos licensure exe	emp	tea activities.					

MO#19730019521

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

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- 1		

Date of Notification (1)			N	ame of	Building O	wner/C	perator (2)							
09	30 / 16		Li	se Wri	ight							- 4		
Agencies Notified	Type Notification		_	treet Ac										
☐ EPA	Initial							) B P E	n na m	Street and				
□ DOLWD   □	Amended		C	ity, Sta	te, Zip Cod	е	111			171	1			
□ DHSS	Amendment #_				wn, NJ 0		1150				Í			
☐ DCA	Emergency (in	cluding	1716		Contact	7900	- 111	II OOT	Telephone Num	ber				
(NJAC 5:23-8)	justification)						U L	1 001 1	4 2006	14/1				
	Carcellation		L	ise Wr	-		7101	-	i					
				FACI	LITY INFO	ORMA		Lufte of Challity (8	VIVITONIA					-
Name of Facility Where	Abatement is Taking	g Place (3)						Type of Facility (4	SING	1				
Private house								Subchapter 8	Other than K-1 2	2)				
Street Address							Ď	Other (i.e., pri	vate and comme	rcial b	uildi	ngs.		
								homes, etc.)						_
City (5)								Square Feet	# of Floors	E	ildg.	Age		
Morristown, NJ 0796	0													
County (6)				County	Code (7) (S	TATE U	SE ONLY)	Current Use (Prid	or if being demol	ished)				
Morris														
Name of Monitoring Fire	m Hired by Building	Owner (8)	A	SCM N	0.	Name	of Abatemer	nt Contractor (9)						
The state of the s					C	ir Tec	h LLC							
Street Address							Address							
Street Address					5	76 V:	alley Rd #2	283						
City, State, Zip Code			_				tate, Zip Co							
City, State, Zip Code							e, NJ 07470							
Project Manager for Mo	nitoring Firm		Talar	hone N			ione No.	0	License No.					
Project Manager for Mic	Alltoning Firm		CICK	Mone is					01127					
	10-6-	adulad Com	anlat	on Dot			38-1777 of OSHA Mo	onitor	01127				-	
Start Date (10)		eduled Con			16									
10 /11		10 / _		_ ′ _	-			nsultants,Inc				_		
Occupancy Status Dur							Address							
□ Facility Closed/Vac	ated During Entire P	eriod of Ab	oater	nent	., [2	20-21	Wagaraw 1	Road, Bldg .# 3	35E		7/5-01			
Abatement Perform	ed Outside of Norm	al Facility F	Hours	s - Desc	ribe	City, S	State, Zip Co	ode						
time of Abatement	AM	FIVI/			7161	Fair L	awn, NJ 07	7410						
Scope of Work (Check	all that apply)						Clean up	and decontamin	ation with negat	ive pre	essu	re		
D 0 7016		Reno	wati	20		H		tainment with Neg losure						
>3 sf or >3 If = 160 sf or >260 If		Dem	olitio	in		$\boxtimes$	Glovehad	n Procedure $\square$	Tent with Negati	ive Pre	essu	ге		
						$\boxtimes$	Non-Exe	mpted (*) and No	n-Friable Proces	4410		1		-
		E 500 7000	ocat								Aba	teme	ent T	1
Locati	ion of	Used	orma		400.400.00		escription o		Amount		R	Re	En	En
Asbestos-Containin TO BE A		Main			Asbes	tos Co thern	ntaining wa nal systems	iterial (ACM) insulation,	(Specify		Removal	Repair	сар	los
IN Fa		Custo		Staff?	(	sur	facing, VAT	, or	SIF or LF)		val	_	Encapsulate	Enclosure
(1:		-	(12)		-	othe	r miscellane	eous)					ē	
		Yes	No	N/A						-	_	_	=	
Basement				$\boxtimes$	Pipe insu	lation	1		50 LF		X	Ц	Ш	Ш
			П	$\boxtimes$	VAT flo		We for a second of		120 SF	I	X			
First floor		ᆜᆜ			VA 1 110	or the	٥							In
			Ц									_		-
											Ш			
Name of Registered V	Naste Hauler		NJ	DEP Wast	e Hauler ID No.	Cubic	Yards of Was	ste Name of Reg	stered Landfill					
				003378			BD	T.R.R.F. Inc						
Gr Tech LLC				003370	0.0		osal Date	City, State						
City, State						1 8		(	) A					
Wayne, NJ 07470						1	BD	Tullytown, I	A	Date	-			
Completed By (Print of	or Type)	Title					Signature	1 -			1/1			
N.Jevtic		)wner					Hew	he Wenad	,	09/30	)/16	)		_
							17							

Date of Notification (1) 9/29/16		Nar	me of B	uilding Owr Cain Pr	ner/Operato ivate Hor	or (2) me	0, 2, 3, 3, 3, 5, 0,						
Agencies Notified . Type Notification			eet Add	ress , Zip Code									_
DEP Amended Amendment Emergency (		Ве	each F	łaven NJ	08008		15.1	Teler	phone Numb	er	10	1	-
DOH justification)  DCA Cancellation		M	auree	n	I A TION			pas •	11 1	,			_
Name of Facility Where Abatement is Taking Maureen Cain Private Home Street Address	g Place (3)		FACILI	TY INFORI	WIATION	Type of Sc	Facility (4)	(Othe	- 4 20 r than K-12) commercial		ige h	mes	
City (5)						Square 1000+	Feet	2201	Floors		g. Ag	1	
Beach Haven NJ 08008 County (6)			ounty Co	ode (7) SE ONLY)			Use (Prior e & garag		g demolishe	ed)			
Ocean  Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		me of Abate ernaco Ind		actor	(9)				
N/A Street Address						eet Address D Box 329							
City, State, Zip Code						y, State, Zip est Berlin		)1					
Project Manager for Monitoring Firm		T	elephor	ne No.		lephone No 56-753-98			License No 00727	).			
Start Date (10) 10/12/16	Scheduled 10/18/16		oletion [	Date (11)		me of OSH. ame	A Monitor						
Occupancy Status During Abatement (Che					Str	reet Address	S						
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of Ab mal Facility F	lours	ent		Cir	ty, State, Zij	p Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novat				Min	i-Enclosure	edure	n Negative F			Э	
	ls L	ocatio	on								Abate Ty	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used	ormall Solel ntenar odial S (12)	y by nce/	Asbest (i.e.	os Contain thermal sys surfacing	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM) ation,	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A X		Exterio	r Siding		4	000 SF	x			
Exterior Siding			_		LAtorio								
											-		
Name of Registered Waste Hauler		- 51	JDEP \		Cubic Ya		All contracts and		tered Landf	II	-		
United Roll off		111 121	tauler II 2459	) No.	of Waste		G.R.O.	0.0					
City, State EIm NJ					Disposal 10/18/1	6	City, Sta Morris	ville F	PA 19067	ate			
Completed by Anthony T Perna	Title Presi	dent			Sig	mature			1 2	)/29/1	6		

~1	Λ	23	
1	10	Λ.	1 5-1
	(1)	1	INON
	A.		

Date of Notification (1) 9/29/16					Building Ov Stanley		perator (	2)							
Agencies Notified  EPA DEP DOL	Type Notification    X	#	C		dress e, Zip Cod NJ 078										
X DOH □ DCA	Emergency (justification) Cancellation	including	N	lame of (						Tele	nhone Nun	nhorn		U	
Ц вол			-	FACIL	ITY INFO	RMATI	ON		14-1						
Name of Facility Where A house Street Address	Abatement is Takin	g Place (3)							chool (K-12 ubchapter 8 other (i.e. pr					home	•
City (5)									tc.)		Floors		dg. A		-
Sparta County (6)				County C	ode (7) SE ONLY)				nt Use (Prio	1000	ng demolish				
Sussex  Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM					ement Cont			;			
Street Address			-				Street	Addres							
City, State, Zip Code							City, S	tate, Zi	p Code NJ 074						
Project Manager for Mor	nitoring Firm		T	Telephon	e No.		Teleph	one No	).		License N	lo.			
Start Date (10) 10/8/16		Scheduled	Com	pletion D	Date (11)	6	Name	of OSH	IA Monitor						
Occupancy Status Durin	ag Abatement (Che		)				Street	Addres	S						
Facility Closed/Vac	cated During Entire ned Outside of Nor	Period of Ab	atem	ent			City, S	tate, Zi	p Code						
Scope of Work (Check /	All That Apply)					Transfer		7							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novat				×	Mir Glo	Containme ni-Enclosure ovebag Proc n-Exempted	edure				e	
			-					1 1401	LXCIIIptoc	1) 41		T		ement	
		100	ocati ormali	T.100		122	2000						Ty	ре	
Locatio Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED sility	Used Main Custo	Solei itenar	ly by nce/		os Cor therma surf	escription ntaining N al system: acing, VA miscellar	/laterial s insula .T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		165	140	2 200.00		nin	e insula	tion		-	50 LF	x		-	-
basen	nent			X		pipi	e msula	ILIOH			50 LI	^			
Name of Registered Wa	aste Hauler		IN	JDEP W	/aste	Cubi	ic Yards		Name of	Regist	ered Landfi	il	-		
Freehold Cartage			100011	lauler ID 5939	No.	of W	)	<u> </u>			ks Landf	ill			
City, State Freehold NJ		- <sup>40</sup>				Disp TBD			City, Stat						
Completed by A. Scott Higgins		Title Presid	dent				Signatur	e /	In	_	1 20	ate 3/29/1	6		

-1- -- CREUR ADUKES>

CHECK # 366

ND DATE CHANGE

#### State of New Jersey Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) 09/29/2016						Name of Building ADPP Enterprises, Inc.	Owner/C	)pera	tor (2)		d:	
Agencies Notified   区 EPA  □ DCA  ☑ DOL  ☑ DEP		Oln XAr O E	tification initial Notification in the control of t	fication # 1 cy Notific	eation	Street Address 200 Route 17 South, Suit City, StateZip Code Mahwah, NJ 07430 Name of Contact: Mike Chain	e#215	Telep	hone Nu	mber		
⊠DOH					FACILITY INF	ODMATION						
Name of Facility Where A ADPP Enterprises, Inc	batement is	Takin	g Place (	3)	FACILITY INF	Type of Facility (4)  School (K-12)  Subchapter 8 (other ti	han K-12\					
Street Address 231 State Route 17 Sou	uth	E K-mi				X Others (i.e. private & co	mmercial bu	ildings,	homes,	etc.		
City (5) Mahwah.NJ07450	County (6) Bergen				Code (7) Use Only)	Current Use (prior if being	demolished	):				
Name of Monitoring Firm CSA ,Inc.	Hired by Bld	g. Ow	ner (8)	ASCM	No.	Name of Contractor (9) BL Contracting ,Inc	113 114	00	7 - 4	1 2016		<u> </u>
Street Address 45Marine Lane						Street Address 5 Marguerite Lane		7545			i i	
City, State, Zip Cod Brick NJ08724						City State, Zip Code Towaco 07082			Light			
Projec Manager for Moni Mike Chane	toring Firm		ephone N 2-921-922			<u>Telephone Number</u> 973-901-0153		<u>Licens</u> 01265	se Numb	<u>er</u>		
Scheduled Start Date (10 10/08/16	Υ		neduled ( 12/16	Completi	on Date (11)	Name of OSHA Monitor BL Contracting Inc.						
Occupancy Status During Cacility Closed/Vacated I Abatement Performed Describe  Other – Describe:	During Entire	Perio	d of Aba	tement		Street Address 5 Marguerite Lane  City, State, Zip Code  Towaco, NJ 07082						
Source of Work (Check a  □ ≥ 3 sf or ≥ 3  ⊠ ≥ 160 sf or	3 If				☐ Renovation ☑ Demolition	□ Min OGlo	n EXampted ni-Enclosure ve bag Proce	dure				
Location of Asbestos- Containing Material (ACN Facility (13)	l) in Use	d Sol	on Norma ely by stodial Si NO			sbestos Containing Material nal systems insulation, or other misc.)	Amou (Spec or LF)	ify SF		nent Typ Repair I	9 036	nclose
Roof	1.0		INC	X	Roof material		1,400	sf	X			
Outside				X	Transite		200 s		X			
Name of Reg. Waste Hau Waste Management of Pe			DEP Was	ste Haule	er ID #	Cubic Yards of Waste 138 bags		Name T.R.R.	of Regi F	stered L	andfill	
			0				Disposal D	ate		City, Sta Fullytow		
Completed by (Print or Ty Nedo Vasilic	rpe)	Title Pre	<u>e</u> sident			Signature		Date 0929/	2016			

#### Check#2606

### State of New Jersey

- i i i i i i i i i i i i i i i i i i i	
NOTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	

Date of Notification (1)				Name	of Building	Owner/O	perator (2	2)					
10	01 / 1	16		Dohar	t Mazick		4						
Agencies Notified	Type Notificatio	n			Address								
□ EPA	✓ Initial						2						
□ DOLWD   □	Amended	ii.		City, S	State, Zip C	ode		7					
☑ DHSS	Amendment	-	1		ood, NJ 07			[ ] [ ] [ ]					
DCA (NJAC 5:23-8)	Emergency justification)		İ		of Contact		115	4	Telephone Numb	eri	CHIMI		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellation			Rober	t Mazick			OCT -	_				
					CILITY IN	FORMAT	TION	1 0/61	-	-			
Name of Facility Where	Abatement is Tak	ing Place i	(3)					Type of Facility	(4)	-	_		
Private house								School (K-12	CHUTROL &				
Street Address							-		(Other than K-1 2)		Idina		
								homes, etc.)	rivate and commerc	aai bu	luling	5,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Fanwood, NJ 07023													
County (6)				Coun	ty Code (7)	STATE US	E ONLY)	Current Use (Pr	ior if being demolis	hed)			
Union													
Name of Monitoring Firm	Hired by Buildin	g Owner (8	3)	ASCM	No.	Name of	Abateme	ent Contractor (9)					
			1			Gr Tech	LLC						
Street Address						Street A	ddress						
						576 Val	ley Rd#	283					
City, State, Zip Code						City, Sta	ite, Zip Co	ode					
	***						NJ 0747	0					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephor	ne No.		License No.				
						973-638			01127				
Start Date (10) 10 / 11 /	111 March 1	neduled Co				Name of	OSHA M	Ionitor					
		10 /		_ / .	10	Envirov	ision Co	nsultants,Inc					
Occupancy Status During						Street A	ddress						
					oribe			Road, Bldg .#	35E				
Time of Abatement:	AM-	_PM/	PM_	5 - Des	AM	000000000000000000000000000000000000000	ite, Zip Co						
Scope of Work (Check al						Fair Lav			nation with negative				
	ii that apply)					Н		and decontami tainment with Ne		press	ure		
>3 sf or >3 lf		⊠ Rei	novati	оп		×	Mini-Enc	logure		Drane			
≥ 160 sf or ≥260 lf		☐ Dei	molitic	on		Н	Glovebac Non-Exe	g Procedure L mpted (*) and No	Tent with Negative	e	ure		
		Is	Locat	ion						_	atem	ent T	vpe
Location			lorma				scription a						
Asbestos-Containing TO BE AB			d Sole ntena					terial (ACM) insulation,	Amount (Specify	(em	Repair	nca	nclo
IN Facil		Cust		Staff?	(1.0		systems i sing, VAT,		SIF or LF)	Remova	air	Encapsulate	Enclosure
(13)		-	(12)	_	-	other m	niscellane	ous)	S 55 K*=43**	-		ate	o
		Yes	No	N/A									
Garage				$\boxtimes$	Duct ins	ulation			30 SF	$\boxtimes$			
			П	П						П	П	П	П
		$\dashv \Box$	_	H						-		1	H
Name of Registered Was	ate Hauler		NI II	TED talent	h Haulas IO M-	I Oubie V	do of IAI :	e Name of Regi	ptorod   andEll		Ш	Ш	Ш
250	ste nautei					1000000							
Gr Tech LLC			(	003378	85	TBI		T.R.R.F. Inc					
City, State						Disposa	Date	City, State					
Wayne, NJ 07470						TBI		Tullytown, P					
Completed By (Print or T	ype)	Title				Sig	nature	1	Da	te			
N.Jevtic		)wner					Men	he Wenad	10/	01/16	5		
ASB-41							1/						

CLERICATE GRUNK ITDUKESS

NO DATE

#### State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)						Name of Building	Owner/0	Operate	or (2)			
09/30/2016						ADPP Enterprises, Inc.						
Agencies Notified		Matificati	on T	uno		Street Address 200 Route 17 South, Suit	e#215					
⊠ EPA		Notificati Olnitial N				City, State, .Zip Code	011.2.1.0					
□ DCA		XAmend				Mahwah, NJ 07430						
⊠ DOL		O Emerg			ation	Name of Contact:		Telepho	one Num	ber		
⊠ DEP		O Canc	elled			Mike Chain						
⊠DOH					FACILITY INF	ORMATION		-				
Name of Facility Where Abatem	ant is T	aking Pla	ce (3	8)	PACILITITI	Type of Facility (4)					222	
ADPP Enterprises, Inc	ien is i	aning ria	00 (0	<u>11</u>		☐ School (K-12)	12F	a E	T W	E	1/17	
Street Address						☐ Subchapter 8 (other ti	Iall K-12)		1 7		1 111	
231 State Route 17 North						X Others (i.e. private & co Sf 3800 Floors 2 .Ag	mmercial bi	uildings, h	omes, et	c.		
City (5) Cour	nty (6)				Code (7)	Current Use (prior if being	demolished	- TOP(t	- 4 20	16	-	
Mahwah,NJ07450 Berg	gen			(State L	Jse Only)			001		-		
	- Di-1-	0	0)	A C C N A	No.	Name of Contractor (9)	1 1					$\overline{}$
Name of Monitoring Firm Hired CSA ,Inc.	by Blag.	Owner (	8)	ASCM	<u>NO.</u>	BL Contracting .Inc	AS	SBESTOS	S CONT ENSING	ROL&		
Street Address						Street Address	haranan mananan mananan	On a State of the				
45Marine Lane						5 Marguerite Lane						
City, State, Zip Cod						City State, Zip Code						
Brick NJ08724	- 1	Talaalaa	NI			Towaco 07082 Telephone Number		License	e Numbe	er		
Projec Manager for Monitoring Mike Chane	<u>Firm</u>	Telepho 732-921				973-901-0153		01265	<i>3</i> / (3.11.20	_		
Scheduled Start Date (10)		Schedul	led C	ompletio	on Date (11)	Name of OSHA Monitor						
10/04/16		10/10/16				BL Contracting Inc.						
Occupancy Status During Abat	ement (	Check on	ly on	<u>e)</u>		Street Address						
□acility Closed/Vacated During	Entire I	Period of	Abat	tement		5 Marguerite Lane						
	ae of No	imai rac	ility r	Hours -		City, State, Zip Code						
Describe						<u> </u>						
□Other - Describe:						Towaco, NJ 07082						
Source of Work (Check all that	apply)		-						Frields !	Dragadur	_	
					C Description		n EXampted		Friable i	rocedui	e	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$	lt.				□ Renovation ☑ Demolition		ve bag Prod					
$\boxtimes \ge 160 \text{ sf or } \ge 260$	EH				Z Demonitor	□ Ful	Containme	ent with Ne	egative F	ressure		
	Lista	antion No		lls.	Description of As	sbestos Containing Material	Amo	unt	Abatem	ent Type		
Location of Asbestos- Containing Material (ACM) in	11 Harriso H	cation No Solely b		ily	(ACM) (i.e. them	nal systems insulation,	(Spe	cify SF				
Facility (13)	Main	t/Custodi	al St	aff?	surfacing, VAT,		or LF		Remove	Repair En	cap End	close
, ,	(12)											
4878	YES	S N	0	NA	D. of make int		1,40	0 ef	$\boxtimes$		T	-
Roof				X	Roof material		1,40	0.01	_			
	+			X	Transite		200	sf	X			
Outside	-		-									
Name of Req. Waste Hauler		NJDEP	Was	ste Haule	er ID #	Cubic Yards of Waste			of Regis	tered La	<u>ndfill</u>	
Waste Management of Pennsyl	vania	32604				138 bags		T.R.R.	r			
							Disposal	Date	TC	ity. State		
									T	uliytown,	PA	
Consisted by /Dist or Tree!		Title	_			Signature		Date			1070	
Completed by (Print or Type) Nedo Vasilic		Title Preside	ent			<u>Orginatoro</u>						
ITEMU YASHIO		1.00100						0930/2	2016			

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Op

NO CK

Date of Notification (1)							OHME CORP.	2)				
9 / 30 Agencies Notified	116 Type Notificat	tion				t Address LINCOLN AV	ENUE, P.O. BOX	2000, RY28-414				
EPA DEP	Initial No	otification ed Notific				State, Zip Code WAY, NEW JEF			No obsessor construction			
X DOH DCA	On Hold	i	NOTIFI	CATIO		e of Contact ra M. Schenk		Telephòne Num	ber [		W	
				FA	CILITY IN	FORMATION		110)1				
Name of Facility Where A			Place (	3)				12)- er 8 (Other than k	l. bldgs	.,-hon	nes, e	tc.)
Street Address							Square Feet		LICEN	Bldg	Age_	2
126 EAST LINCOLN AVEN	IUE - BUILDIN	NG 60				4	89,717				2	-
City (5)	County	(6)				ty Code (7)	Current Use (Pr	ior if being demo	iisnea)			
RAHWAY	UNION		,	-	(STATE	ASCM No.		ment Contracto	r (9)			
Name of Monitoring Firm ENVIRONMETAL HEALTH	Hired by Bui INVESTIGA	Iding O	wner ( NC.	8)		104	PAR ENVIRON	MENTAL CORPO		ON		
Street Address							Street Address 313 SPOOK RO	OCK BOAD				
655 WEST SHORE TRAIL							City, State, Zip					
City, State, Zip Code	SPARTA, NE	-W IED:	SEV N	7071			SUFFERN, NEV					
Desired Manager for Monitor		EVV JER			Number		Telephone Num	T	ense N	umbe	г	
Project Manager for Monitor WILLIAM S. KERBEL, CIH				29-56			845-369-7500	110	)1			
Expected State Date (10)		Sch	3500 100	11.25.27.17.17.17.17	ion Date	(11)	Name of OSHA	Monitor				
9 / 6	/16	0011	9		30		AMERISCI LAE	ORATORIES IN	С	#1	1480	
Month Day Occupancy Status During	Year		onth	2// 	Day	Year	Street Address					
X Facility Closed/ Abatement Period X Other - Describ  Scope of Work (Check all Demolition >3SF OR LF	formed Outside: MOND that apply)	e of Nor AY-FRIC	mal Fa	cility I	Hours - De	X Full Cont Mini-End Gloveba	tainment with Neg do , g Procedure	Code W YORK, NEW Y	ORK 1	10016	0000	
X >160 SF OR	260 LF						ble Procedure		1 ^	hatom	ent Ty	ma
Location of Asbestos-control Material (AC TO BE ABA) in Facility (**)	aining CM) TED	nor Mai	Locat mally solely l nt/Cus Staff (1	used by todial	C ir	Description of A containing Mate (ie. Thermal s nsulation, surfac or other miscel	rial (ACM) ystems cing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND -4TH FLOORS -THR	OUGHOUT			Х	VAT & MA	ASTIC		13,000 SF	X			
			1									
Name of Registered Wast FREEHOLD CARTAGE, I 825 HIGHWAY 33			DEP W uler ID 1593	No.	Cubic Ya	rds of Waste 80	447 ALEXAND	stered Landfill OUNTY RESOUR DER DRIVE/ROU		IANAC	SEME	NT SE
City, State FREEHOLD, NEW JERS	 EY				Disposal 9/6-3/30/		City, State			/		
Completed by (Print or Ty BENJAMIN SANCHEZ	pe)	Title DIRECT	OR OF	OPE	RATIONS	Signature /	711	Da	ate A	/3	0/	16

9		N			ON OF AS					NC	(	K	
			(1-0	Juan				wner/Operator (	2)			~	
Date of Notification (1)							19.00	OHME CORP.	\$40.00kb				
8 / 25 /1	6				Street	t Addı	ress						-
	otificatio	n			126 E	. LIN	COLN AVE	ENUE, P.O. BOX	2000, RY28-414				
	itial Noti		1		City.	State.	Zip Code						
	mended				1			SEY 07065					1
	ancellatio	on											
	n Hold						ontact		Telephone Numb	ner			
DCA E	MERGE	NCY N	OTIF	ICATI	ON Sandi	ra M.	Schenk		<u>, , , , , , , , , , , , , , , , , , , </u>	4 7	7 (		7
					ACILITY IN	FORM	MATION	100		11 )	J L	- 11	111
Name of Facility Where Abateme	nt is Tal	king P	lace	(3)				Type of Facility				111	111
								School (K	er 8 (Other than K	4200	116		Ш
MERCK SHARP & DOHME CORP	ORATIO	)N							private & commol			nes, e	tc.
Street Address						-		Square Feet		I		. Age	- 1
126 EAST LINCOLN AVENUE - BI	JILDING	60						89,717	ASSESTOS C	CONT	ROL	32	
The said the second of the second	ounty (6				Count	ty Co	de (7)	Current Use (Pr	ior if being demol	ished)		an watership	and
	NION				(STATE	USE	ONLY)	VACANT					
Name of Monitoring Firm Hired I				(8)		AS	CM No.		ment Contractor		011		
ENVIRONMETAL HEALTH INVES	TIGATIO	ONS, I	VC.				104		MENTAL CORPO	DRAII	ON		
Street Address								Street Address 313 SPOOK RO	OCK BOAD				
655 WEST SHORE TRAIL								City, State, Zip	Mari kan bananara	75 - 255	7-10-10-10-10-10-10-10-10-10-10-10-10-10-	200	-
City, State, Zip Code	TA, NEW	/JERS	SEY 0	7871					W YORK 10901				
Project Manager for Monitoring Fir					Number			Telephone Num	nber Lice	nse N	lumbe	r	
WILLIAM S. KERBEL, CIH			973-	729-56	649			845-369-7500	110	1			
Expected State Date (10)		Sche	d. Co	mple	tion Date (	11)		Name of OSHA	Monitor		583		
	16			1	_ 30		/17	AMERISCI LAE	BORATORIES INC	0	#	11480	
Month Day Yea			nth		Day		Year	Street Address					
Occupancy Status During Abatem  X Facility Closed/Vacated	ent (Che 1 Durina	CK ONLY	Perio	) d of A	batement			117 EAST 30TH					
Abatement Performed	Outside (	of Norn	nal Fa	acility	Hours - De	scribe	e:				2000000		
	NONDAY							City, State, Zip					
200 200 200 200 200 200 200 200 200 200							1	t .	W YORK, NEW Y	ORK 1	10016		
Scope of Work (Check all that app		٦		28		X	Mini-Encl	ainment with Neg	ative Pressure				
Demolition >3SF OR LF	X	_ Kend	vatio	HE				g Procedure					
X >160 SF OR 260 LF	=							le Procedure					
Location of		ls	Locat	tion			ption of As			А	-	ent T	уре
Asbestos-containing		0.05-0.00		used	C		ning Materi		Amount	R	REPAIR	ENCAPSULE	ENCLOSURE
Material (ACM)		9	olely		122		Thermal sy on, surfaci		(Specify SF or LF)	REMOVAL	PAI	CAF.	510
TO BE ABATED in Facility (13)			taff (*	todial			er miscella		51 61 21 7	A	70	USG	US(
III Facility (10)		Yes		N/A								E	R_
2ND -4TH FLOORS -THROUGHO	) I T			X	VAT & MA	STIC			13,000 SF	X			
2ND -41H FEOORS -1HROUGHC	001	+		1	7711 0 100								
1-1-1-1		-	-	-						+	+-	+	-
										-	+		-
													_
				1									
		1	1	1									
Name of Registered Waste Haule	r	NID	EP W	/aste	Cubic Yar	ds of	Waste	Name of Regis	stered Landfill				
FREEHOLD CARTAGE, INC.		_	ler ID			80			OUNTY RESOUF	RCE M	IANA	GEME	NT SE
825 HIGHWAY 33			1593						DER DRIVE/ROUT	TE 15			
City, State					Disposal I			City, State	DA 4			yo.	,
FREEHOLD, NEW JERSEY	T				9/6-3/30/1		oture	MONTGOMER	RY , PA 17752 Da	ita /	1	1	9
Completed by (Print or Type) BENJAMIN SANCHEZ	Titl		R OF	OPE	RATIONS	oigr	nature			X/	23	5/1	6
DELINOMINA OMNOLITE	100						1			-	NAME OF TAXABLE PARTY.	NAME OF TAXABLE PARTY.	mention such

State of New Jersey

Mo 5000368626

		160000 1000							1,10	10		70 C	ar		
Date of Notification (1) 09/28/2016				Name of I Jack Ty	Building O rcher	wner/O	perator	(2)							
Agencies Notified	Type Notification		0	Street Ad	dress		1		=						
X EPA	× Initial														
× EPA × DEP × DOL	Amended Amendment	ш			e, Zip Coo					E	GE		1		-77
	Emergency (				air, NJ 0	7042			بليليا	-		1	1 1	- 11	111
DOH DCA	justification) Cancellation		275	Name of Jack Ty					linil	l ele	phone Nu	ımber		111	
DCA	Cancellation				ITY INFO	DRAATIO	ON.		111 111	1-	161	4 20	16	111	#
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	III INFO	KINAIK	JIN	Туре	of Facility (4)	)		0	10	-	1
House									School (K-12	1000		the company to the same of			1
Street Address									School (K-12 Subchapter 8	(Othe	er than K-	12)	OL 8		
									Other (i.e. prietc.)	vate 8	-commer	cial buil	dings,	nome	ss,
City (5)							35	100000000000000000000000000000000000000	e Feet		Floors		Bldg. A	ge	
Montclair								N/A		N/A			1/A		
County (6)				County C	ode (7) SE ONLY)			Curren	nt Use (Prior	if bei	ng demoli:	shed)			
Essex		0 (0)				-	NI.				(0)				
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	No.				ement Cont ement, Inc		(9)				
Street Address							111/00/2000	Addres	compositions and	18					
Olicel Address									ren Aven	ue					
City, State, Zip Code							Co-	33	p Code						-
**************************************							100 C D		J 07512						
Project Manager for Mon	nitoring Firm			Telephor	ne No.		Telepl	none No	o.		License	No.			7/3
24							973-	345-8	685		01311				
Start Date (10)		Scheduled		npletion [	Date (11)				IA Monitor			70-000		11-50	
10/11/2016		10/12/20	9 984						ement, Inc	). 					
Occupancy Status Durir	ng Abatement (Che	ck Only One	2)					Addres	ss gren Aven	110					
	cated During Entire ned Outside of Norr								p Code	ue					_
X Other – Describe:		nai r aciity i	iouis				100000000000000000000000000000000000000		J 07512						
Scope of Work (Check /	All That Apply)														
≥3 sf or ≥3 lf	,,,,	X Re	enova	ition				] Ful	I Containme	nt with	Negative	Press	ILE		
≥160 sf or ≥260 lf		and the same of th	emolit				2	✓ Mir	ni-Enclosure		rregative	1 1000	310		
•									vebag Proc n-Exempted		d Non-Fri	able Pr	ocedu	re .	
		lel	ocat	ion						( ) =				emen	t
Locatio	n of	N	ormal	lly		De	scription	n of					Т	уре	_
Asbestos-Containing	g Material (ACM)	10.0007.000	l Sole ntena	ely by		tos Conf	taining l	Material	(ACM)		mount	200		ш	
TO BE AE		0.0000000000000000000000000000000000000	odial S	Staff?	(i.e.	thermal surfa	system cing, V		ation,		Specify F or LF)	Rem	Repair	ıcap	inclo
(13	) 1		(12)				niscella					Remova	oair	Encapsulate	Enclosure
		Yes	No	N/A								-		te	CD
kitchen and bre	eakfast room		X			pipe	insula	ation		7	70 LF	х			
												_	+		
		+						74					+-		-
													+-		-
11 (2)			- 1 -	IIDED ::					T N1 - 5			ICII			
Name of Registered Wa			100	NJDEP W Hauler ID		Oubic of Wa	: Yards		Name of F	500					
D&S Abatement, In	С			0996		TBD	16/87		Waste I		gement	OT PA			
City, State						100000000000000000000000000000000000000	sal Dat	е	City, State						-
Totowa, NJ						TBD			Tullytov	n, P.	A	and the second			
Completed by		Title				3	Signatu	re 🧡	PA/		100	Date	12041	,	
Ned Joksimovic		PM						7	TV			09/28	12076	)	

CK 82333825-7

	100			)wner/Op	perator	(2)							
ŧ	C	City, State	, Zip Coo										
	N	lame of C	Contact					Tele	ephone Nur	mber	,		
		FACILI	TY INFO	RMATIC	ON	_	. = /	4					
Place (3)													
						×	Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerc	2) ial build	ngs, l	nome	s,
								40.000		10000000		ge	
	(	County Co	ode (7) SE ONLY)					or if bei	ng demolis	hed)			
Owner (8)		ASCM	No.						(9)				
								nue					
		Telephone	e No.						License 1 01311	No.			
		pletion D	ate (11)					IC.					
		ont						nue					
nal Facility H	Hours	len		_	1000 Co. # 100 Co								
	-												
						Mir Glo	ni-Enclosur ovebag Pro	e cedure				e	
											Abate	emen	t
Used Main Custo	Sole ntenar odial S (12)	ly by nce/ Staff?	Asbes (i.e	stos Con thermal surfa	taining l system cing, V	Materia ns insula AT, or	I (ACM) ation,	(	Specify	Removal	Repair	Encapsulate	Enclosure
Yes	11.50-0	N/A		Ve	rmicu	lite		6	550 SF	X			-
	^			Ve	THICU	inte			,00 0,				
	H	tauler ID					NAME AND ADDRESS OF THE	-000 to 100 -000 -000					
				Dispo		e /			PA				
Title	at Ma	anager			Signatu	re/	1/_				2016	6	
	10/13/20 k Only One Period of Abnal Facility H  Re De  Is L No Used Mair Custo  Yes	Scheduled Com 10/13/2016  Renova Demolit  Is Locati Normal Used Sole Maintena Custodial (12) Yes No X  Title	City, State Chathar Name of C Michael  FACILI Place (3)  County Co (STATE US  Dwner (8)  County Co (STATE US  ASCM  Telephon  Scheduled Completion D 10/13/2016  k Only One) Period of Abatement hal Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NJDEP W Hauler ID 20996	Michael Sarno Street Address  City, State, Zip Coc Chatham, NJ C Name of Contact Michael Sarno  FACILITY INFO  County Code (7) (STATE USE ONLY)  Dwner (8)  ASCM No.  Telephone No.  Scheduled Completion Date (11) 10/13/2016  k Only One) Period of Abatement nal Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NJDEP Waste Hauler ID No. 20996	Michael Sarno  Street Address  City, State, Zip Code Chatham, NJ 07928  Name of Contact Michael Sarno  FACILITY INFORMATION  Place (3)  County Code (7) (STATE USE ONLY)  Dwner (8)  ASCM No.  Telephone No.  Scheduled Completion Date (11) 10/13/2016  k Only One)  Period of Abatement mal Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X Ve  NJDEP Waste Hauler ID No. 20996  TBD  Disport Title  Title	Michael Sarno  Street Address  City, State, Zip Code Chatham, NJ 07928  Name of Contact Michael Sarno  FACILITY INFORMATION  Place (3)  County Code (7) (STATE USE ONLY)  Downer (8)  ASCM No.  Name D&S  Street 11 R  City, S Toto  Telephone No.  Teleph 973-  Scheduled Completion Date (11) 10/13/2016  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X Vermicu  NJDEP Waste Hauler ID No. 20996  Night Address  City, S Toto  Asbestos Containing (i.e. thermal system surfacing, V, other miscella  NJDEP Waste Hauler ID No. 20996  Title  Signatu	City, State, Zip Code Chatham, NJ 07928  Name of Contact Michael Sarno  FACILITY INFORMATION  Place (3)  County Code (7) (STATE USE ONLY)  Dwner (8)  ASCM No.  Name of Abate Street Address  Street Address  City, State, Zi Courret House Square  11 Roseng City, State, Zi Totowa, N  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Street Address 11 Roseng City, State, Zi Totowa, N  Telephone No.  Telephone No.  Telephone No.  City, State, Zi Totowa, N  Street Address 11 Roseng City, State, Zi Totowa, N  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Totowa, N  Street Address City, State, Zi Totowa, N  Asbestos Containing Materia (i.e. thermal systems insuli Surfacing, VAT, or other miscellaneous)  NJDEP Waste Hauler ID No. 20996  NJDEP Waste Hauler ID No. 20996  Disposal Date TBD   Street Address City, State, Zip Code Chatham, NJ 07928 Name of Contact Michael Sarno  FACILITY INFORMATION    Place (3)	Street Address    City, State, Zip Code   Chatham, NJ 07928     Name of Contact   Michael Sarno   Type of Facility (4)     School (K-12)   Subchapter 8 (Oth Other (i.e. private 8 etc.)   Square Feet   N/A     County Code (7)   Current Use (Prior if bet House etc.)   Square Feet   M/A     Dwner (8)   ASCM No.   Name of Abatement Contractor D&S Abatement, Inc.     Street Address   11 Rosengren Avenue   City, State, Zip Code   Totowa, NJ 07512     Telephone No.   Telephone No.   973-345-8685     Scheduled Completion Date (11)   D&S Abatement, Inc.     Worly One   Telephone No.   Street Address   11 Rosengren Avenue   City, State, Zip Code   Totowa, NJ 07512     Worly One   Street Address   11 Rosengren Avenue   City, State, Zip Code   Totowa, NJ 07512     World Control of Abatement   Telephone No.   Street Address   11 Rosengren Avenue   City, State, Zip Code   Totowa, NJ 07512     World Control of Abatement   Telephone No.   Street Address   11 Rosengren Avenue   City, State, Zip Code   Totowa, NJ 07512     World Control of Abatement   Telephone No.   Street Address   The Control of Normally   Used Solely by   Maintenance   Custodial Staff?   City, State, Zip Code   Totowa, NJ 07512     World Control of Abatement   City, State, Zip Code   Totowa, NJ 07512   City, State, Zip Code   Totowa, NJ 07512   City, State, Zip Code   Totowa, NJ 07512   City, State   The Disposal Date   City, State   Tullytown, First   Tullytown	Michael Sarno   Street Address   City, State, Zip Code   Chatham, NJ 07928   Name of Contact   Michael Sarno   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-1)   Other (i.e. private & commercial etc.)   Square Feet   # of Floors   N/A   N/A	Michael Sarno  Street Address  City, State, Zip Code Chatham, NJ 07928  Name of Contact Michael Sarno  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other than K-12)  School (K-12)  Subchapter 8 (Other than K-12)  File Phone No.  Page 14 Assert Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Table 14 Assert Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Table 14 Assert Address  11 Rosengren Avenue  City, State, Zip Code  Totowa, NJ 07512  Table 14 Assert Address  17 Rosengren Avenue  City, State, Zip Code  Tot	Street Address    City, State, Zip Code   Chatham, NJ 07928	Sitreet Address    City, State, Zip Code Chatham, NJ 07928     Name of Contact Michael Sarno	

#### State of New Jersey

# NOTIFICATION OF ASBESTOS ABATEMENT

CF 304 20

1	OTIFI	CATIO	ON O	F ASBE NJAC 8:	60 and 1	2:120)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
		(Purs	suain to	ame of Build			(2)	Constr	uction	C B	Y) W		d	1
e of Notification (1) September 29, 201	5					dita			<del>11</del>				1	
Septeme	n		S	treet Addres	ss F	O Box	2251			DCT - /	201	9	1-	4
encies Notified   r 7 Initial	Notification led Notificat	tion	1	City, State, 2	Zip Code	Long Be	ach Tw	p., NJ (	8008	and the same of th			-	
] DEP L Amen	dment #				1757	Long 2		1	Telephone	Number -				
justifi	gency (include cation)	Im2		Name of Co	ontact Kathy M	linto		-	and the second s				-	-
X ] DOH [ ] Canc	ellation		FACI	LITY IN	FORMA	TION	Type of	Facility (	4)	. 2. 12)				
	Place (3)		1770			1	171	[ ]	Subch	ol (k-12) napter 8 (othe	er than l	(-12)		
Name of Facility Where Abatement is Taking Residence	, I lace (=)							[ x	) Other	(i.e., private es, etc.)	e & com	mer	ial bui	dings
							Square	feet	# 0	f Floors	Bldg	Age		
Street Address	County	(6)		County Co	ode (7) JSE ONLY	()	Square 2	500 sf	ior if being	demolished	)		85	
City				(STATE)	002 01		11	Re	SIDELLC					
LB Twp.	Ocea			ASCM N	Jo.	Name o	f Abatem	nent Cont	ractor (9) nardian C	ontracting	, Inc.		3	
Name of Monitoring Firm Hired by Buildi	ng Owner (8	3)		Abelita		Street	Address			9, Unit 6				
100-						City	state, Zip			er, New Je		8755	-1271	
Street Address						11	hone Nur		oms Rive	License	Mumor	er	12011	
City, State, Zip Code		Telepho	one Numb	ber		722	349-99	32	ar.	0062				
Project Manager for Monitoring Firm				pletion Date	(11)	Nam	e of OSH	A Monito	E.M.S.L.	Analytica	1			
Scheduled Start Date (10) 10/11/16		10/	12/16			Stree	et Addres	S	1056 Stel	lton Road	7314			
10/11/16 Occupancy Status During Abatement ((  [ x ] Facility Closed/	Vacated Dur	ing Entire de of Nort	Period of mal Facili	f Abatement ity Hours		City	, State, Z			ray, New J				
Abatement Perf	ormed Outs						[ ]	Full Co	ntainment v	with Negative	Pressur	e		
Scope of Work (Check all that apply)							[ ]		nclosure pag Procedu	re	iahla Pr	nced		
T.		[	7	Renovation			[x]	Non-E	xempted (*	re ) and Non-Fr	Table 11			
$\begin{bmatrix} & & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 20 \end{bmatrix}$	50 lf	[	x ]	Demolition							t	Abate	T	
[ 1			Location			De	scription tos-Con	of raining		Amo (Speci	unt 6/ SF	E	R E	E
		Nor	mally us	sed		1/0	erial (A	CIVI)		or I	F)	M	P A	C A
Location of Asbestos-Containing Material	(ACM)	Mainter	olely by nance/Ci	ustodial		(i.e., t insula	hermal s	rtacing,				V	I R	PS
Asbestos-Containing TO BE ABATED in facility			Staff (12)			other	VAT, o	or aneous)				A		U
(13)		A.		N/A		Ouro		6-55		2500	sf	X	-	Е
		YES	NO	1	Asbest	tos sidin	g			2300		1		
Exterior			X											
DATOLO		-	1							17-	dfill			
				77	ID No.	Cubic Y	ards of W	aste	Name of Re T.R.R.	egistered Lan	uini			
Name of Registered Waste Haul	er		NJDEP V	Vaste Hauler 20223		4					0/5/20			
Guardian Com-		i		Dispo 10/1	osal Date 13/16		Tul	lytown	Pennsylv	7		Da 2/	te 27/15	
City, State Toms River, Ne	w Jersey	Title			Signa		~		1 - divition			24	-,,15	100011111
Completed by (Print or Type) Nicholas Fernic	ola	Pro	ject Ma	nager use this fo	orm for as	bestos lic	ensure e	exempted	activities					
1 TO ASSOCIATE CO.			Donoi											

SUARDIAN CONTRACTING, INC. 889 ROUTE 9 SUITE 61 FOMS RIVER, NEW JERSEY 08755

### DEMOLITION / RENOVATION NOTIFICATION

			Date R	eceive	d
DE		E	1 V		
	001	-	4 2016		

		Postma	ark:		Notificat	7/2000 LOC 2-1	TECL 8	1			
erator	Project #:	· 1 C Concells	ed). O		II.	IS ASBESTOS PRESENT? (Y	es/No)Y				
	TYPE OF NOTIFICATION (O - Original R - Re	vised C - Cancello	ou). —								
	FACILITY INFORMATION (identify owner, remo	oval contractor and	other operat	or)	<u> </u>						
	OWNER NAME: Callan & Mo	eller Constructi	ion								
	Address: P O Box 225				Zin: 08008						
	City: Long Beach Twp.	State: No	ew Jersey	*	Zip:	609-492-1102					
	Contact: Kathy Minto				Tel:	00624					
		ardian Contract	ing, Inc.		NJ License: 00624						
	199	9 Route 9, Uni	it 61								
	Address.		State: New Jersey			Zip: 08755					
	0.0	cholas Fernicola	a		Tel:	732-349-9932					
	Contact.	JIIOIAS I CITICON				NJ License:					
	OTHER OPERATOR (if different)				F1.52						
	Address:				Zip:						
	City:	State:			Tel:						
Contact:						· D					
IV.	TYPE OF OPERATION (D - Demo O - Orde	ered Demo R - Re	enovation	E - Emergency	Renovation)	: Б					
V.	FACILITY DESCRIPTION (Including building name, number and floor or room number)										
	Building Name: Residence										
	116 N Oh	io Avenue	Avenue State: New Jersey County:								
	Address.					County: Ocean					
	City: LB Twp.										
	Site Location.	# of Floors	s.	1	Age in Years: 85 Residence						
	Building Size: 2500 sf	533562503565		Prior Use:							
	Present Use: Residence PROCEDURE, INCLUDING ANALYTICAL	ACCURATION IF ADI	DR OPRIAT	E USED TO D	ETECT THE	PRESENCE OF ASBESTOS M.	ATERIAL:				
VI.	PROCEDURE, INCLUDING ANALYTICAL	METHOD, IF ALL	1 101 101 11	_, -							
	econo di	0.50					Nonf	riable			
	IS MATERIAL ASSUMED TO BE ASBESTO APPROXIMATE AMOUNT OF ASBESTOS	INCLUDING:					Asbestos	Materi To Be			
VII.				RACM		LOCATION		noved			
	<ol> <li>Regulated ACM to be removed</li> <li>Category I ACM not removed</li> </ol>			To Be Remov			Cat I	Cat			
	Category II ACM not removed										
-	Pipes (Linear feet):			58-5-51-880				-			
	C. C. Area (Square feet): 2500 sf		Asbest	os siding		Exterior					
	Surface Area (Square feet): 2500 st										
	RACM Off Facility Component (Cubic feet)					200 200.000	10/12/16				
1	II. SCHEDULE DATES ASBESTOS REMOVAL		Start:	1	0/11/16	Complete:	10/12/10				

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Х.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION W	ORK, AND METHOD(S) TO	) BE USED	
					7 7 7 P
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution	tape and warning signs. Plastic sh	eeting will be placed on the gr	ound below and the asbestos will be
					part of the last o
xii.	WASTE TRANSPORTER #1 Name: Guard	dian Contracting	g, Inc.	ASE	LICENSING
	Address: 1889	Route 9, Unit 6	51		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicho	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.I	R.F.			
	Location: Bord	entown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLI	EASE IDENTIFY THE AGEN	ICY BELOW AND ATTA	CH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
				<del> </del>	
	Explanation of how the event caused unsafe condition	ons or would cause	equipment damage or an unre-	asonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLES	OWED IN THE EV D, PULVERIZED,	VENT THAT UNEXPECTED OR REDUCED TO POWDER	ASBESTOS IS FOUND (	DR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED I THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORI	TIDENCE THAT T	HE REQUIRED TRAINING	HAS BEEN ACCOMPLIS	HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner/	Operator)	September 29, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1	
	Nicholas Fernicola / Project Manager		<u> </u>		September 29, 2016
	(Printed Name/Title)	* -	(Signature of Owner/	Operator)	(Date)

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building Owner/Operator (2)									
Septe	ember 29, 2016	6			Walter	rs Residential, LL	C	3 6	14	73		
Name of Facility Where Abatement is Taking Place (3) Residence  Street Address  City - County (6)				Street Address  500 Barnegat Blvd. North  City, State, Zip Code  Barnegat, NJ 08005  Name of Contact Victor  Telephone Number Victor  Type of Facility (4)  School (k-12)CENSING  [] Subchapter 8 (other than k-12)  [X] Other (i.e., private & commercial bit homes, etc.)  County Code (7) (STATE USE ONLY)  Square feet # of Floors Bldg. Age Current Use (Prior if being demolished)						& all buildi	the analysis of the second sec	
Barnegat Light	Barnegat Light Ocean					Reside						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of	Abatement Contractor		Inc				
N/A Street Address City, State, Zip Code					Street Ac	ldress 1889 R te, Zip Code	an Contracting,  Coute 9, Unit 61  River, New Jers		755-10	71		
Project Manager for Monitoring Firm Telephone Number			Number	Telephone Number				License Number				
Scheduled Start Date (10) 10/10/16				on Date (11)		OSHA Monitor	L. Analytical					
[ ] Abaten	/ Closed/Vacated E nent Performed Ou - Describe	lly one) Ouring Entire Perioc utside of Normal Fa			Street Ad City, Sta	1056 S te, Zip Code Piscata	telton Road way, New Jerse		54			
Scope of Work (Check all that  [ ] >3 sfo [ x ] ≥160 st		[ ] [ x ]	Renovat Demolit		[ ] [ ] [x ]	Mini-Enclosure Glovebag Proced	t with Negative Presure ture *) and Non-Friable		re			
								Abate	ement 7	уре		
Location of Asbestos-Containing Mat TO BE ABATE in facility (13)	ED	Is Location Normally us Solely by Maintenance/Cu Staff (12)  YES NO	ed	Asi ins	Description Descri	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior house		X		Asbestos sidii	ng		1000 sf	X				
								-				
								-				
Name of Registered Waste Ha		NJDEP Wast	0223	3	ards of Was	T.R.R.F.	ered Landfill					
City, State Toms River, N	ew Jersey		Dispos 10/12		City, St Tullyt	<sup>ate</sup> own, Pennsylvani	a ,		(4			
Completed by (Print or Type) Nicholas Fernio		Title Project Manage	er	Signature		(1)	1	Date 9/29	9/16			

Date Received

DEMOLITION / F	RENOVAT	IION N	IOTIFICA	TION	INT	— <u>Д</u> 2016	
Operator Project #:	P	ostmark:		Notificati	on: U U OCT	- 4 2010	
I. TYPE OF NOTIFICATION (O - Original R -	- Revised C - Ca	incelled):	0	П.	IS ASBESTOS PRE	SENT?(Yes/No): &	Y
III. FACILITY INFORMATION (identify owner, r	removal contractor	and other on	perator)		ASPEST	CENDING CENDING	
	Walters Resider				- The second sec		
Address: 500 Barne	gat Blvd. Nort	th					
City: Barnegat	State:	New Jers	sey	Zip:	08005		
Contact: Victor				Tel:	609-607-9500		
REMOVAL CONTRACTOR:	Guardian Contr	acting, Inc	).		NJ License:	00624	
	889 Route 9, U	<u> </u>				3.300,000,000	÷
City: Toms River	State:	New Jers	sey	Zip:	08755		
Contact: N	Vicholas Fernic	cola		Tel:	732-349-9932		
OTHER OPERATOR (if different)	SS-Supplemental				NJ License:		
Address:							
City:	State:			Zip:			
Contact:		-100-110-1-110-		Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ord	dered Demo R -	Renovation	E - Emergency	Renovation):	D		
V. FACILITY DESCRIPTION (Including building				***			
Building Name: Residence	)						
Address: 5 E. 5 <sup>th</sup> St	reet						
City: Barnegat Light	State:	New Jers	sey	County:	Ocean		
Site Location: Exterior							
Building Size: 1000 sf	# of Floor	rs:	1	Age in Y	ears: 60		
Present Use: Residence			Prior Use:	Residen	ce		
VI. PROCEDURE, INCLUDING ANALYTICAL	METHOD, IF AP	PROPRIATI	E, USED TO DET	ECT THE PRE	SENCE OF ASBESTO	S MATERIAL:	
IS MATERIAL ASSUMED TO BE ASBESTO		1			1		ıfriable
VII. APPROXIMATE AMOUNT OF ASBESTOS	INCLUDING:					Asbesto	os Material
<ol> <li>Regulated ACM to be removed</li> <li>Category I ACM not removed</li> </ol>			RACM To Be		LOCATIO	N	To Be moved
3. Category II ACM not removed			Removed			Cat I	Cat Ⅱ
Pipes (Linear feet):							
Surface Area (Square feet): 1000 sf		Asbestos	s siding		Exterior		
RACM Off Facility Component (Cubic feet):							
VIII. SCHEDULE DATES ASBESTOS REMOVAL (N	MM/DD/YY)	Start:	10/10	0/16	Complete:	10/11/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION C	R RENOVATION WO	DRK, AND METHOD(S) TO	BE USED
xi.	AND RENOVATION SITE:	e roped off with caution ta	pe and warning signs. Plastic she	eting will be placed on the ground below and the aspectos will be a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.	ASSESTOS CONTROL &
	Address: 1889	Route 9, Unit 61		Light anguing property and control of the control o
	City: Toms River	State:	New Jersey	Zip: 08755
	Contact Person: Nich	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: 19007
	Telephone: 215-943-9732		Permit #: 10	)1494
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	SE IDENTIFY THE AGENC	Y BELOW AND ATTACH COPY OF ORDER
	Name:		Title:	
	Authority:			
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	ſM/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 conditi	ons or would cause equ	nipment damage or an unreaso	nable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLE	OWED IN THE EVEN D, PULVERIZED, OR	NT THAT UNEXPECTED AS REDUCED TO POWDER	SBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE
xvii.	THE DEMOLITION OR RENOVATION AND EVALUABLE FOR INSPECTION DURING NOR	VIDENCE THAT THE MAL BUSINESS HOU	REQUIRED TRAINING HA	O CFR PART 61, SUBPART M) WILL BE ONSITE DURING S BEEN ACCOMPLISHED BY THIS PERSON WILL BE per 20; 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	September 29, 2016 perator) (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.	/	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	September 29, 2016 (Date)



Date of Notification (1)		e of Building Owner/C		1	`		*	
			Edward M.	O'BriE!	N_			
Agencies Notified Type Notification	Stree	t Address						
EPA Initial Amended	City,	State, Zip Code	19-19-19-19-19-19-19-19-19-19-19-19-19-1			~ ·		
DOL Amendment #		(b) (c) (d) (2 m)	WICK N.	J. 088	58	<u> </u>		
Emergency (including justification)	Name	10				1	= V	111
DCA Cancellation			1. OBRIENT	1112				
Name of Facility Where Abatement is Taking Place (		CILITY INFORMAT	Type of Facility	(4) \	. 0	016	11	
NIA	(0)		School (K	III OCT -	4 2	010		-
Street Address			Subchapte	er 8 (Other than K-1)	2)			1
		-	etc.)	private & commerci	al build	lings,	Lome	s,
City (5)	- /	CELEN	Square Feet	# of Floors ICE	N: B	ldg_A	1	
OLDNICK N		8858	1,500		-	50	7	
County (6)		ty Code (7) TE USE ONLY)		rior if being demolish	ned)			
Name of Monitoring Firm Hired by Building Owner (8	B) AS	CM No.	Name of Abatement Co	ontractor (9)				
	Mary Contract	c 7453C		N Sen	m	2	2	
Street Address	3.110031000	400	Street Address					
2200 Paterson Park			City, State, Zip Code	hoy Rd. S	ste	YOU.	1311	e, D
City, State, Zip Code			City, State, Zip Code			1	1	
Project Manager for Monitoring Firm	070	547	Morganusso.	le Mi.	0	17	5/	
Project Manager for Monitoring Firm	1 elep	1–864-6583	732-982-10	20 OL	10. ZOZ			
Start Date (10) Schedu	uled Completion	on Date (11)	Name of OSHA Monito		200			-
	10.287		As 30 50					
Occupancy Status During Abatement (Check Only C		1	Street Address					
Facility Closed/Vacated During Entire Period of					0.645-100	211211		
Abatement Performed Outside of Normal Facili Other – Describe:	ity Hours		City, State, Zip Code					
Scope of Work (Check All That Apply)						5455		-
≥3 sf or ≥3 If	Renovation		T Full Contains	nent with Negative F	Draceur	Α.		
≥160 sf or ≥260 lf	Demolition		Mini-Enclosu	re	103301			
			Glovebag Pro	ocedure ed (*) and Non-Friat	ole Prod	cedur	е	
	Is Location			1		ev 0.1300.5	ement	
Location of	Normally	De	scription of			Ту	pe	
Asbestos-Containing Material (ACM)	sed Solely by laintenance/	Asbestos Con	taining Material (ACM)	Amount	_		g	m
I() BE ABATED	stodial Staff?		l systems insulation, cing, VAT, or	(Specify SF or LF)	Remova	Repair	cap	Enclosure
(13)	(12)	other	miscellaneous)	ALEX DESCRIPTION	oval	air	Encapsulate	sure
	1		01 (400), 44 (2) 20 (10) (2) (10) (2) (10) (2) (4)				(D)	7565
Yes	No N/	A	C 1990 C 14 C 19 C 14 C 10		1			
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	No N/		PIPE LAbbing	60 CF	V			
	No N/			60 CF	V			
	No N/			60 CF	V			
	NJDEF	Comp.	Pier LAbbius	60 CF				
CELLANZ	NJDEF	Comp.	PIGE GALLIUS					
Name of Registered Waste Hauler  Erze hold Carfrag	NJDEF	Company Cubic of Wa	Pier LAbbius  Yards Name of Society  Society			Drac	×4	
Name of Registered Waste Hauler  Free hold Cartrag City, State	NJDEF Hauler 022	Company Cubic of Wa	Pier LAbbius			an D	es No	20 M
Name of Registered Waste Hauler  Erge hold Carfrag	NJDEF Hauler 022	Waste Cubic of Wa	Pier LAbbius  Yards Name of Society  Society			ore De	e Via	Sulle

Date of Notification (1) 9/30/16				Name of Building Owner/Operator (2) Stanley Antonoff Private Home												
Agencies Notified	Type Notification		S	Street Ad	dress											
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo Seach N		08		11111	(	)CT -	4	201	Ô		7
DOH DCA	Emergency ( justification) Cancellation	including	100	Name of Stanley						Tele	phone N		3	OL 8	١	
Name of Facility Where	Abatament is Taking	Place (3)		FACILITY INFORMATION					Type of Facility (4)							
Stanley Antonoff P		3 1 1200 (0)		School (K-12)												
Street Address			201962						Subchapter 8 Other (i.e. pri	(Othe			wildi	nas l	nome	c
				description				- E	etc.)			Clar				3,
City (5) North Beach NJ 08	3008	0						1000		2	Floors		35	dg. Aq i+	je 	
County (6) Ocean				County C STATE U	ode (7) SE ONLY)			Hou	ent Use (Prior se	if bein	ig demol	ished	)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.		and the same of th	of Aba	tement Contr	ractor (	(9)	- 0.01				
Street Address								Addres								
City, State, Zip Code				City, S				State, Z	ip Code						7.25.20	
Project Manager for Monitoring Firm				Telephone No. Telep			100000000		in NJ 0809	91	License	No.				-
							856-	753-9	008		00727					
Start Date (10) 10/13/16		Scheduled Completion Da 10/19/16					Name Sam		HA Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street	Addre	SS							
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of A nal Facility	batem Hours	oatement Hours City, State, Zip Code												
Scope of Work (Check	All That Apply)												-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					<b>a</b>					
		lo.	Locati	ion					JII Exciliptou	( ) 4,,,				Abate	ment	
Location Asbestos-Containing		Use	iormal d Sole	ly ly by	Asbes		escriptio ntaining		al (ACM)		mount			Ту	pe <u>m</u>	m
TO BE AI In Fac (13	BATED cility	Cust	ntenar odial S (12)	Staff?	(i.e.	surfa	l systen acing, V miscella	AT, or			Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							20.05	_				-
bottom of hou	use & Soffits			X		trar	nsite b	oard		pl	00 SF	- 12	X			
						-				-		-				
Name of Registered Waste Hauler				NJDEP W			c Yards		Name of F	Registe	ered Lan	dfill			******	
United Roll off			10.0	Hauler ID 2459	NO.	of Wa			G.R.O.\							
City, State EIm NJ					10/1	osal Dat 9/16	e	City, State Morrisvi		4 1906	7					
Completed by Anthony T Perna		Title Presi	dent				Signatu	re	~			Date 91	130	>//	6	

# State of New Jersey Number 2018 ASSESTED ASSESTED

State of New Je NUMERATION OF ASSEST (Pursent to NJAC 5:50	30 10 mm
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Name of Perzy Windre Shrisman is Taken Pare (3)  Religion T  Since Anima  City (a)  Many Ate NS (2540)	Type of Formy (4)  I School (4:10)
County (a)  Attentive  Name of Proceeding Force Freed by Secretary Owner  (a)  Street Address  Street Address	2100ST 2 70  Resident  WELL L
Situacia /	CAND CHOS
Cope of Work (Creekell Seit apply)	
Location of School (AGM)  Maintenance School	American State of the State of
CIPTSIAE THE THE THE THE THE THE THE THE THE TH	1 (10.00) (10.
DEMINION NO SUPERIOR	IVM of Pa Tullytoon Pa

<sup>ී</sup> ධිය යන් අතුම වර්ම farm for අපේලන්දේ මිලබැහැණ ආකාලවලේ අවම්ත්වීමට.

State of Meet Jersey K 4364 -NOTES ACTION OF ASSESTED AS A SECTION OF A S Die G Nomelin (D (Fusseaut to NIAC & 81 and 12:129) -30-16 ම්කාස ග් සමග්ලේ OwnerCoperato (ව) Agenties Notice AMERICAN Type No energy Demolition Street Address Eriglish **Car, Sab, 是 Cap** tag Hon 234 LICENSING BENDEL والمسالة فاستفوا विकास वर्ष रिस्टावी विवास अधिकात है है जिसे हैं रिस्टावी रिस्टावी है FACTORY BUT CHUNATION Resideni Type of Passay (4) Spanish & (CD) ままった(Spanish ) الألم إله على على على على على على على المالة income del County (6 Saf Floors 21009 Sig. Aga COUNTY COME (F) (STATE ्रामान्त्र सम्बद्धाः स्टब्स्याः स्टब्स्याः स्टब्स्याः Name ක් මතුක්කලේ මැස එමෙම මු මහෙමල රා CEE CHEN ASSETT NO (Sunsof Assessment Compactor (S) Kesident Sirest Address My Siz LIL Street Addinas Caly, Sets, Jop Code 1212 612/17/4 City., State, Zap Gards Project Meneger for Membring Fam DIANCE MJ COD) lespinone ivo ناوا فسارتها State College (NO) 856-52-7097 Losis No. Schemen Congresion Date (57) 10-9-16 01070 10-19-16 Name of Carry Man والمرافقة المستعددة والمستعددة والمستعدد Li Faciliy Giossifficaded During Sale Painti of Alabament Abelmant Parisment Curistia of Normal Facility House Color - Scarcia: Steet Admin Cay, Size, Zip Code |අත්ව ද අතුල් (ල්පන්සු වුන් කිම්ව) | <u>73:60 e ar 300 e</u> 73:60 e ar 30:6 المراجعة ال Gloveley Processes i Nursanial Familiary for Francisco is Lucesin North Parties Location of Asbanica-Contactor Material (ACM) Seed Solely by Abatement TO SEARCHED NO. <u> विस्तवकृत्यः द्य</u> Asissins Containing Malanial (ACM) Type ्रिक्, बीकावर्थ क्षत्रकेत्रका स्थान इक्षांस्कृति, प्रश्नी, वर इक्षित्र स्टेस्टिक्स्याओ A STREET, [22] Medpaulate No MA OUTSIDE HUMI SIdIN ens of Registrati Masis Kens Cable Yeros

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# State of New Jersey NOTUTCATION OF ASSESTED ARATEMENT (Perseant to NJAC 2:66 and 12:120)

7. 17	State of New Jersey IFTCATION OF ASSESTOS ARA Pursuant to NJAC 8:60 and 12		NO CK
8-16-16	Person Sering Denations	100 P	FIRE
Agenties Noticed Type Notice in	Street Address P.O	1ph, 1 E. G. Bex 6911 000	
	City, State, Zep Crede Security  Name of Contents	ell NJ est	050
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Name of Person Whose Abstract is Taking Perso(3)	The same and the s	Type of Passay (4)	of the forest of
Sirest Advisors		C Schol(+12) C Scholerter & Clienter H C Clienter (-) Prime & Comme Anne et al.	-12): 20): 10: 10: 10: 10: 10: 10: 10: 10: 10: 10
Countries (		STEPPER SEPTIMES	
Notes of Report of Co	County Come (7) (STATE USE CHULY)  SOUNCE   Name of No.	Curati un grati a principalista.	1209
(a) Address Sever Address	Name of Alexander Alexande	of Contessor (9) LL (_	
City, Seets, Zoo Corde		indirection are	-
radical Manager for Managaring Farm	Jelanora life	111) (30)	
10-Z-16   Solumber Completion   10-Z-16	351-52-704, Date (11)   Name of OS 19 Nor	01070	With the same of t
Company Sides Dobg Abdenian (Charlemy one)  Li Fedilir Cincellifersted Funda Both Social Co.	Street Actions	- Gelf	Training 200
City - Despite:	7 (7), Sée, <u>10</u> (8):		Townsell of Telephone
Scope of Work (Created that apply)  135 of ar 26 if 215 of ar 25 iii			No or the latest of the latest
islangua Managan	Glocker Fr	e Series 157 and Mar-Field's Foundate	entil kinitina kiri
Location of Section 1974 Ashesing-Contains Market serve a section of the section	Description of Assessing Controlling Western so	The content of the co	Abelement Type
TO BE ARGUED COMMAND (12)	දිය, හිසෙන් ඉන්නය සංස්ථ හෝදන්නු, 1987, න බේහ සමාන්තාල් මේහා සමාන්තාන්	Plennoval	Additional statements of the statement o
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#### State of New Jersey NUMBERSHOOT OF ASSESTED ASSESTED (Passence to NJAC & St 226 12:120)

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-	Date of Normanian (1)  8 -16 - 16		1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		GINED
(CSPC-17)	Campana I Time News	7	Jelphi		147
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deserves.	Steel Albert	ent		Type of Person (4)	
steam,	Gira)				20
THE STREET	Millella			Seve SI 3	
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e de l'annere de	Name of Protecting Face Asset by Secting (8)	PER ASSENCE	Name of Assessment		
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- Section 1		2-16	Street Admiss	Self	111111111111111111111111111111111111111
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		NC		CATION		ESTOS AI 8:60 and 1		NT .		ck	100	50	117	75		
Date of Notification (1)				Name of	Building	Owner/Op	erator (2)									
Februa	ary 15, 2016		G	6-1 Hole	dings C	ompany					ri Ti	n fi	- [			
Agencies Notified	Type Notification		_	Street Ad				T.	TE		11 1	L	=	M		
⊠ EPA	Initial		C	Street Address Charles & Waters Streets									1 111			
DEP	Amended		(	City, Stat		. n	712	11	UT							
DOL	Amendment	(1) <del>(</del>	- G	Gloucester City, NJ 007								010				
DOH -	Emergency justification)			Name of	Contact				_l _Te	lephoneNum	ber		j			
DCA	Cancellation		P	roject I	Manage	er		F50L &								
						ORMATIO			FID 111-	- 1	16					
Name of Facility Where A		ng Place (3)					Ty	pe of Facility	(4)							
Old GAF Boiler Plant								School (K-	12)							
Street Address										er than K-12	500	m		2720		
Waters St & NJ Ave					$\times$	etc.)	private	& commercia	II DUIIC	ings,	nome	es,				
City (5)						So	quare Feet	# 0	f Floors	В	ldg. A	ge				
Gloucester City, NJ							-			4		1	15			
County (6)				County C			С	urrent Use (Pr	ior if be	ing demolish	ed)		1970			
Camden			- (	(STATE U	SE ONLY)		-		b	oiler plant						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM No. Name				Abatement Co								
AET, Inc.		0021 The MACK Group,														
Street Address		Street Address ·														
222 Church Road				1	500 Kin	gs HWY N	STF	209								
City, State, Zip Code	11-5					e, Zip Code	, 0.1									
Bridgewater, NJ 08807								ill, NJ 0803	R4							
Project Manager for Moni			-	Telephon	e No.		Telephone		7.7	License No	).					
Eric Houseknecht					8-1108			9 - 5000		00781						
Start Date (10)		Scheduled				13.		OSHA Monito	r	00701						
3/1/16				6/30/16				CK Group, I								
Occupancy Status During	Abatement (Che	ck Only One	5.17	0/00/10			Street Ad		LLO.							
						1			STE	200						
Facility Closed/Vaca Abatement Performe	ited During Entire ed Outside of Norr	Period of At nal Facility F	atem	tement 1500 Kings HW City, State, Zip Coo					SIL	209						
Other - Describe:				Cherry Hill, NJ 0803					34							
Scope of Work (Check All	That Apply)						illelly I	111, 145 0000	)4	7/10/10/10						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Participal Co.	novat moliti				XXXX	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure	<del>-</del>						
		le l	ocatio	nn							T		ement	t		
Location	of	1000000	rmall	2000		Dono	ription of					Ту	ре			
Asbestos-Containing		Used	Sole! tenan		Asbes			erial (ACM)	Α.	mount			m	690		
TO BE ABA	The same of the sa	Custo	3.53.55	3707ii	(i.e.	thermal s				Specify	Re	D	Encapsulate	Enclosure		
In Facili (13)	ty		(12)				ng, VAT, o scellaneo		5	or LF)	Remova	Repair	psu	losu		
18.00											val	Ę.	late	Ге		
		Yes	No	N/A									350			
See attached						See a	attached	t	See	attached	X					
						0.00										
Name of Registered Was	te Hauler	711	100000	J DEP W		Cubic Y		Name of	Registe	ered Landfill						
Newark / Freehold Ca	artina		Ha	auler ID I 222		of Waste	DB	GROW	S / TP	RF/WM/	Blue	Bi4	ne.			
Newark / Freehold Carting 22253							LIL		V 1 111	IN / VVIVI	LIIUE		44			

City, State

Disposal Date

6/30/16

Completed by

Steve King

Newark / Freehold, NJ

Title

V.P.

City, State

Morrisville / Tullytown, PA

Signature Date 2/15/16

# ASBESTOS INVENTORY SECTION 3.0

Charles and Waters Streets G-1 Holdings Company Gloucester City, NJ

-
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- 194
- Name
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100
been

Ist Floor

West Room by Main Entrance

Material

Large Diameter Block Pipe Insulation

Small Diameter Block Pipe Insulation

Block Pipe Insulation Debris

Heat Exchanger Material

Transite Electrical Panel

Block Insulation Debris

Room South of Main Entrance

Boiler Insulation

Small Diameter Block Pipe Insulation

Whiter Window Glaze

Boiler Door Packing Around Door

Large Diameter Block Pipe Insulation

Transite Electrical Panel

Boiler Insulation

Room North of Main Entrance

Large Diameter Block Pipe Insulation

Small Diameter Block Pipe Insulation

Boiler Door Packing around Door

White Window Glaze

Ousniity

185 linear feet (LF) 650 LF 2,400 square feet (SF)

180 SF 20 SF 3,240 SF

1,200 SF

450 SF

SSF

24 LF

20 LF

 $20\,\mathrm{SF}$ 

300 SF

290 I.F

780 SF

6 SF

20 LF

# SECTION 3.0 ASBESTOS INVENTORY

		Ouantity		50 SF	6,480 SF	100 LF	10 SF		410 LF	2,250 SF	48 LF	
A STANCES MARKET IN CARACTER TO THE A TOTAL TO THE CONTROL OF	G-1 Holdings Company Charles and Waters Streets Gloucester City, NJ	Material		Transite Electrical Panel	Block Insulation Debris	Air Cell Pipe Insulation (large)	Black Material A/W Large Metal Pipe		Small Diameter Block Pipe Insulation	Block Insulation Debris	Large Diameter Block Pipe Insulation	
		Location	1st Floor (cont.)	Room North of Main Entrance (cont.)				1st Floor Annex	Annex			

White Window Glaze	100 LF
Furnace Door Packing	150SF
arge Diameter Block Pipe Insulation	TZ0 LF
small Diameter Block Pipe Insulation	12 460 LF
Boiler Insulation	2,3,200 SF
Boiler Valve Insulation	
Duct Insulation	700 SF
Boiler Door Packing	20 SF

Furnace Area

2nd Floor

# SECTION 3.0 ASBESTOS INVENTORY

G-1 Holdings Company Charles and Waters Streets Gloucester City, NJ

Znd Floor (cont.)

L.ocation	Material	Outsitity
Toor (cont.)		
Furnace Area (cont.)	Block Insulation Debris	2,990 SF
	Interior Furnace Door Insulation	50 SF
	Furnace Door Insulation Debris(Inside Oval Chambers)	12 SF
	Interior Boiler Insulation(Top hatch of Boiler #1)	120 SF
Coal and Bucket System Area	Large Diameter Block Pipe Insulation	380 LF
š :	Small Diameter Block Pipe Insulation	620 LF
	White Window Glaze	120 LF
	Tank Insulation	130 SF
	Block Insulation Debris	$3,200~\mathrm{SF}$
Mezzanine	Small Diameter Block Pipe Insulation	180 LF
	Block Insulation Debris	900 SF
	Window Glaze	40 L.F
Turbine Area	Small Diameter Block Pipe Insulation	650 SF
	Large Diameter Block Pipe Insulation	200 LF
	Tank Insulation (South of Turbines)	550 SF
	Interior Turbine Insulation	400 SF

# ASBESTOS INVENTORY

G-1 Holdings Company Charles and Waters Streets Gloucester City, NJ

# Location

2nd Floor (cont.)

Turbine Area (cont.)

	N A S A S		S 45 PM N	A COLUMN TWO IS NOT THE OWNER, TH
40	THE PARTY	4 6 6 7	2000	
THE ME	2	2	4.7	-

Interior Wrapped Turbine Insulation

Red Linoleum (Control Room and Bathroom)
Tank Insulation (Above Annex)

White Window Glaze

Boiler Fan Duct Insulation

Boiler Insulation

Boiler Valve Insulation

Boiler Door Insulation

Boiler Insulation Debris (Inside Oval Boiler Chambers)

Insulation Debris(Inside Top Hatch of Boiler #2)

Contaminated Fiberglass Insulation(East of Boiler #2)

Block Pipe Insulation(In wall at Top NE Corner)

Tank Insulation (South of Boiler #2)

Transite Debris Gasket Rope

Quantity 2,600 SF 1,200 SF 400 SF 300 SF 200 SF 400 LF 50 SF 6,000 SF 100 SF 40 SF 15SF  $^{2}$  6,000 SI 150 SF 160 LF 4 SP

Exterior

South Side of Building

# SECTION 3.0 ASBESTOS INVENTORY

G-1 Holdings Company Charles and Waters Streets Gloucester City, NJ

Location	Material	Ouantity
Exterior (cont.)		·
South Side of Building (cont.)	Block Pipe Insulation Debris(Pipe Discharge Area)	5 SF
	Black Tar on Brick	4 SF
East Side of Building	Miscellaneous Insulation (Bottom of Coal Chute Tank)	12 SF
	White Door Packing	5 SF
	Transite Panels	400 SF
North Side of Building, East of Annex	Black Wall Tar	4 SF
Roof	Roof Field	9,000 SF
	Silver Flashing	800 LF
	Black Flashing	800 LF
Water Tank Area	White Paper Material	400 SF
	Black Tar Paper Material	300 SF
Tank Top Section	Black and Gray Tar Material	400 SF
1st Floor		
Room North of Main Entrance	Rope Gasket Material	5 SF

# ASBESTOS INVENTORY SECTION 3.0

Charles and Waters Streets G-1 Holdings Company Gloucester City, NJ

	ock Building
Ruilding	mall Cinderble
TAULUS PRICE	Sı

Location

# Material

Ouantity

Block Pipe Insulation debris

Transite Panels

200 SF 35 SF

3 Barrels

Block Pipe Insulation (in barrels)

Quantities are approximated and to be used for budget purposes only.

Quantities of Block Insulation Debris include catwalks.

Additional Interior Turbine Insulation may be present in the two small turbines on the North wall of the Coal and Bucket system area.

Additional ACM (i.e. pipe insulation) may be found above hard ceilings and behind hard walls.



			(Pu	rsuant t	o NJAC 8	:60 and	12:120)		NO C	K					
Date of Notification (1)				Name of	Building (	Owner/O	perator (	2)			999	77			
Marc	h 03, 2016		G	6-1 Hold	dings Co	ompan	V	1	F P IS II N	1 E		7)			
Agencies Notified	Type Notification			Street Ac			-	The limit			Tii	111			
⊠ EPA	Initial		C	harles	& Wate	r Stree	ets	11-21				11			
DEP	Amended			City, Stat	te, Zip Co	de		411 111	nrt - 4 2	116	16	21			
☑ DOL	Amendment #		_ G	Slouces	ter City,	NJ			0.01						
□ DOH	Emergency (in justification)	ncluding		Name of					TelephoneNum	ber					
DCA	Cancellation		P	roject I	Manage	r			in the second		ČI.				
	_				ITY INFO		ON								
Name of Facility Where A	Abatement is Taking	Place (3	)					Type of Facility	(4)						
Old GAF Boiler Plant								School (K-12)							
Street Address								Subchapte	er 8 (Other than K-12	511	· Partition of the second	Paris services			
Water & Charles Stre	eet								private & commercia	l build	iings,	home	es,		
City (5)	,01							Square Feet	Other (i.e. private & commercial buildings, horetc.)  are Feet  # of Floors Bldg. Age						
Gloucester City, NJ								,	4		100	115			
County (6)			7.45	County C	Code (7)	-		Current Use (P	rior if being demolish	ed)		10	-		
Camden					ISE ONLY)										
	Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  The MACK Group, LLC														
AET, Inc.															
Street Address		0021					LLC								
W															
222 Church Road						1500 Kings HWY N, STE 209 City, State, Zip Code									
City, State, Zip Code	0.7						Cherry Hill, NJ 08034								
Bridgewater, NJ 088			Talaabaa	ne Nie											
Project Manager for Mon			Telephor				one No.	License No	٥.						
Eric Houseknecht					18-1108		' '	759 - 5000	00781			7.35.17.55			
Start Date (10)		Schedule			Date (11)		W. C.	of OSHA Monito							
3/1/16				6/30/16	5			ACK Group,	LLC.						
Occupancy Status During	g Abatement (Check	Only Or	ne)					Address	-2-23-400-00-02-02-0						
Facility Closed/Vac							1500 Kings HWY N, STE 209 City, State, Zip Code								
Abatement Perform Other - Describe:	ed Outside of Norm	al Facility	Hours	5			100000000000000000000000000000000000000								
							Cherry	Hill, NJ 080	34						
Scope of Work (Check A	II That Apply)						-	_							
≥3 sf or ≥3 lf		DATE:	Renova						ment with Negative P	ressu	re				
≥160 sf or ≥260 lf			Demolit	ion			K	Mini-Enclosure Glovebag Procedure							
							5	Solovebag Procedure Non-Exempted (*) and Non-Friable Pr				rocedure 'rocedure			
		le	Locati	ion							Abat	emen	t		
Laatia				9		Do	acciption	of			Ty	/pe			
Location Asbestos-Containing		15.75	Is Location Normally Jsed Solely by Maintenance/ Asbest			scription taining N	laterial (ACM)	Amount			m				
TO BE AB	ATED					thermal	systems	insulation,	(Specify	Re	Z	Encapsulate	Enclosure		
In Facil (13)	Ous		otan.			cing, VA miscellar		SF or LF)	Remova	Repair	psu	losi			
(13)					Other	Iliscenai	ieous)		val	¥.	llate	ure			
	Yes	No	N/A								(D				
See atta	ched	$\times$				See	e attach	ned	See attached	X					
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Name of Registered Was	100000	J DEP W		100000000000000000000000000000000000000	Yards	Name o	f Registered Landfill								
	F	lauler ID		of Wa		00011	IO / TDDE //A##	/ D!		J					
Newark / Freehold Carting					.53	D:	TDB		/S / TRRF / WM	RIU	e KI	ige			
City, State							sal Date	City, St							
Newark / Freehold, N	1J						5/30/16		ville / Tullytown, I	-					
Completed by		Title V.P.				3	Signature		Da						
Steve King					3/3/16										

100 CK

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Date of Notification (1)				Name of Building Owner/Operator (2)											
Septem	nber 29, 2016		G	G-1 Holdings Company Street Address											
Agencies Notified	Type Notification			Street Ac	ddress						5.00				
EPA	. Initial		C	harles	& Water	r Streets	5				Tr. 56	et	20		
DEP	Amended	2	11 2		te, Zip Coo				DE.			=- ;			
DOL	Amendment a Emergency (i				ter City,	NJ							ĹL		
DOH	justification)				Contact					Tele	ephoneNum	ber	-		
☐ DCA	Cancellation		P		Manage			- 1		<u>U</u>					
Name of Facility Where	Ahatement is Taking	Place (3	1	FACIL	LITY INFO	RMATION	V	Type	of Facility (	4)				-	-
Old GAF Boiler Plan		11 1000 (0						Type of Facility (4)  School (K-12) - ILCENSING							
Street Address								School (K-12) School (K-12) Subchapter 8 (Other than K-12)							
Water & Charles Stre	t							X	Other (i.e. p		commercia	build	ings,	home	s,
City (5)	361								etc.) re Feet	# of	Floors	B	dg. A	ge	
Gloucester City, NJ								0400		.,	Δ			15	
County (6)				County C	Code (7)			Curre	nt Use (Prid	or if bein	ng demolishe	ed)		10	
Camden					JSE ONLY)		_				iler plant	200			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	l No.	1	Name o	of Aba	tement Con					-	
Criterian Labs						Т	he M	ACK	Group, L	LC					
Street Address						Street /									
3370 Progress Drive				1	500 K	ings	HWY N,	STE 2	209						
City, State, Zip Code							ip Code								
Bensalem, PA 19020				C	herry	Hill,	NJ 0803	4							
Project Manager for Mor		Telephor	ne No.	7	Cherry Hill, NJ 08034  Telephone No. License No.										
Project Manager			2	15.244	.1300	(9	(973) 759 - 5000 00781								
Start Date (10)		Schedule	ed Con	pletion [	Date (11)	1	Name of OSHA Monitor								
10/3/1	70			2/31/1	6	Т	he MACK Group, LLC. Street Address								
Occupancy Status Durin	g Abatement (Check	k Only Or	ne)	Stree					eet Address						
	ated During Entire F					-		0 Kings HWY N, STE 209							
Abatement Perform Other - Describe:	ed Outside of Norm	al Facility	/ Hours							034					
				Cherry Hill, NJ 08034											
Scope of Work (Check A	III That Apply)	_						7							
≥3 sf or ≥3 lf		Decision 1		ovation					Full Containment with Negative Pressure						
≥160 sf or ≥260 lf			Jemolit	olition					Mini-Enclosure Glovebag Procedure						
							>	Non-Exempted (*) and Non-Friable Procedure							
		ls	Locati	on								Abatement Type			t
Locatio	n of	107000000	Normal	The course			escription of						1 9	pe	
Asbestos-Containing	55 55		ed Sole intena	50 50			Description of ontaining Material (ACM) mal systems insulation,				mount Specify			E	m
TO BE AB		Cus	todial S	Staff?	(1.6.	surfacin			auon,	0.50	or LF)	(em	Rej	cap	nclo
(13)		- 9	(12)			other mis	scellan	eous)				Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_		te	LD
Phase 1 - see	attached	X	140	i (urs		See	attach	had		See	attached	X			
A CONTRACTOR		$\rightarrow$	-		- Company	furnace	- KONTELIN		Name and Post of the Party	-	000 s/f	$\Diamond$	7		
Phase 2 -	rurnace	$+ \diamondsuit$		-					1			$\langle \rangle$	1		
_"-				wall	mast	tic		20	000 s/f	$\Diamond$	1				
_"-	GBICH COLD	S Alexander		ud/pack		sulat			216 s/f	X	1				
Name of Registered Waste Hauler					/aste No.	Cubic Y of Waste			Name of	Registe	red Landfill	and the same of			
Spartan Environmental Enterprises, Inc					1107	0.752/1.0.0000000000	12.2		Minerva	Enter	prises, LL	С			
City, State						Disposa			City, Stat		, oo, EE	_			
Donora, PA					12/31/16 Waynesburg, OH										
Completed by Title					Signature Date										
Steve King		9/29/							9/16	/16					

a alten il	Is	Locatio	on y	Description of				ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	d Solel intenan todial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosule
	Yes	No	N/A		7	-		a	
Phase 2 - Boiler	X			boiler insulation	9000 s/f	X			
Management of the second second second second second				ATTENDED A TELEPOOR OF THE AND ADDRESS OF THE AND ADDRESS OF THE A					
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Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Division of Property Management & Construction Street Address													
Agencies Notified Type Notification					Street	6, 9th	Floor,	(P.O. Bo	x 034)	W	Ē				
EPA Initial Amended Amendment #			ty, State renton,												
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	ncluding	1110000	ame of C						Telephone Nur	กักคา		٢			
DCA Cartoliation			FACILI	TY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking Residential Street Address	Place (3)						S S	chool (K-12	SBESTOS CO 2) LICENSII 8 (Other than K-1: rivate & commerci	4G 2)		home	26		
								tc.)					,,		
City (5) Woodbridge							Square 1,285		# of Floors 2		ldg. A 2 yrs	700			
County (6) Middlesex			ounty Co				Currer		r if being demolisi	ned)					
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM N	No.				ement Con ontracting							
Street Address							Addres Route	s 46, Suite	: 7A						
City, State, Zip Code							state, Zij wa, N.								
Project Manager for Monitoring Firm		Te	elephone	No.		Totowa, NJ 07512  Telephone No. License No. 01232									
Start Date (10) 10/17/16						Name of OSHA Monitor Envirovision Consultants, Inc. Street Address									
Occupancy Status During Abatement (Check	Only One)														
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe:	eriod of Aba	burs City,					20-21 Wagaraw Rd., Bldg. 35 E City, State, Zip Code Fair Lawn, NJ 07410								
Scope of Work (Check All That Apply)			Fall					Full Containment with Negative Pressure							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	17/20/20/20	ovatio nolitio				2	Min Glo	i-Enclosure vebag Proc	1			۵			
		1000					M INOI	i-Exempled	( ) and Non-i ha	1 10	Abate				
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	cation			5	scription	- 4				Ту	ре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely enanc	mally De Solely by Asbestos Con (i.e. thermal surface)				<b>Material</b>		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes 1	No	N/A									tu			
Int. Air Duct		X		V	Vhite T	herma	al Pape	er	33 SF	X					
Ext. 1st flr Rear & Sides		X			Gre	y Tran	site		1,472 SF	X					
all sides under Aluminum									-						
Name of Registered Waste Hauler	0.000000	NJDEP Waste Cubic Yard						Registered Landfi		15		2002			
Newark Carting, Inc.	000300000	Hauler ID No. of Waste 04509 5+					Tullytov	vn Resource F	Recov	ery F	acili	ty			
City, State Newark, NJ					Dispo TBD	sal Date	٠	City, Stat Tullytov	vn, PA						
Completed by	Signature Date 9/29/16						3								
Dimo Golcev	Genera	eral Manager 9/29/16													
ASB-41 (R-06-08)						. 632	ot use t	his form for	asbestos licensu	re exer	npted	activi	ties.		



ck 1549

Date of Notification (1) 9/29/16			Name of I Division	Building ( n of Pro	Owner/Operty M	perator Ianage	(2) ement	t & Const	ruction	1-	<i>)</i> !	-			
Agencies Notified Type Notification			Street Ad 33 Wes		Street	5, 9th 1	Floor,	(P.O. Bo	x 034)						
EPA Initial Amended Amendment #_ Emergency (in	cluding	-   '	City, State Trenton	, NJ 08				ĪŊ.	E G E I	nher	E				
DOH justification)  Cancellation		11.3	R. Ferra						reiepriorie rei						
			FACIL	ITY INFO	RMATIC	N			ŪCT − 4	2016		1			
Name of Facility Where Abatement is Taking I Residential	Place (3)						Type of Facility (4)								
Street Address							School (K-12) Subchapter & (Other than K-12) TROL & Other (i.e. private & commercial buildings, homes								
								Other (i.e. private & commercial buildings, home etc.)  Guare Feet  # of Floors Bldg. Age							
City (5) Woodbridge							1,920	)	2	1	15 y				
County (6) Middlesex			County County County County		-	_	Curre		r if being demolish	ned)					
Name of Monitoring Firm Hired by Building Ov	vner (8)		The second of th					ement Con ontracting							
Street Address							Addres Route	s 46, Suite	: 7A						
City, State, Zip Code								p Code J 07512							
Project Manager for Monitoring Firm	1	Telephon	e No.		Totowa, NJ 07512  Telephone No. License No. 973-333-9176 01232										
Start Date (10)	d Com	Completion Date (11) Name					ame of OSHA Monitor								
10/28/16		Env					nvirovision Consultants, Inc.								
Occupancy Status During Abatement (Check	Only One	:)	20-2					eet Address 0-21 Wagaraw Rd., Bldg. 35 E							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Al I Facility I	oatem Hours	tement City, S					y, State, Zip Code air Lawn, NJ 07410							
Scope of Work (Check All That Apply)			Fair					[mg]							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		44 (100 (100 (100))	ovation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
							Abate					The second second			
		ocation or mall	cation nally Description					ription of			Ту	ре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel ntenar odial S (12)	y by nce/	tos Conta thermal surfac	escription of intaining Material (ACM) al systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A		544							е			
Int. 1st & 2nd Flr Living Rm, Kitchen		Χ			Gre	y Plas	ter		4,546 SF	X					
Middle Rm, over stairwell, walls,															
ceiling tile & drywall															
Ext. Foundation	Χ				erproo	fing		825 SF	X						
Name of Registered Waste Hauler	70,59	NJDEP Waste Cubi			Yards ste		The state of the s	e of Registered Landfill							
Newark Carting, Inc.	11000000	1509	15+	-			own Resource Recovery Facility								
City, State Newark, NJ		Disposal Da TBD					City, State Tullytov	vn, PA							
Completed by	anager		S	ignature		11		ate /29/16	5						
Dimo Golcev	ral Manager 9/29/16														
ASB-41 (R-06-08)		* Ob not use this form for asbestos licensure exer						npted	activi	ities.					



Date of Notification (1) 9/29/16				Name of Building Owner/Operator (2) Division of Property Management & Construction											
Agencies Notified Type Notification				Street Address 33 West State Street6, 9th Floor, (P.O. Box 034)											
EPA DEP DOL	Initial Amended Amendment Emergency (		_	City, State, Zip Code Trenton, NJ 08625											
DOH DCA	justification)  Cancellation		Name of Contact R. Ferrara					7 Telephone Number							
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Place (3) Residential								Type of Facility (4) ASSESTOS CONTROL & School (K-12) LICENSING							
Street Address						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Woodbridge						Squar 1,853	re Feet 3	# of Floors 2	Bldg. Age 101 yrs						
County (6) Middlesex				County Code (7) (STATE USE ONLY)				Curre	rent Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No. Nar				me of Abatement Contractor (9) nicorn Contracting Corp.							
Street Address				St				reet Address							
City, State, Zip Code								5 Route 46, Suite 7A , State, Zip Code							
						Totowa, NJ 07512									
Project Manager for Monitoring Firm				Telephone No.			973-333-9176 01232								
Start Date (10)         Scheduled C           10/5/16         10/8/16								Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One)				20-				et Address -21 Wagaraw Rd., Bldg. 35 E							
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:				ırs City,				, State, Zip Code ir Lawn, NJ 07410							
Scope of Work (Check	All That Apply)						7.5								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova moliti					Mir Glo	ni-Enclosur ovebag Pro				a.		
	ocati	ation									Abatement Type				
Asbestos-Containing Material (ACM)  TO BE ABATED  Used  Mair  Custo  Custo			Sole itenar	ial Staff? \			scription taining l system cing, V/ miscella	Material ns insula AT, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A						500 CF	17		(b		
Int. Basem	ent walls		X			Black v	vaterp	roofin	g	500 SF	X				
Name of Registered Waste Hauler				JDEP W	Cubic	Cubic Yards		Name of	Registered Landfi	II.					
Newark Carting, Inc.				Hauler ID No. of Wa 04509 1						wn Resource Recovery Facility					
City, State Newark, NJ				Dispos TBD				Date City, State Tullytown, PA							
Completed by Title Dimo Golcev General				Manager				e //	1.1		ate /29/1	3			
ASB-41 (R-06-08)							· D6	use	this form fe	rasbestos licensu	re exer	npted	activi	ities.	