(h57	37	NO.		State ATION C rsuant to			<u>(b</u>	<u> 5</u>	<u>U \</u>	<u> </u>						
Date of Notification (1) 10/3/16						wner/Opera n Private					ШЦ	UUI		9 61	115	
Agencies Notified	Type Notification		5	Street Add	dress						L	ESTO	200	140	TRO	
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Name of Facility Where A								Туре	of Facility (4	4)						
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Street Address								×	Other (i.e. p	rivate	8 (Other than K-12) rivate & commercial buildings, hom					
City (5)									etc.) re Feet	# 0	# of Floors Bldg			lg. Age		
Atlantic City NJ 084	-04						1000+ 2 35+									
County (6) Atlantic				County C	ode (7) SE ONLY)		Current Use (Prior if being demolished) Home									
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	Na	ame of Abatement Contractor (9)									
N/A						Pe	ernaco Inc.									
Street Address						86587		Addres								
							2 5 5									
City, State, Zip Code									ip Code in NJ 080	91						
Project Manager for Mor	nitoring Firm			Telephon	e No.	10,000		one N	o. 9800		License N 00727	0.				
Start Date (10)		Scheduled	Com	npletion D	Date (11)	Na	me c	of OSI	HA Monitor							
10/14/16		10/20/16				1 170	ame	100								
Occupancy Status Durin						Str	reet A	Addre	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Ab nal Facility F	atem	nent		Cit	ty, St	ate, Z	ip Code							
Scope of Work (Check A	All That Apply)															
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(10)		Yes	No	N/A				~~~~~ ~				<u>a</u>		ate	Гe	
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United Roll Off			1 2	2459	. 10.	5			G.R.O.	w.s.						

Disposal Date

Signature

10/20/16

Title

President

Date

10/2/16

Morrisville PA 19067

City, State

Completed by Anthony T Perna

City, State

Elm NJ

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

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Date of Notification (1)	2- 11		T	Name		g Owner/Operator		EXCAUAT	ant	C	T	_			
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□ DCA	Cancellation				Jo	DIA M		b				_			
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Project Manager for Mo	onitoring Firm		Tele	ohone	№ 0.	Telephone No.	19-0472		44			_			
21 1 2 1 1 (10)	Scher	duled Co	molet	ion Da	te (11)	Name of OSHA									
Start Date (10)		10-					NI	7							
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Facility Closed/Vaca	ated During Entire Pe	eriod of A	Abater	nent						_	_	=			
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Other - Describe:										_	_	_			
Scope of Work (Check	all that apply)					□ Full Co	ntainment with Ne	gative Pressure							
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9-30-16						ng Owner/Operator	CH COL	UTRACTU	MG-	110.1	521 4	_		
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Name of Monitoring Firm	Hired by Building	Owner	T	ASCM	No.	Name of Abaten	nent Contractor (9)						
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Street Address						369	S SPIRE	ICE ALE						
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City, State, Zip Code		City, State, Zip C	ode	E M.J	080	753								
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Project Manager for Mon	nitoring Firm		Tele	phone	No.	Telephone No.	0 - 11-0	License No.						
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Start Date (10)	Sche	eduled C	omple	etion Da	ite (11)	Name of OSHA I	Monitor							
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	10	~		- '	<u> </u>	Street Address		1			1770			
Occupancy Status Durin				727		Street Address								
	ed During Entire P	eriod of	Abate	ment						_		=		
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Other - Describe:												_		
Scope of Work (Check a	Il that apply)													
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≥160 sf or ≥260 lf		DA DE	emolitic	MI .		Non-Ex	empted (*) and N	on-Friable Proced	ure					
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Project Manager for Mon	itoring Firm	No.	Telephone No.	0 01122		se No.	111							
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Start Date (10)	Scheduled	Comple	tion Da	ate (11)	Name of OSHA	Monitor A / //								
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Occupancy Status During			ment		Street Address									
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Other - Describe:														
Scope of Work (Check al	Il that apply)				П Г. И Сая	ntainment with Ne	antivo Pr	occuro.						
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TO BE ABAT		Custodia Staff?	ıl	(i.e.,	thermal systems in surfacing, VAT,		(Spe SF or		Remova	Repair	Encapsulate	Enclosure		
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Name of Registered Wast	to Hauler	IN	JDEP V	Naste I	Cubic Yards	Name of Reg	istered La	ndfill				-		
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Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	0	License No.		1					
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Date of Notification (1)	2-16		N	Name of Building Owner/Operator (2) EARTHTECH CONTRACTINGONTEOL									
Agencies Notified	Type Notification	1	5	Street Address				ENS					
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City, State, Zip Code				MAPLE SHADE M. J D805									
Project Manager for Mor	nitoring Firm		Teleph	hone No. Telephone No. License No.									
Project Manager for Mon	atoming i iiii		1.2.2.4	856-779-0472 00444									
Start Date (10)	Sche			n Date (11)	Name of OSHA	Monitor	te.						
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	to House		TAIL	EP Waste	Cubic Yards	Name of Reg	istered Landfill						
Name of Registered Was	_			ter ID No.	of Waste	CIA	L.C. M.U.	A					
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Title					Signature	1.071	Date	-7	-	14			
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Street Address						Street		dress ELAND AVE	ENUE	<u> </u>				
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Project Manager	r for Monitoring Firm		Т	elephor	ne No.	Telep	hon	e No.		License No).			
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Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards Name of Registered Waste Hauler of Waste WASTE MANAGEMENT G.R.O.W.S. TWO BROTHERS CONTRACTING 20 18743 Disposal Date ^ City, State City, State MORRISVILLE, PA 10/6/2016 TOTOWA, NJ Date

Completed by VIVECA RAMOS Title PROJECT COORDINATOR

9/30/2016



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Agencies Notified Type Notification EPA Initial Amendment 8 Emergency (including justification) Cancellation Name of Facility Where Abstement is Taking Place (3) City (3) County (3) Page (4) County (3) Name of Mortitoring Firm Hired by Building Owner (8) Sireet Address City, State, Zip Code FACILITY INFORMATION Type of Facility (4) Street Address County (3) County Code (7) FACILITY INFORMATION County Code (7) FACILITY INFORMATION County (3) Square Feet	349219	NOT	TIFIGATION OF	ABBESTO	5 ÁBATEM ind 12:120)	ient	n r P P		G	12	[V
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Date of Notification (1)	**********	P		Building Owner/C	Operator MF	PZPMMO	27500	2m = 1	(((7			
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DOH justification)		a depois	Name of	vette		D	1 1424213	họne Nun	MAT 10	- '	1	1	
DCA Cancellation		-		JTY INFORMAT	ION	<u> </u>	7/1	0.	• •		د	T	
Name of Facility Where Abatement is Taking	Place (3)	0.0				Type of Facility	(4)	etos Cl	INTE	OF 8			
Dlain field MYZPM	ma	199	emot	((C7) Spe	44	School (K-	12) ASBE	LICENS	ing.	and the second second	in trigger year. In which the		
Street Address 124 Equt 7 5+					U	Other (i.e.)	(4) ASBESTOS CONTROL 12) ASBES				home	3S,	
City (5),						Square Feet	#of P	gors	B	dg. A	ge		
Plainfield						5000	Outside Control)	1)	Of	:		
County (6)			County C	Code (7) ISE ONLY)		Current Use (Prior if being demolished)							
Union	(0)		ASCM		Marro	MPPC+ments une of Abatement Contractor (9)							
Name of Monitoring Firm Hired by Building O	witer (o)		HOUN	i Pett.	1	ime of Abatement Contractor (9) ice Insulation Co., Inc							
Street Address			1		-	tree! Address							
					95 N	95 Montrose Rd							
City, State, Zip Code					City, State, Zip Code								
					1	s Neck, New J		- 51					
Project Manager for Monitoring Firm		and the same of th	Telephon	e No.	5	none No. 294 1757		icense No 10029).			1	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Date (11)	Name	of OSHA Monitor							
10/10/16		100	16										
Occupancy Status During Abatement (Check	Only On	e)	Street Address										
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma					City S	State, Zip Code						-	
Other - Describe:	Fim				l Oity, c	, <u>-</u>							
Scope of Work (Check Ali That Apply)					1								
	X R	enoval	ion		2º	Full Containm		legative P	ressur	e			
② ≥160 sf or ≥260 lī	I D	emoliti	on		District Control	Mini-Enclosur Glovebag Pro						-	
						Non-Exempte	ed (*) and 1	Non-Friab	e Pro				
and department of the second o		Locati	777				A September 1		a - Especial		emen rpe	î.	
Location of		iormali d Sole			escriptio	n of Material (ACM)	Am	ount	di constanti di co	Ī	-	Like I was	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenar	ice/	(i.e. therma	l system	ns insulation,	(Sp	ecify	Re	z	no	ED	
In Facility (13)	Cusi	odial S (12)	tan?		icing, VA		SFo	rLF)	Removal	Repair	Encapsulate	Enclosure	
(o 2)	Yes	No	I N/A	00.01					8	-	late	re	
basement			X			16 1 30	500	1=	X				
Danemar	-		100	Pipli	7)2	1(4.51	500	Ct	1				
			-						-	ALL STATES	-	-	
as was done	1		A. Carried				disease the same of the same o		1	West State	3	and the figure	
News of Decisions of Manta United	1 1	1 54	JDEP W	acta I Cubic	Yards	Mama d	Registere	d Landilli	1	-	-	N. Daniel	
Name of Registered Waste Hauler		H	auler ID			4	Landfill						
Ace Insulation Co., Inc.		12	2086		≪ 								
City, State Colts Neck, New Jersey		Uispo	Sal Date	1	25/1	4							
Completed by		1 1	Signatur	1 1	1	Da		1					
Bree McGuire	Titte Secre	etary	Treasu	1		But	3	1/	01	11/	0		
	*						1			1	-		

		(P	ursuan	t to NJAC	8:60 an	d 12:12	0)			0	4	70	19	3
Date of Notification (1))		Name (of Building	Owner/C	Operator	(2) SSD(ide	S					
Agencies Notified Type Notification EPA Initial			Street	Address	rlees	7 [)(.	SU	life	1				
DEP Amended Amendment: Emergency (i		_[ate, Zip Co		, N	け	085	27					
DOH justification) Cancellation	nordanig			of Contact` Plackis					Tele	ephone Nu	mber			
Name of Facility Where Abatement is Taking	Dlace /	31	FAC	ILITY INF	ORMAT	ION	Tuna	25 Cooling	(4C) E		F	F	-	
Name of Facility Where Abatement is Taking	Place (٥)					1	Phacliry	-	a U 19	Lba 1			
Street Address				5			H	School (K- Subchapte Other (i.e.	er 8 (Othe	er than K-1 ്റ്റേനന്ളില്ല്	2) jal bui	dings	home	es,
City (5) Nepture	0)		.5		Squa	re Feet		Floors	and the same	Sldg. A	ge	
County (6) Monmouth	\cap		County (STATE	Code (7) USE ONLY)		Curre	nt Use (Pr	ior it bein	igi 8eMilis	hed)	description.	į.	
Name of Monitoring Firm Hired by Building C	wner (8)	ASCI	M No.				tement Co stries In		(9)				
Street Address			-			Street Address P.O. Box 915								
City, State, Zip Code				15		100000000000000000000000000000000000000		p Code / Jersey	08723					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none No)899-7),		License N	lo.			
Start Date (10)	Schedul	ed Com	pletion	Date (11)				IA Monitor					-	
Occupancy Status During Abatement (Check	•			(0)		Street	Addres	s						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of all Facility	Abatem Hours	ent			City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)														
<pre>≥3 sf or ≥3 lf ≥160 sf or ≥260 lf</pre>	-	Renova Demoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						е		
	744.55	Location											ment pe	
Location of Asbestos-Containing Material (ACM)		Normall ed Solel		Ashes	Des tos Cont	scription		(ACM)	Δn	nount		.,		
TO BE ABATED In Facility (13)	100	intenar todial S (12)			thermal surface		s insula T, or		(Sp	oecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	9 - 1	001	- C	,		/ 1 0	250			O	
			6	ast	esto	54	1005	tile	431	184	8			_
Name of Registered Waste Hauler		10000	JDEP W		Cubic			Name of	Register	ed Landfill				
Brick Industries Inc.		100000	auler ID 1602	NO.	of Was	ste /)	GROW	/S Inc.					
City, State Brick, New Jersey					Dispos	al Date	116	City, Stat	te					
Completed by Eric Plackis	Title Pres	ident			S	ignature	(116	7	Da	te / 3	301	6	

MO#19730007404

Date of Notification (1)				Na	me of Build	ing Owne	r/Operator	(2)					
	1	16		WJ Realty									
Agencies Notified Ty	pe Notification	on			eet Address			F	T) P 0	- FD 1	F.72		-
	Initial			-				1	nlet		W	E	In
	Amended				3 Broad S y, State, Zip			-	7		Septimal division		
	Amendment			- 1						-	***********	- 1	
DCA (NJAC 5:23-8)	Emergency justification)	(includ	ing		fton, NJ 07				ILI OC	T - c	2016		IU,
0 = 0 = 00 = 00 = 00 = 00 = 00 = 00 =	Cancellation				me of Conta			-	Telephone	Number		1	Jenson
	Cancellation			-	n Hartman			1			-15	J	
Name of Facility Williams				F	ACILITY	NFORM	ATION		_	ICENSIA			
Name of Facility Where Abate	ment is Tak	ing Pla	ce (3)	6 starty trans-				Type of Facilit	ty (4)				
Office building								School (K-	12)				
Street Address								Subchapte	r 8 (Other than	K-1 2)			
1333 Broad Street								homes, etc	private and co	mmercia	buildi	ngs.	
City (5)								Square Feet	# of Floor		DII		
Clifton, NJ 07013								Oquare reet	# 01 F1001	5	Bldg.	Age	
County (6)				Co	unty Code (7	STATE /	ISE ONLY)	Current Hee /	Delegation of				
Passaic					, (,	, (01/11/20	OL ONLI)	Current Use (F	rior it being a	emolished	4)		
Name of Monitoring Firm Hired	d by Building	Owne	r (8)	ASC	M No.	Nome	- 1 4 3 -						
patro or monage agree			1-7	AGG	WI INO.			ent Contractor (9)				
Street Address							h LLC						
							Address						
City, State, Zip Code		-					alley Rd#						
						City, State, Zip Code							
Project Manager for Monitoring	Firm		Tal		- 11	Wayne							
	, , , , , , , , ,		161	ephon	e No.	Telephone No. License No. 973-638-1777 01127							
Start Date (10)	Cobo	ام ما رام ما	01		ate (11)	Control of the contro	And the second second		01127				
10/12/16	30118	10	ompii	etion L	Jate (11)	Name	of OSHA M	lonitor	2.57				
	10 A S A S A S A S A S A S A S A S A S A		/	/	16	Enviro							
Occupancy Status During Abat Facility Closed/Vacated During	ement (Che	ck only	one)			Street /	Address						
Abatement Performed Outs	ide of Norma	erioa o	f Abate	ement	**	20-21 V	Wagaraw	Road, Bldg .#	35E				
Time of Abatement:	AM- F	arracii PM/	PM	rs - De	escribe AM	City, St	ate, Zip Co	ode					
Scope of Work (Check all that a						Fair La	wn, NJ 07	7410					
	apply)					П	Clean up	and decontami	nation with ne	gative pre	ssure		
>3 sf or >3 If > 160 sf or >260 If		X R	enovat	ion		Н	Full Cont Mini-Encl	ainment with Ne	gative Pressu	re			
≥ 150 st or ≥260 If			emoliti	no		\boxtimes	Glovebad	Procedure	Tent with Neg	ative Pre	ssure		
		-					Non-Exer	npted (*) and No	on-Friable Pro	cedure	ř.		
Location of			s Loca: Norma							1	Abaten	nent T	vpe
Asbestos-Containing Materi	al (ACM)		ed Sole		Anha		scription of					T	T
TO BE ABATED		19923	aintena		(i.e	thermal	systems ir	erial (ACM)	Amount (Specify	en	Repair	nca	nclo
IN Facility (13)		Cus	todial (12)	Statt?		surfa	cing, VAT,	01	SIF or LF		ar	psu	Enclosure
(10)		V/	T	1	-	other n	niscellaneo	us)	NSS 30 NSS (37)	, =		Encapsulate	е
2000000		Yes	No	N/A								1	
Basement		\perp		\boxtimes	VAT flo	or tiles			1,450 SF			П	
Basement				X	Elbow in	sulation			16 each	×			
		П	П			- Caracion			10 each			Ш	Ш
		1								L			
Name of Pagistered Marie 11			Ш									П	
Name of Registered Waste Hau	ier		NJE	IEP Wast	e Hauler ID No.	Cubic Yar	ds of Waste	Name of Regis	stered Landfill				
r Tech LLC			0	0337	85	TBD)	T.R.R.F. Inc					
City, State						Disposal	2	City, State					
Vayne, NJ 07470						TBD			Λ.				
Completed By (Print or Type)	Title)					nature A	Tullytown, PA	4	Tp.			
.Jevtic Owner						Orgi	/) ,	_	a	Date			
SB-41							Ment		/	10/03/1	6		
AY 11	*	Do noi	use th	is forn	u for asbest	os licensu	re exempte	d activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Noti, cation (1), October 3, 201	6	Name of Building	Owner/Ope Jacobs	rator (2) s Demolition & C	arting ()K	300	13	0		
	ation al Notification anded Notification	Street Address	РОВ	, v	0/~		1 /			
[x] DOL Ame	ndment # rgency (including	City, State, Zip Co		squan, NJ 08736						
I I X I DOR	fication) cellation	Name of Contact Linda	ı		Telephone Number	17				
Name of Facility Where Abatement is Taking Residence		CILITY INFORM	MATION	Type of Facility (4)	School (k-12)		- Annual Control of the Control of t	7		
Street Address					Subchapter 8 (ot Other (i.e., priva homes, etc.)	te & con	mmerci	al build	ings,	
	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 1000 sf	# of Floors	MITE	Age OL 86	0		
Lavallette	Ocean			Current Use (Prior Reside	ence	<u>jinia</u>	ny taonina ny faritr'i Nasan-Pa	erotown-s		
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.				9) n Contracting, Inc.				
Street Address			Street Ac		Route 9, Unit 61					
City, State, Zip Code			City, Star	te, Zip Code Toms	ey 087	755-12	271			
Project Manager for Monitoring Firm	Telephone Numbe	er.	Telephon 732-34	e Number	License N 00624					
Scheduled Start Date (10) 10/12/16	Scheduled Comple 10/13/16	etion Date (11)	Name of	OSHA Monitor E.M.S	.L. Analytical					
	only one) d During Entire Period of Al Outside of Normal Facility I		Street Ac	Idress 1056 S re, Zip Code	Stelton Road	ey 088	54			
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} $	5 5	vation olition	[] [] [x]	Mini-Enclosure Glovebag Proced	t with Negative Pres ure *) and Non-Friable		ıre			
	Is Location					Abat	ement '	Гуре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	As li (i.e ins	Description bestos-Con Material (A, thermal sulation, sur VAT, of her miscella	taining .CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior	X	Asbestos sidii	ng		350 sf	X				
						-				
				1						
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	3	ards of Wast	T.R.R.F.	ered Landfill					
City, State Toms River, New Jersey		osal Date 14/16	City, Sta	own, Pennsylvani	a,	T =				
Completed by (Print or Type) Nicholas Fernicola	Signature		1	1	Date 10/3	3/2016	5			

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

DEMOLITION / RENOVATION NOTIFICATION

Operato	r Project #:	Postmark:	Notification	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled): O	II.	IS ASBESTOS PRESENT? (Ye	s/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contract	ctor and other operator)				
	OWNER NAME: Jacobs Demo	lition & Carting				
	Address: P O box 9				TEJ John.	5
	City: Manasquan State:	New Jersey	Zip:	08736 La E L W		
	Contact: Linda		Tel:	732-528-3800		
	REMOVAL CONTRACTOR: Guardian Co	ntracting, Inc.		NJ License CT - 00624	6	
	Address: 1889 Route 9	O, Unit 61		10 to		
	City: Toms River State:	New Jersey	Zip:	08755ASBESTOS CONTH LICENSING	iUL 6	
	Contact: Nicholas Fer	nicola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)			NJ License:		
	Address:					
	City: State:		Zip:			
	Contact:		Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation E - Emergency Ren	ovation):	D	241	
V.	FACILITY DESCRIPTION (Including building name, number	er and floor or room number)				
	Building Name: Residence					
	Address: 225 Westmont Avenu	e				
	City: Lavallette State:	New Jersey	County:	Ocean		
	Site Location: Exterior					
	Building Size: 1000 sf # of F	loors: 1	Age in Y	ears: 60		
	Present Use: Residence	Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIATE, USED TO DETECT	T THE PRE	SENCE OF ASBESTOS MATER	IAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?				Nonf	riable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Asbestos	Material To Be
	Regulated ACM to be removed Category I ACM not removed	RACM To Be		LOCATION	40.00	oved
	Category I ACM not removed Category II ACM not removed	Removed			Cat I	Cat II
	Pipes (Linear feet):					
	Surface Area (Square feet): 350 sf	Asbestos siding		Exterior		
	RACM Off Facility Component (Cubic feet):	12				
	KACIVI OII Facinity Component (Cubic feet).				12/16	
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 10/12/1	6	Complete: 10/	13/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

х.	DESCRIPTION OF PLANNED DEMOLITION OR R	RENOVATION WOR	RK, AND METHOD(S) TO	D BE USED
xi.	AND RENOVATION SITE:	ped off with caution tape	and warning signs. Plastic sh	eeting will be placed on the ground below and the asbestos will be a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Guardi	an Contracting, I	nc.	
	Address: 1889 F	Route 9, Unit 61		
	City: Toms River	State:	New Jersey	Zip: 08755
		as Fernicola		FAFAFFS
	WASTE TRANSPORTER #2 Name:			
	Address:			
	City:	State:		
	Contact Person:			
xiii.	WASTE DISPOSAL SITE Name: T.R.R.	F.		LICENSING
	Location: Border	ntown Road		
	City: Tullytown	State:	Pennsylvania	Zip: 19007
	Telephone: 215-943-9732		Permit #:	101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	T AGENCY, PLEAS	E IDENTIFY THE AGEN	CY BELOW AND ATTACH 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:			
	Explanation of how the event caused unsafe condition	s or would cause equ	ipment damage or an unrea	asonable financial burden:
xvi,	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED,	WED IN THE EVEN PULVERIZED, OR	T THAT UNEXPECTED REDUCED TO POWDER	ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE
xvii.	THE DEMOLITION OR RENOVATION AND EVIL AVAILABLE FOR INSPECTION DURING NORM	DENCE THAT THE	REQUIRED TRAINING I	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	_	(Signature of Owner/	Operator) October 3, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION I	S CORRECT.	\sim \wedge	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner)	October 3, 2016 (Date)

Date of Notification (1)				353				::::: 4 .							
***	10/3/2016				Name of	f Building	Owner/Ope Sakou	rator (2) itis Brothers Dis	posal /	1K	30	4	3 2	,	
Agencies Notified [X] EPA [] DEP		ial Notif	ication		Street A		РОВ	ox 84		У.					
[x] DOL	[X] Em		(including		City, Sta	ate, Zip Co		Neck, NJ 07722		a II I	i Wi		m		
[X] DOH [] DCA		ification cellation			Name of	Contact John	Sakoutis		Telepho	one Numbe	F	Control of the Contro			
				FA	CILITY I	NFORM	ATION	110	11 1	nct -	g 20	10	1	1	
Name of Facility Where All Res	idence	g Place	(3)					Type of Facility (1)	ool (k-12)		A THE SECOND		and the second second	
Street Address								[\] [x]	Subchapter 8 (other than k-12) [X] Other (i.e., private & commercial building homes, etc.)						
City		Cou	nty (6)	5	County Co (STATE U		Y)	Square feet 2000 sf		f Floors	Blo	lg. Age	60		
Neptune		pomeass	nmouth					Current Use (Prio		demolished	1)		00		
Name of Monitoring Firm F N/A		Owner	(8)		ASCM No	D.	Name of	Abatement Contract	or (9)	ntracting	Ina				
Street Address			11.00-20-20				Street Ad	dress							
City, State, Zip Code				City, State	e, Zip Code), Unit 61								
Project Manager for Monitoring Firm Telephone Number								e Number	River,	New Jers License N			271		
Scheduled Start Date (10) Scheduled Complet 10/4/16 10/5/16					ion Date (11)	732-349 Name of 0	OSHA Monitor		00624		-			
Occupancy Status During A			e)	14727X			Street Add		S.L. Ana	alytical					
[X] Facili	ty Closed/Vacate ment Performed	d During	g Entire Per	riod of Aba	tement			1056	Stelton	Road					
	- Describe	Odiside	of ryoffilal	r acility ric	ours		City, State	e, Zip Code Piscat	away, N	New Jerse	ey 088	354			
Scope of Work (Check all th	at apply)						[]	Full Containme	nt with Ne	egative Pres	sure				
01	or ≥3 lf sf or ≥260 lf		[] [x]	Renova Demoli			Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
									T		Ahar	tement	Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A					Asbo M (i.e., insu	Description estos-Cont laterial (AC thermal sy lation, surf VAT, or r miscellar	aining CM) ystems acing,	(Sp	mount ecify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L	E N C L O S U R E		
Exterior X					Asbesto	os siding	3		170	0 sf	X		-		
Name of Registered Waste Ha	auler		VJDEP Was	rto Haulos	IDNI- I d	2.17.37	1 611/	T.,							
Guardian Cont		1		20223	W 190.	Jubic Yard	ds of Waste	Name of Regist T.R.R.F.	ered Lanc	itīll					
City, State Toms River, N	ew Jersey			Disposi			City, State		a /		Y.				
Completed by (Print or Type) Nicholas Fernio	cola	Title Proje	ct Manag		Signature		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	/(Date 10/3	/2016	j		

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

Check # 789

	Date of Notification (1)	10-3-1	1/-		Name of Building Owner/Operator (2)										
	Agencies Notified	Type Notification			Street	Ko t Address	nalo	d N	e 1500	Ton S	a 1/0"				
	□ EPA □ DEP □ DOL	Initial Amended Amendmen	nt #			State, Zip Code	atch	11971	UT O	70	69		C) to design and		
	DOH DCA	justification Cancellation)	9 1	_8	on Contact Ne	lsin		Welephone	N2016	er'	出	1		
	Name of Facility Where	Abatement is Takir	ng Place i	(3)	FA	CILITY INFORMA	TION	Type of Facility	Nowe STOS CO	NTRO	t		1		
	Single	Single family Dun						Type of Facility(4)=STOS CONTROL & LICENSING School (K-12)							
	Street Address		1.		Other (i.e. private & commercial buildietc.)							s, hor	mes,		
		hung	No	J	0	7069		Square Feet	# of Floors		Bldg.	Age			
. 1	County (6) Some	erst+		(5	County	Code (7)		Current Use (F	Prior if being demo	iished)	_2	1			
Lang	Name of Monitoring Firm	Hired by Building	Owner (8	\$	ASC	M No.	Name	of Abatement C	Contractor (9)	e i	S	Good of the last	A. 3		
R	Street Address	Box 3	37				Street	Address 0. Box	337	3	9 400	959 8	18		
3	City, State, Zip Code	ypt.	NS	5 6	90	533		ate, Zip Code	A PAY		18	5.	13		
7	Project Manager for Modifful grim Telephone No. Telephone No. License No. 609 758-3365 609 758-3365												F NEDEF		
3	Start Date (10) 10-13-16 Occupancy Status During Absternat (Check Only One) Occupancy Status During Absternat (Check Only One) Occupancy Status During Absternat (Check Only One)														
Z	Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement					Street Address									
Window	☐ Abatement Performe ☐ Other – Describe:	d Outside of Norm	eriod of A al Facility	Abatemer Hours	urs City, State, Zip Code										
C	Scope of Work (Check All	That Apply)					[vea	u Egypt	NJ	08	53	3			
OPe	S ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			Renovation Remolition											
			100	Location	ion						Abat	ement	t		
2	Location o Asbestos-Containing M	f laterial (ACM)	Used	lormally d Solely b		De Asbestos Con	scription o	f terial (ACM)	Amount	-	1)	/pe			
	TO BE ABAT In Facility (13)	ED	100000000000000000000000000000000000000	ntenance odial Staf (12)	(i) (ii)	(i.e. thermal surfa	systems in cing, VAT, niscellane	nsulation, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	0:11		Yes	No 1	ŴΑ			>		-		ate	.0		
ļ	Attic		X		-	WRappeo	exha	ust Duct	12 LF	X					
	Name of Registered Waste	Hauler		NJDE	P W	aste Cubic	Yarde	Name of	Registered Landfil						
	EPC Tech	nologies		Haule		No. of Was			e Manage		tot	2 P	A		
	City, State New Eq.	pt 1	U	8		bul	al Date () 28/1	City, Stat	e	PA	- 1				
5	Steve Schen	,	Pres	iden	+	(Si	gnature Sleve	e)Sch		10 ₁	3/	i 6			

100 CK

Date of Notification (1)			Name of	Building Own	er/Operator	(2)	700	,			
					er Edh	IARUM.	O'BriE	0			
Agencies Notified Type Notification			Street A	adress							
EPA Initial DEP Amended		-	City, Sta	ite, Zip Code		100			<u></u>		
DOL Z Amendment		_	53	0	LDWIC	K, N-	J 088	5	8		
DOH Emergency justification)			Name of	Contact		,	Telephone Nu			1.00	
DCA Cancellation	1			lumul		BRIEN		0.000			7 mg
Name of Facility Where Abatement is Takin	n Place (3)	FACI	LITY INFORM	ATION	Type of Facility	A & 6 E	- 11			111
NIA	9 / 1400 (-,				School (K-	1)[
Street Address						Subchapte	ri8 (Other than K-1) private & commerci	2)_ 2	016		U/\parallel
						Other (i.e.	private & commerci	al build	lings,	home	s,
City (5)			200	712-01		Square Feet	# of Floors	THE PARTY	ldg. A	The Continues	and the second
OLDWICK	\mathcal{N}	5		858		1,500	ASSESTOS			7	
County (6)			(STATE	Code (7) USE ONLY)		britan	ior if being demolis	rea)	Company (Sept.)	anting organizati	altitude in 1 etc.
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM	1 No	Name	of Abatement Co	outiff				
Almomonte ENVIRONMENT		9	100000000000000000000000000000000000000	74536	11 10 10 10 10 10 10 10 10 10 10 10 10 1	296,50	1 -	m	9	2	
Street Address	, ,	2.7100	A sector Co	11472		Address			-		
2200 Paterson Park						65 Am	boy Rd. S	ste	404	1311	4D
City, State, Zip Code					City, S	tate, Zip Code	, ,		1	1	
North Bergen New Te Project Manager for Monitoring Firm	154		704 Telephoi	67	140	ing anitil	License N	0	77	5/	
Project Manager for Monitoring Firm				-864-652		2-982-10			3		
Start Date (10)	Schedul	ed Con	pletion I	Date (11)		of OSHA Monitor		() ()			\dashv
OCT. 3227016	NO	U. Z	8ª,	2016	>						
Occupancy Status During Abatement (Chec	k Only O	ne)	1		Street	Address					
Facility Closed/Vacated During Entire I					077 0	1-1- 7'- O-d-					_
Abatement Performed Outside of Norm Other – Describe:	nai Facility	y Hours			City, S	tate, Zip Code					
Scope of Work (Check All That Apply)											-
≥3 sf or ≥3 lf	Ø.	Renova	tion			Full Containn	nent with Negative F	ressu	re		
≥160 sf or ≥260 lf	* AMERICAN AND AND AND AND AND AND AND AND AND A	Demolit			-	Mini-Enclosus Glovebag Pro					
		-25-5-2-6			4		ed (*) and Non-Friat	le Pro	cedur	е	
	Is	Locati	on							ement pe	
Location of	the second	Normalled Sole	•		Description				1 9	pe	-
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	rce/	Asbestos C	Containing N mal systems	laterial (ACM) s insulation,	Amount (Specify	Z.	7	Enc	回
In Facility	Cus	todial S (12)	staff?	St	ırfacing, VA	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-		Τ	om	er miscellar	leous)		val	Ħ	ılate	ure
1	Yes	No	N/A	water a William		B : /		1		-	
CELLAN		1	X	TS1	- P.M	brabbing	60 LF	V			
				Coly							
-											
Name of Registered Waste Hauler		12.00	JDEP W auler ID		bic Yards Waste	Name o	f Registered Landfil				
Erephold Codes		0	221	5	7	500	them All	ean	Des	20	
City, State		10	~ (V	Dis	posal Date	City, Sta	ite	1	200		
	chold	NI	1.07	728 1	0/10/1	6 845.	MILLETTER	- RI	,D	euso	اريخ
Completed by	Title			0 ,	Signature	11-	Di	ate	,	1	
Mirchael trassetti	M	دادراها	my 1	altrev	Min	lol Jan	41	7/2	6/	16	
		7	1		1 2 2	7100			17 8	-	

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

DEMOLITION / RENOVATION NOTIFICATION

Оре	erator Project #:	Postmar	k;	Notifica	tion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled): O	II.	IS ASBESTOS PRESENT?	Y (Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal con	tractor and oth	ner operator)				
	OWNER NAME: Sakoutis Brothers I	Disposal					
	Address: P O Box 84						
	City: Colts Neck Stat	te: New	Jersey	Zip:	07722	nn F F	
	Contact: John Sakoutis			Tel:	732-683-0600	3-11	
	REMOVAL CONTRACTOR: Guardian (Contracting	, Inc.		Ny License: 006	624	
	Address: 1889 Route	e 9, Unit 61	Į.		11 11 00- 00- 00- 00- 00- 00- 00- 00- 00	2016	
	City: Toms River Stat	e: New	Jersey	Zip:	08755		
	Contact: Nicholas F	ernicola		Tel:	732-349-9932	ITROL&	
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State	e:		Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovat	tion E - Emergency R	enovation):	D		
V.	FACILITY DESCRIPTION (Including building name, num				weeks.		
	Building Name: Residence						
	Address: 500 S Riverside Driv	ve					
	City: Neptune State	: New .	Jersey	County:	Monmouth		
	Site Location: Exterior		***		(\$1000-0-1100-1100-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-0-1500-		
	Building Size: 2000 sf # of	Floors:	1	Age in Ye	ears: 60		
	Present Use: Residence		Prior Use:	Residence		_	
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, II	F APPROPRI	ATE, USED TO DETE	CT THE PRES	SENCE OF ASBESTOS MATI	ERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?				·		
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	h:					friable s Material
	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION	Not '	To Be noved
	3. Category II ACM not removed		Removed				Cat II
	Pipes (Linear feet):					Cat I	Cat II
	Surface Area (Square feet): 1700 sf	Asbes	tos siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/4/16	6	Complete: 10)/5/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED									
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE US AND RENOVATION SITE:	ED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION								
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled a	s. Plastic sheeting will be placed on the ground below and the asbestos will be nd placed in a locked container for disposal.								
xii.	i. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.									
	Address: 1889 Route 9, Unit 61	3)								
	City: Toms River State: New Jersey	Zip: 08755								
	Contact Person: Nicholas Fernicola									
	WASTE TRANSPORTER #2 Name:									
	Address:									
	City: State:	Zip: () IP I IP I IP I IP I								
	Contact Person:	ID) EUEUVEINI								
xiii.	ii. WASTE DISPOSAL SITE Name: T.R.R.F.									
	Location: Bordentown Road DCT - 5, 2016									
	City: Tullytown State: Pennsylvania									
	Telephone: 215-943-9732 Permit #:	101494 LICENSING								
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE	HE AGENCY BELOW AND ATTACH 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:									
	Explanation of how the event caused unsafe conditions or would cause equipment damage of	r an unreasonable financial burden:								
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXT ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO F	PECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE OWDER								
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULE THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINED AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required as	JNING HAS BEEN-ACCOMPLISHED BY THIS PERSON WILL BE								
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of	October 3, 2016 (Date)								
xviii.	iii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.									
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of	October 3, 2016 (Date)								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 30, 2016				Name of Building Owner/Operator (2) Walters Residential, LLC (18 30425											
Agencies Notified	Type of Notifica	********			C		w arec	113	Residentia	ii, LLC	UK) 0 0	101)	
[X] EPA		uon il Notific	ation		Street A	Address	500 B	Barr	negat Blvd	l. Nortl	h				
[] DEP		nded No			City St	ate, Zip Co									
[X] DOL		ndment # rgency (i			City, St	ate, zip co		ega	at, NJ 0800	5		happen to depth of the C	and the same	-company of the con-	
[x] DOH		fication)	neruumg		Name o	of Contact				TENT :	elephone Numbe	r	W E		\ i
[] DCA [] Cancellation						Victor	г			114		-			1
				FAC	ILITY	INFORM	IATION				OCT -	r 21	716		
Name of Facility Where Al	oatement is Taking sidence	Place (3)						Type of Facil	it <u>v (4)</u>	School (k-12)	\J	010	-	
Street Address								1	[E 1 500	Subchapter 8 (c				and the section of th
						[X] Other (i.e.; private & commercial buildin homes; etc.)							dings,		
City		Count	y (6)		County (Code (7) USE ONL	V)	5	Square feet	c	# of Floors	Bld	g. Age	CO	
Ship Bottom		Ocea	ın		OTTE	ODE ONE	.,	(1500 s Current Use (l 1 being demolished	<u>l</u> i)		50	
Name of Monitoring Firm I	Hired by Building	Oumer (S	2)		ASCM N	To .	Nome	E A L		esiden					
N/A		Owner (a)		ASCIVIT	10.	Name of	A	batement Con G		9) n Contracting	. Inc.			
Street Address							Street Ad	ddre	ess			70			
City, State, Zip Code					-1-1		City, Stat	te. 2	Zip Code	889 Ro	ute 9, Unit 6	1			
							(200		Te	oms Ri	ver, New Jer	sey 08	755-1	271	
Project Manager for Monitoring Firm Telephone Number					Telephone Number License Number 732-349-9932 00624										
Scheduled Start Date (10) Scheduled Completic			on Date (1	1)		_	SHA Monitor				SIL TRANS				
10/11/16 10/14/16 Occupancy Status During Abatement (Check only one)						Street Ad	ddre		.M.S.L	. Analytical					
[X] Facil	ity Closed/Vacated	d During	Entire Period)56 Ste	lton Road				
f 3	ement Performed	Outside o	of Normal Fac	cility Ho	urs		City, State	te, Z	Zip Code						
[] Othe	r – Describe								Pi	iscataw	ay, New Jers	ey 088	354		
Scope of Work (Check all the	hat apply)						[]		Full Contai	inment w	vith Negative Pre	ssure			
[] \2	for≥3 lf		r 1	D	[] Mini-Enclosure										
	sf or ≥260 lf		[x]	Renovat Demolit			[x]		Glovebag F Non-Exem		e and Non-Friable	Procedi	ure		
					Т					1		T			=
			Is Location	ř		1	Description	n 0	of			Aba	tement	Туре	-
Location o		2000	ormally use	100000			estos-Con				Amount	R E	R E	E N	E N
Asbestos-Containing M TO BE ABAT		Moint	Solely by	4 - 31 - 1			faterial (A				(Specify SF	M	P	C	C
in facility		iviaini	tenance/Cus Staff	stodiai			, thermal s				or LF)	0	A	A P	LO
(13)			(12)			11100	VAT, or		omg,			V	R	S	S
						othe	er miscella	ane	eous)	- 1		A		U	U
		YES	NO	N/A								L		L E	R E
Exterior house only			X		Asbes	stos sidin	g				1500 sf	X			
											7)	-			,
Name of Particular	T 1										22.23				
Name of Registered Waste I Guardian Cor		N	JDEP Waste 20	223		Cubic Yar	rds of Waste		Name of R T.R.R		d Landfill				
City, State Disposal Toms River, New Jersey 10/14/							City, Stat		n, Pennsyl	vania					
Completed by (Print or Type) Title				Signatu	ire	/	177	III, I CHIISYI	- WILLIA						
Nicholas Fernicola Project Manager						1	V				9/3	0/201	6		

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

Date Received	

DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:		Notification	ion:							
I. TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT? (Ye	es/No):	Y					
III. FACILITY INFORMATION (identify owner, removal con	tractor and other	operator)									
OWNER NAME: Walters Re	esidential, LI	.C	II;	OFCE IN		- A					
Address: 500 Barnegat Blvd.	North		l land								
City: Barnegat Sta	e: New J	ersey	Zip:	08005							
Contact: Victor			Tel:	Tel: 609-607-9500 7 2016							
REMOVAL CONTRACTOR: Guardian (Contracting, 1	Inc.	NJ License: 00624 ASSESTOS CONTROL &								
Address: 1889 Rout	Address: 1889 Route 9, Unit 61										
City: Toms River Star	e: New J	ersey	Zip:	08755		i i					
Contact: Nicholas F	Contact: Nicholas Fernicola										
OTHER OPERATOR (if different)			NJ License:	10							
Address:											
City: Stat	e:		Zip:								
Contact:		Tel:									
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo	TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D										
V. FACILITY DESCRIPTION (Including building name, num	FACILITY DESCRIPTION (Including building name, number and floor or room number)										
Building Name: Residence											
Address: 273 W 15 th Street											
City: Ship Bottom Stat	e: New J	ersey	County:	Ocean							
Site Location: Exterior		and the same and the same									
Building Size: 1500 sf # of	Floors:	1	Age in Ye	ars: 60							
Present Use: Residence		Prior Use:	Residenc	e							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD,	IF APPROPRIA	TE, USED TO DETECT	THE PRES	ENCE OF ASBESTOS MATER	IAL:						
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	7· T				Nonf	riable					
		RACM			Asbestos	Material To Be					
Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCATION	24580	oved					
Category II ACM not removed		Kemoved			Cat I	Cat II					
Pipes (Linear feet):											
Surface Area (Square feet): 1500 sf	Asbest	os		Exterior							
RACM Off Facility Component (Cubic feet):											
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY	Start:	10/11/16	5	Complete: 10/1	4/16						

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Χ.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED									
xi.	DESCRIPTION OF WORK PRACTICES AND ENGAND RENOVATION SITE:	GINEERING CONTRO	OLS TO BE USED TO PREVI	ENT EMISSIONS OF ASBESTOS AT THE DEMOLITION						
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked confainer for disposal.									
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.									
	Address: 1889	Route 9, Unit 61		ШЦ ОСТ - 6 2016 Ц/						
	City: Toms River	State:	New Jersey	Zip: 08755						
		olas Fernicola	-	ASBESTOS CONTROL &						
	WASTE TRANSPORTER #2 Name:									
	Address:									
	City:	State:		Zip:						
	Contact Person:									
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.									
	Location: Bordentown Road									
	City: Tullytown	State:	Pennsylvania	Zip: 19007						
	Telephone: 215-943-9732		Permit #: 101-	494						
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	NT AGENCY, PLEAS	E IDENTIFY THE AGENCY	BELOW AND ATTACH COPY OF ORDER						
	Name:		Title:							
	Authority:									
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MM	I/DD/YY):						
XV.	FOR EMERGENCY RENOVATIONS									
	Date and Hour of Emergency (MM/DD/YY):									
	Description of the Sudden, Unexpected Event:									
	Explanation of how the event caused unsafe condition	ns or would cause equi	pment damage or an unreasona	able financial burden:						
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED			EESTOS IS FOUND OR PREVIOUSLY NONFRIABLE						
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THE I	REQUIRED TRAINING HAS	CFR PART 61, SUBPART M) WILL BE ONSITE DURING BEEN ACCOMPLISHED BY THIS PERSON WILL BE (20, 1991)						
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Oper	September 30, 2016 (Date)						
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1						
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Oper	September 30, 2016 (Date)						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 30, 2016				Name of Building Owner/Operator (2) Walters Residential, LLC Walters Residential									
						vv arto.	TS Residential, ELV		_ >	09	2	/	
Agencies Notified [X] EPA		ıl Notific			Street Address	500 B	arnegat Blvd. Nor	th					
[] DEP	The state of the s	nded No ndment #	tification		City, State, Zip Code								
[K] DOL	17,000		ncluding			Barne	gat, NJ 08005		ħΠ	F 6	Community of the Commun		
[x] DOH	The same of the sa	fication) ellation			Name of Contact Telephone Number								
[] DCA	[] Cano	enanon			Victor								
				FAC	ILITY INFORM	MATION	-	0CI - 6	2016	Mary 1	Ш		
Name of Facility Where Ab	atement is Taking idence	Place (3)				Type of Facility (4)	School (k-12)		1	7		
Street Address					[] AS Subchapter 8 (other than k-12) [X] Other (i.e.) private & commercial buildings							dings,	
City		Count	y (6)		County Code (7) (STATE USE ONI	V)	Square feet	homes, etc.) # of Floors	Bldg	g. Age			
LB Twp.		Ocea	ın		(STATE USE ONI	,1)	1000 sf Current Use (Prior if)	(50		
Name of Monitoring Firm I	Hired by Building	Owner (8	8)	-	ASCM No.	Name of	Resider Abatement Contractor		-			V 5 7 14 7 1 1 1	
N/A	11500		(6)		. 15011110.			an Contracting,	Inc.				
Street Address						Street Ad		oute 9, Unit 61					
City, State, Zip Code						City, Stat	e, Zip Code	oute 9, Offit of					
one of the state o						Toms R	liver, New Jers			271			
Project Manager for Monitoring Firm Telephone Number				732-34		License N 00624	lumber						
Scheduled Start Date (10) Scheduled Completi 10/11/16 10/14/16				on Date (11)	Name of	OSHA Monitor E.M.S.I	L. Analytical						
Occupancy Status During Abatement (Check only one)					V:	Street Ad	dress						
T 72	ity Closed/Vacated ement Performed						1056 St	elton Road					
	r – Describe	Outside (or inominar ra	icility Ho	urs	City, Stat	e, Zip Code	Na Iana	000	E 1			
								way, New Jerse		34			
Scope of Work (Check all the	hat apply)					[]		with Negative Pres	ssure				
] >3 sf	for≥3 lf		[]	Renovat	[] Mini-Enclosure ttion [] Glovebag Procedure								
[x] ≥160	sf or ≥260 lf		[x]	Demolit	, ,								
									Abat	ement '	Гуре		
			Is Locatio	3377		Descriptio			R	R	Е	Е	
Location o Asbestos-Containing M		N	Normally us Solely by			bestos-Con Material (A		Amount (Specify SF	E	E	N	N	
TO BE ABAT		Main	tenance/Cu			., thermal s		or LF)	М	P A	C A	C L	
in facility			Staff			ulation, sur	facing,		0	I	P	0	
(13)			(12)			VAT, o			V	R	S	S	
		YES	NO	N/A	Out	er miscella	ineous)		A L		L	R	
Exterior house			X	I	Asbestos sidi	10		1000 sf	X		Е	Е	
Exterior			X		Asbestos skir			1000 sf	X				
					113003t03 SKII			100 31	1				
Name of Registered Waste I		N	J JDEP Wast	e Hauler	ID No. Cubic Y	ards of Wast	e Name of Register	red Landfill			I		
Guardian Contracting, Inc. 20223					3	100	T.R.R.F.						
City, State Dispose Toms River, New Jersey 10/14						City, Sta Tullyto	te own, Pennsylvania						
Completed by (Print or Type	:)	Title		-	Signature		1		T				
Nicholas Fernicola Project Manager				\ \	7, 1	1		9/3	0/201	6			

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

Date	Received	

DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:	Notification:						
I. TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled): O	II. IS ASBESTOS PRESENT? (Yes/No): Y						
III. FACILITY INFORMATION (identify owner, removal contr	actor and other operator)							
OWNER NAME: Walters Res	idential, LLC							
Address: 500 Barnegat Blvd. 1	North							
City: Barnegat State	: New Jersey	Zip: 08005						
Contact: Victor		Tel: 609-607-9500						
REMOVAL CONTRACTOR: Guardian C	ontracting, Inc.	NJ License: 00624						
Address: 1889 Route	9, Unit 61							
City: Toms River State	New Jersey	Zip: 08755						
Contact: Nicholas Fe	rnicola	Tel: 732-349-9932						
OTHER OPERATOR (if different)		NJ License:						
Address:		MEGELVEIM						
City: State		Zip:						
Contact:		Tel: OCT - 6 2016 12						
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo	TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation):							
V. FACILITY DESCRIPTION (Including building name, number	er and floor or room number)	AGBESTOS CONTROL & LICENSING						
Building Name: Residence		The state of the s						
Address: 108 W. Winifred Av	enue							
City: LB Twp. State	New Jersey	County: Ocean						
Site Location: Exterior								
Building Size: 1000 sf # of	Floors: 1	Age in Years: 60						
Present Use: Residence	Prior Use:	Residence						
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, II	APPROPRIATE, USED TO DETEC	CT THE PRESENCE OF ASBESTOS MATERIAL:						
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING		Nonfriable						
	RACM	Asbestos Material						
Regulated ACM to be removed Category I ACM not removed	То Ве	LOCATION Removed						
Category II ACM not removed	Removed	Cat I Cat II						
Pipes (Linear feet):								
Surface Area (Square feet): 1000 sf & 100 sf	Asbestos siding & skirt	Exterior						
RACM Off Facility Component (Cubic feet):								
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 10/11/1	16 Complete: 10/14/16						

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITIO AND RENOVATION SITE. Price for removal, the work are recent the building will be reped off with caution large and warning signs. Plastic shorting will be placed on the ground below and the abecits will be removed by non-finable procedures. All weaths will be placed of which of not librage, sealed and labeled and placed in a becked container for disposal. XIII. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zep: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: Address: 2 Name: Address: Zip: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: T.R.F. Location: Bordentown Road City: State: Zip: 19007 Tolephone 215-943-9732 Permit #: 101494 xiv: IP DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Tide: 101494 xiv: IP DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Tide: 101494 xiv: FOR EMERGENCY RENOVATIONS Date of Order (MMTDDYY): Date Ordered to Begin (MMDDSYY): ASSESSION OF THE AGENCY BELOW AND ATTACH COPY OF ORDER Xivi: DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULYERIZED, OR REDUCED TO POWDER Xivi: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CIT; PART 61, SUBPART M) WILL BE ONSITE DURIN THE DEMOLITION OR RENOVATION AND E PUDENCE THAT THE REQUILD THAN INDIVIDUAL SECURITY THE RESOURCE AND RESOURCE AND REPORDED SECURITY THAT THE ABOVE INFORMATION IS CORRECT. Nicholas Fermicola / Project Manager (Printed Name/Tite) Project Manager September 30, 2016 XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Nicholas Fermicola / Project Manager	Х.	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION WC	PRK, AND METHOD(S) TO B	BE USED	
NIL WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: WASTE TRANSPORTER #2 Name: Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: City: State: Zip: Contact Person: WILL WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Person: WILL PERSON STATE OF THE ADDRESS OF THE STATE	xi.		NGINEERING CONTI	ROLS TO BE USED TO PREV	VENT EMISSIONS OF AS	BESTOS AT THE DEMOLITION
Address: State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Disposal Site Name: Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494 xiv: If DEMOLITION OR REDE BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Ti						d below and the asbestos will be
City: Toms River	xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting,	Inc.		
Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Penmit #: 101494 xiv. If DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER 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: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Xvii. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER XVII. ICERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURIN THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURDS. (Required after Nevember 20, 1991) Nicholas Fernicola / Project Manager (Frinted Name/Title) (Signature of Owner/Operator) September 30, 2016 (Date)		Address: 1889	Route 9, Unit 61			
WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person: wiii. WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Pennit #: 101494 xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: The pennit #: 101494 xiv. FOR EMERGENCY RENOVATIONS Date of Order (MM/DD/YY): Date Of Order (MM/DD/YY): Date of Order (MM/DD/YY): Description of the Sudden, Unexpected Event: LISPOSIANA Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: xvii. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER xviii. ICERTIEY THAT AN INDIVIDUAL TRANSED IN THE PROVISIONS OF THIS REGULATION (40 CER PART 61, SUBPART M) WILL BE ONSITE DURIN THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRANSING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS-HOURS. (Required after November 20, 1991) Nicholas Fernicola / Project Manager (Printed Name/Title) September 30, 2016 (Date)		City: Toms River	State:	New Jersey	Zip: 0	08755
Address: City: State: Zip: Contact Person: xiii. WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Pemnit #: 101494 xiv. If DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Tit		Contact Person: Nich	olas Fernicola			
City: State: Zip: Contact Person: XIII. WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Penmit #: 101494 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Signature of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): VV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURIN THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS-HOURS. (Required after Movember 20, 1991) Nicholas Fernicola / Project Manager (Signature of Owner/Operator) September 30, 2016 (Date) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		WASTE TRANSPORTER #2 Name:				
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Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURIN THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Owner/Operator) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		Date and Hour of Emergency (MM/DD/YY):				COTTIOL 6
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(Printed Name/Title) (Signature of Owner/Operator) (Date) xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	xvii.	THE DEMOLITION OR RENOVATION AND EV	IDENCE THAT THE	REQUIRED TRAINING HAS	S BEEN ACCOMPLISHED	T M) WILL BE ONSITE DURING O BY THIS PERSON WILL BE
				(Signature of Owner/Ope	erator)	80 80% 50%
Nicholas Fernicola / Project Manager September 30, 2016	xviii.			7 1	1	
(Printed Name/Title) (Signature of Owner/Operator) (Date)				(Signature of Owner/Ope	erator)	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	eptember 30, 20	16			Name o	of Building (ential, LLC	CF	3	04	120	,
Agencies Notified [X] EPA [] DEP		l Notific	ation tification			Address		arnegat l	Blvd. Nort					
[x] DOL	Ame	ndment # gency (i	f ncluding		City, Si	tate, Zip Coo		gat, NJ (08005		and the second section of	and the second second	123 6	
[x] DOH [] DCA	VII - 100 (E3)(0.000.000	ication) ellation			Name o	of Contact Victor			T	elephone Number		W		
				FAC	CILITY	INFORM	IATION			31				
Name of Facility Where Al	patement is Taking sidence	Place (3)					Type of	Facility (4)	School (k-12)	- 6	2010	And other Party Property Prope	
Street Address									[x]	Other (i.e., priva homes, etc.)	te & co		al build	lings,
City		Count	ty (6)			Code (7) USE ONL	Y)	Square 1	feet 00 sf	# of Floors	_	g. Age	50	
Harvey Ceda	ars	Ocea	ın				\$3			being demolished)				
Name of Monitoring Firm		Owner (8	3)		ASCM 1	No.	Name of	Abatemen	t Contractor (Inc			
Street Address	•						Street Ad	idress	0.000 NO.000 N. 184	oute 9, Unit 61				
City, State, Zip Code							City, Stat	te, Zip Coo	le	iver, New Jers	ev 08'	755-1	271	
Project Manager for Monito	oring Firm		Telephone N	Number			Telephon	ne Number 9-9932		License N 00624		755 1.	271	
Scheduled Start Date (10) 10/11/16)		Scheduled C 10/14/1		on Date (11)	Name of	OSHA M		. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacated			l of Aba	toment		Street Ad	ldress	1056 St	elton Road				
[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	tement Performed						City Stat	te, Zip Coo	0,50,6 Bt 540	onon Road	-			
[] Othe	er – Describe						0.0,, 0	,p		vay, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[]		Containment v -Enclosure	with Negative Pres	sure			
	f or ≥3 lf		[]	Renova			[]	Glove	ebag Procedu					
[X] ≥160) sf or ≥260 lf		[x]	Demoli	tion		[x]	Non-	Exempted (*)	and Non-Friable	Procedu	ire		
											Abat	ement	Гуре	
Location of	of	1	Is Location Normally us				Description bestos-Cor			Amount	R E	R E	E N	E N
Asbestos-Containing M	faterial (ACM)		Solely by			N	Material (A	CM)		(Specify SF	M	P	C	C
TO BE ABA' in facility		Main	tenance/Cu Staff	stodial			, thermal:			or LF)	0	A	A P	LO
(13)			(12)			11130	VAT, c				V	R	S	S
						oth	er miscella	aneous)			Α		U	U R
		YES	NO	N/A							L		Е	Е
Exterior house			X			stos sidin				1600 sf	X			
Exterior			X		Tran	site panel	S			1500	X			
									100-11					
Name of Registered Waste	Hauler ntracting, Inc.	1	NJDEP Waste	Hauler	ID No.	Cubic Ya	rds of Wast		ne of Register	ed Landfill				
City, State				Dispos	sal Date		City, Sta	ate						
Toms River, Completed by (Print or Typ	e)	Title		10/14	4/16 Signat	ture	Tullyte	own, Ber	nnsylvania	1			A-411	
Nicholas Ferr	nicola	Proje	ct Manage	r			1	-	/	/	9/3	0/201	6	

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

	The first of the control of the cont
Data	Received
Date	Received

DEMOLITION / RENOVATION NOTIFICATION

Opera	ator Project #:	Postmark:	Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled): O	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contra	actor and other operator)				
	OWNER NAME: Walters Res	idential, LLC				
	Address: 500 Barnegat Blvd. N	North				
	City: Barnegat State	New Jersey	Zip:	08005	E I-VI	
	Contact: Victor		Tel:	609-607-9500	里川川	\
	REMOVAL CONTRACTOR: Guardian Co	ontracting, Inc.	71/	NJ Elcense: 0062	11 200	1
	Address: 1889 Route	9, Unit 61		nct - 6 20	16 /-	
30	City: Toms River State	New Jersey	Zip:	08755	1 2	
	Contact: Nicholas Fe	rnicola	Tel:	732-349-9932 OS CON	17101- a	and the second second
	OTHER OPERATOR (if different)			NJ License:		
	Address:			The state of the s		
	City: State:		Zip:			
	Contact:		Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation E - Emergency R	enovation):	D		
V.	FACILITY DESCRIPTION (Including building name, numb	er and floor or room number)				
	Building Name: Residence					
	Address: 6208 Long Beach Bl	vd.				
	City: Harvey Cedars State:	New Jersey	County:	Ocean		
	Site Location: Exterior					
	Building Size: 1500 sf # of F	loors: 1	Age in Ye	ears: 60		
	Present Use: Residence	Prior Use:	Residence	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIATE, USED TO DETE	CT THE PRES	SENCE OF ASBESTOS MATE	ERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING				Nonf	friable
		RACM			Asbestos	Material To Be
	Regulated ACM to be removed Category I ACM not removed	To Be		LOCATION	7.77	noved
	Category II ACM not removed	Removed			Cat I	Cat II
	Pipes (Linear feet):					
	Surface Area (Square feet): 1600 sf & 1500 sf	Asbestos siding & tranis	ste panels	Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 10/11/	/16	Complete: 10)/14/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

	2025 - 40			
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONT	ROLS TO BE USED TO PREV	VENT EMISSIONS OF ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be pla	e roped off with caution ta ced in double 6 mil. Bags,	pe and warning signs. Plastic sheet sealed and labeled and placed in a l	ing will be placed on the ground below and the asbestos will be ocked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.	
	Address: 188	Route 9, Unit 61		
	City: Toms River	State:	New Jersey	Zip: 08755
	Contact Person: Nicl	nolas Fernicola		
	WASTE TRANSPORTER #2 Name:			
	Address:			In EGETVEIN
	City:	State:		Zip:
	Contact Person:			ШШ OCT - 6 2016 В
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.		A CONTRACT C
	Location: Boro	dentown Road		ASSESTOS CONTROL à LICENSING
	City: Tullytown	State:	Pennsylvania	Zip: 19007
	Telephone: 215-943-9732		Permit #: 101	1494
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND ATTACH COPY OF ORDER
	Name:		Title:	
	Authority:			
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MI	M/DD/YY):
XV.	FOR EMERGENCY RENOVATIONS			
	Date and Hour of Emergency (MM/DD/YY):			
	Description of the Sudden, Unexpected Event:			
	Explanation of how the event caused unsafe conditi	ons or would cause eq	uipment damage or an unreason	nable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE			BESTOS IS FOUND OR PREVIOUSLY NONFRIABLE
xvii.		IDENCE THAT THE	REQUIRED TRAINING HAS	CFR PART 61, SUBPART M) WILL BE ONSITE DURING BEEN ACCOMPLISHED BY THIS PERSON WILL BE 120, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner/Ope	September 30, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		
	Nicholas Fernicola / Project Manager (Printed Name/Title)	3 	(Signature of Owner/Ope	September 30, 2016 (Date)

Check # 9790

	Date of Notification (1)	1	Name of	Building Owner/C	perator (2)		ا داد				
1	Agencies Notified Type Notification	Q	Street A	ddress	lase	C0.7	structi	00			
	□ EPA 🐹 Initial		. (J.49g .	2376	Luck	6	AUE _				
	DEP	cluding	Name of	Scatch Contact	Plains õe	TA.	F C	70 mhar	70		
			FACI	LITY INFORMATI			T not-	- 2	116	4	Uļ
	Name of Facility Where Abatement is Taking	Place (3) [] نند [أ				of Facility (1	b 4	JIU	}	
	Street Address).	Descri	'^)		- B	School (K-1 Subchapter Other (i.e. p etc.)	8 Other than K-1 private & commerc LICE	ial build	lings,	tome	1 5,
	City (5) Sec (2014 N)	7 (875	50		re Feet			ldg. A	ge) +	_
	County (6) Mon mouth	0 0	County (or if being demolis	hed) عناد			-
Y	Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM	No.	Name of Aba					Billion	
2	EPC Technolog	gies		NA	EF	2760	chaolee	116		Ln	
7	Ro. Box 33	57			Street Addre	Box	337	9			
4	City, State, Zip Code	NZ	80	533	City State, Z	Egy	D+ NJ	0	8	13	
5	Project Manager for Monifieri gy Firm		Telephor	ne No. 758-3365	Telephone N 609 758		5 License N	0.	19	4	
?	Start Date (10) /0 - 14 - 16	Cheduled Co	ompletion I	Date (11)	Name of OSI	-	hnologies	I	nc	*	
Š	Occupancy Status During Abatement (Check	Only One)			Street Addre		227				
2	Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of Abate I Facility Hou	ement		City, State, Z		301				-
3	Other – Describe:				New	Egypt	TU	280	53	3	
_	Scope of Work (Check All That Apply)	□ Renov	ration		□ Fu	Il Containm	ent with Negative I	Pressu	re		
マン	≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Demo			Min Gle	ni-Enclosure ovebag Prod	3			е	
J	1	Is Loca	ation						Abate	ement	
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainten Custodia (12	lely by ance/ I Staff?	Asbestos Cont (i.e. thermal surface	scription of aining Materia systems insul cing, VAT, or niscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes No	.N/A							е	
	1 floor	X	-	Whapped	Air Duc	t '	40 LF	X			
			+								
	Name of Registered Waste Hauler		NJDEP W Hauler ID			A common of the	Registered Landfi				
	EPC Technologies	,	170	00	sal Date	Wast	e Manage	men	40	E P	N.F
	1 1 4 10	VJ.		by 1	10-21-16	Morn	isville	PA			
	Sheve Schenker	Presid	len+	, ,	Sleepe	Sch	h	10-	3-	16	



											5.72		
Date of Notification (1)	20 /	16				of Building	Owner/Operator (2	2)			1		
	/				wicr	idei i Noi	HOH	E (D	G I W L	11	11	2013	
Agencies Notified EPA	Type Notificati ☑ Initial	ion			Street A	Address		10) = "	1 (1. 1)				
☐ DOLWD	☐ Amended			-	City, St	ate, Zip C	ode	Holl -	T - 6 2016		4		
☑ DHSS	Amendmer	-	_			donfield.		111 111 00	CT - 5 2010	-	1,000		
DCA	☐ Emergency justification		ng	+		of Contact		11 20	Telephone Number	r		0.	
(NJAC 5:23-8)	☐ Cancellation					andra H		LASS	īg.		3		
							FORMATION	ASDI	LICALIA				
Name of Facility Where	Abatement is Ta	king Pla	ce (3)	FAC	ILII I IIV	PORMATION	Type of Facility (4	1)	Service.			-
Resident	Abatement is To	iking r ia	00 (0	,				☐ School (K-12)					
Street Address								☐ Subchapter 8	(Other than K-12)	al bui	Idina		
Street Address								homes, etc.)	vate and commerc	ai bui	iding:	5,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Haddonfield NJ								3,200Sf	3 Floors	1	929		
County (6)		alf-			Count	ty Code (7	(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
Camden COUNTY	1					areas and the	900 SD. 1	Resident					
Name of Monitoring Firm		ng Owne	er (8)	1	ASCM I	No.	Name of Abateme	ent Contractor (9)			H		
							Graham-Tecl	n Environmenta	I Service, LLC.				
Street Address							Street Address						
							14 Read Driv	е					
City, State, Zip Code							City, State, Zip Ci	ode					
							Sicklerville, I	NJ 08081					
Project Manager for Mor	nitoring Firm		Ţ.	Tele	phone I	No.	Telephone No.		License No.				
							856-318-1341		01158				
Start Date (10)	S	cheduled	Con	nple	tion Dat	e (11)	Name of OSHA N	lonitor					
10 / 15	16_	10	1_	16	_ / _	16	Graham-Tec	h Environmenta	I Services, LLC				
Occupancy Status Durin	ng Abatement (C	heck on	ly one	e)			Street Address						
☐ Facility Closed/Vaca					ment		14 Read Driv	е					
☐ Abatement Performe						cribe	City, State, Zip C	ode					
Time of Abatement:	7AM-11:30PM/	P	M		_AM		Sicklerville,	NJ 08081					
Scope of Work (Check a	all that apply)	-370		e V					-ti - D				
□>3 sf or >3 lf		Ø	Reno	vati	on		☐ Full Con	tainment with Neg	ative Pressure				
□≥3 \$1 61 ≥3 11 □≥160 sf or ≥260 lf		Parameter .	Dem					g Procedure					
						,	∐ Non-Exe	empted (*) and Nor	n-Friable Procedur	_			
1	5			ocat			Description	of			atem		1
Locatio Asbestos-Containing			Jsed	Sole	ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB	BATED				ince/ Staff?	(i.e	., thermal systems		(Specify SF or LF)	Nov	air	aps	losu
IN Fac				(12)			surfacing, VAT other miscelland		SP OF LF)	3		ulat	re
(10)		Ye	es	No	N/A			3.5 (4)				CD	
Basement			1	X		Asbest	os Pipe Insulati	on	20LF				
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			-	_									1
		L	1	\boxtimes						1-			Ⴞ
]	\boxtimes	\boxtimes								
Name of Registered Wa	aste Hauler			10.50	NJDEP!		Cubic Yards of	Name of Regis			10		
Graham-Tech Env	rironmental Se	ervice,	LLC	1	lauler II 00346		Waste	G.R.O.W. N	orth Landfill &	Tully	tow	n	
City, State					00070		Disposal Date	City, State					
14 Read Drive Sic	klerville, NJ 0	8081						1513 Brode	entown Rd. Mor	risvil	le,P	A	
Completed By (Print or		Title	-	-			\$ighature .	- M	Da	te ,	1	11	
Vernice Graham	- 1000 f	Pres	ider	nt			Your	10 MA	Mi /	40	H.	14	2

NO CK

Date of Notification (1) 10-1-2016					Building (0,				
Agencies Notified	Type Notification			Street A	ddress										-
□ EPA	× Initial				ain Aver										
DEP X DOL	Amended Amendment		_		ite, Zip Co ead, NJ			II) E C	E					
DOH DCA	Emergency (justification) Cancellation	including	1.0	Name of Nick G	Contact Silman				3	Tele	ephone Num	nber			
				FACI	LITY INFO	RMATI	ON		11 00	7	5 2016		7		
Name of Facility Where Residential	Abatement is Taking	g Place (3	3)					Type	of Facility (4 School (K-12	2)	201200	-0	A CONTRACTOR OF THE PERSON OF		
Street Address								×	Subchapter Other (i.e. pretc.)	8 (Otherivate 8	er than K-12 commercia) a I build	lings,	home	es,
City (5) Bay Head, NJ 0874	12							Squa 178	are Feet	# of 2	Floors		ldg. A 7+	ge	
County (6) Ocean				County (Code (7) USE ONLY			Curr	ent Use (Prio	r if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	1 No.				atement Con vironment			С			
Street Address				1				Addre Virgir	ess nia Avenue)					
City, State, Zip Code									Zip Code ty, NJ 073	04					
Project Manager for Mor	nitoring Firm			Telepho	ne No.			hone N			License No 01174	0.			
Start Date (10) 10-10-2016		Schedul		npletion l	Date (11)		STATE OF THE PARTY		HA Monitor Above						
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addre	ess						
Facility Closed/Vac Abatement Perform	ated During Entire F ned Outside of Norm	Period of	Abaten	nent			City, S	State, 2	Zip Code						
Other – Describe:															
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	-	Renova Demolit					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	261400 P000.000			e	
	10,000	10	Locat	ion		0				//			Abate	ement	t
Location	n of	1000	Norma			Do	scription	n of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma Cus	ed Sole aintena todial ((12)	nce/ Staff?		tos Con therma surfa	taining I	Materia ns insu AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	* =	Yes	No	N/A			V-V-0						_		
Throughout th	e property		X		Asl	pestos	joint c	comp	ound	47	'82 SF	X			
				+											
				-											
Name of Registered Wa	ste Hauler		1	JUEP W	Vaste	Cubic	Yards		Name of I	Registe	ered Landfill	_		_	
Green Environment		;	0.000	Hauler ID 034889		of Wa					North Lan	dfill			
City, State Jersey City, NJ							sal Date 4-2016		City, State Morrisv		Α	5.5- 179.000			
Completed by Liliana Serrano		Title Offic	e Ma	nager			Signatur	e C: P	Son	r.k.	Da 10	ite)-1-2	016		

Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply)	T T		(Purs	uant	to NJAC	8:60 ai	nd 12:12	20)		OK	2	49	4		
EPA Initial Amended City, State, Jip Code Constitution C	Date of Notification (1)	6	Na	me of	Building	Swner	Operato	or (2)	700	1200	2000+	_			
DDP Amended Amendment # Emergency (including DOA Cancellation DOA Cancellation DOA Cancellation DOA Cancellation DOA Cancellation DOA DO	Agencies Notified Type Notification		Str	eet Ad	ddress	V ()	1 D	(X)	100	raga 1	1 P				
DOH	DEP Amended		Cit	y, Stat	te, Zip C	ode	NU	1111	MOS	CF	(VC				
DOH justification Name of Contact Enc Plackis Scheduled Completion PACILITY INFORMATION Type of Facility Where Abatement is Taking Place (3) Scheduled (14.7) Scheduled (1			- [0	0 -	wa	di	UJ	18	879	时间几	W	E		Ì
Street Address City (5) County (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address City (5) County (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address Project Manager for Monitoring Firm Telephone No. (72)899-7499 Ocupancy Status During Abatement (Check Only One) Street Address Project Manager for Monitoring Firm Telephone No. (72)899-7499 Ocupancy Status During Abatement (Check Only One) Facility Closed/Oxacade During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other Describe: Street Address Full Containment with Negative Pressure Mini-Enclosure Clive State 28 of Containing Material (ACM) In Back Apt County (13) Abatement Performed Outside of Normal Facility Hours Other Describe: Street Address Street Address Full Containment with Negative Pressure Mini-Enclosure Clive State 28 of care 28	DOH justification)	147 81.558								Te	fephone N	umber	5		
Street Address City (5) County (6) County Code (7) County (6) County (7) County (7) County (8) County (9) County (9) County (9) County (10) County (Name of Facility Where Abatement is Takin	g Place (3)		FACIL	ITY INF	ORMAT	ION	Туре	of Eacili	y (4) O(ST - 6	2016	-	IJ	
City (5) County (6) County (6) County (7) County (7) County (7) County (8) County (9) County (19) County (1	Street Address								School (F	12)			and all the same		700
County (6) County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address Project Manager for Monitoring Firm Telephone No. (732)899-7499 Clity, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 Clity, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 Clity, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 Clity, State, Zip Code Clity, State, Zip Code Street Address Street Address Clity, State, Zip Code Clity, State, Zip Code Clity, State, Zip Code Street Address Clity, State, Zip Code Clity, State Clity, Stat	Street Address	1							Other (i.e	e. private	& commer	car bu	idings	, hom	les,
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723 Foliet Manager for Monitoring Firm Telephone No. Telephone No. (732)899-7499 O1196 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Street Address Facility Closed/Wasted During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Name of Registered Landfill Renovation Description of Asbestos Containing Material (ACM) Custodian Staff (12) Yes No N/A Name of Registered Landfill GROWS Inc. Signature PA Disposal Date PA PA Disposal Date PA PA Disposal Date	City (5) Union Br	call	7							# c	of Floors		Bldg.	Age	
Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code City, State	County (6) MOMOZA	Square Feet # of Floors Bldg. Age ty (6) County Code (7) (STATE USE ONLY) e of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address P.O. Box 915													
Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. City, State, Zip Code Brick, New Jersey 08723 Telephone No. City State	Name of Monitoring Firm Hired by Building (Square Feet # of Floors Bldg. Age County Code (7)	3												
City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723	Street Address	Square Feet # of Floors Bldg. Age County Code (7) Current Use (Prior if being demolished) The of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address P.O. Box 915 State, Zip Code Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Street Address P.O. Box 915													
Brick, New Jersey 08723 Telephone No. (732)899-7499	City State 7in Code	nty (6) County Code (7) Current Use (Prior if being demolished) e of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. et Address P.O. Box 915 State, Zip Code City, State, Zip Code													
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cither – Describe: City, State, Zip Code Ci	City, State, Zip Code									y 08723	3				
Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Normally Jused Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of OSHA Monitor Street Address City, State, Zip Code City, State, Zip	Project Manager for Monitoring Firm		Tele	phone	e No.		The same of the same					Vo.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply)	Start Date (10)	Scheduled	Comple	tion D	ate (11)			*	171-223-22	or	01130		-		
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply)	Occupancy Status During Abatement (Check	(Only One)	OIC	-4	116		Street	Addres	S						
≥3 sf or ≥3 If ≥160 sf or ≥260 If Renovation Demolition Pull Containment with Negative Pressure Minl-Enclosure Glovebag Procedure Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Abatement Performed Outside of Norm	eriod of Aba al Facility Ho	atement ours				City, S	itate, Zip	o Code						
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Start Date (10)	ring Abatement (Chated During Entire med Outside of Nor 7:00AMI k all that apply) tion of hing Material (ACM) ABATED facility 13)	neck only or Period of Amal Facility PM/3:30 PM	mpletin 18 ne) Abatem Hours Inovation molition Locati Normal Id Sole intenal Sole (12) No	on Date / nent - Desc AM on n liv ly by nce/ Staff? N/A	Asbe (i.e	Name of OSHA BRISTOL EN Street Address 1123 BEAVE City, State, Zip O BRISTOL, P Full Co Mini-E Glovet Non-E: Description stos Containing N thermal system surfacing, V other miscella sulation Cubic Yards of Waste 2	Monito NVIRO ER ST Code PA 190 Interpretation of Materians insulation of Mater	REET OO7 ment with Nee ed (*) and	egative Pressure lon-Friable Proce Amount (Specify SF or LF) 12 LF	Removal	Repair	T	T
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CR# 3105

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Date of Notification (1)	30 /							r/Operator (2	-)	-			-				
9 / _		E.I. duPont de Nemours															
Agencies Notified	Type Notification	on			Street A	ddress				12.3							
□ EPA					250 Cheesequake Road												
☑ DOLWD	☐ Amended			-	City, State, Zip Code 00T = 9 2015												
□ DHSS	Amendmen	t #	_			n, NJ 088			(4)	001	_0:0						
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(NJAC 5:23-8)	justification						_ 1 _ 1			Totophone reams	-	1 8		1			
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					FAC	ILITY INF	ORN	NATION	- particular	ACTIVITIES AND STATE OF ACTIVITIES AND ACTIVITIES A							
Name of Facility Where	Abatement is Tal	king Pla	ace (3)					Type of Facility								
DuPont Parlin Faci									School (K-1	2)							
Street Address									☐ Subchapter	8 (Other than K-12) private and commerci	al hui	dinas					
250 Cheesequake	Road								homes, etc		u, 5u.	unig.	1				
	rtoau								Square Feet	# of Floors	Bld	g. Ag	е				
City (5)																	
Parlin					T 6 .	0 1 (7)	OTAT	THOT ONLY	Current Lice /E	rior if being demolish	ed)						
County (6)					Count	y Code (7)	(STATE	E USE ONLY)	Current Ose (F	nor il being demonsi.	ou,						
Middlesex																	
Name of Monitoring Firm	n Hired by Buildir	ng Own	er (8) /	ASCM N	10.	Name of Abatement Contractor (9)										
Cardno ATC							BF	RISTOL EN	VIRONMENT	AL, INC.							
Street Address							Stree	et Address									
3 Terri Lane							11	23 BEAVE	R STREET								
City, State, Zip Code							City.	State, Zip C	ode								
	116						BRISTOL, PA 19007										
Burlington, NJ 080			T	Tolo	phone N	No.	Telephone No. License No.										
Project Manager for Mo			11000-0-5000	9-386-			15-788-6040 00509										
John Lutz						Name of OSHA Monitor											
Start Date (10)					tion Dat		BRISTOL ENVIRONMENTAL, INC.										
10 / _17_ /	16_	10_	_ /	17	_ / _	16_											
Occupancy Status Durin	ng Abatement (C	heck or	nly or	ne)			Street Address										
☐ Facility Closed/Vaca	ted During Entire	Period	of A	bater	ment		1123 BEAVER STREET										
Abatement Performe	ed Outside of Nor	mal Fa	cility	Hour	s - Des	cribe	City, State, Zip Code										
Time of Abatement:	7:00AM	PM/ <u>3:3</u>	0PN	1	AM		BRISTOL, PA 19007										
Coope of Mark (Chack :	all that apply)																
Scope of Work (Check a	ан илас арргу)							☐ Full Cor	tainment with N	egative Pressure							
≥3 sf or ≥3 lf				ovati			 ✓ Mini-Enclosure ✓ Glovebag Procedure 										
☐ ≥160 sf or ≥260 lf		L	Der	nolitio	n			☐ Non-Exe	empted (*) and h	Non-Friable Procedure	е						
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				orma				Description	of		100	7					
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TO BE AE				ntena		(i.e	., the	rmal systems	insulation,	(Specify	IOV	al-	sde	uso			
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			es	140						6 EA							
Exterior Finishing C	Courtyard					Pipe Fit	tting	Insulation		6 EA			ш	ш			
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Name of Registered Waste Hauler NJDEP Waste								ic Yards of	Name of Re	gistered Landfill							
PRISTOL ENVIRONMENTAL INC. Hauler ID No.								ste	GROWS	Landfill							
10700								posal Date	City, State								
City, State							1			lle, PA 19067							
BRISTOL, PA							1	0/18/2016	IVIOTTISVI								
Completed By (Print or	Type)	Title						Signature	0 -	Da Da	1	1					
Gino Pizzigoni		Est	ima	tor				Line	Pigner	ne /2l 9	/30	1/0	6				
Onto Fizzigotii									11 /			7-7-7					

MAY 11 GI /6/07B

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

CR# 3/05

										CAC.							
Date of Notification (1)					Name	of Building	Owner/Operator	(2)									
9 / 30 / 16							e Nemours		71.1000	E A E	7 7.7		10.5	-			
										EGE	11 //9/	E	79%				
Agencies Notified	Type Notificat	ion				Address			(L)								
□ EPA	☐ Initial						luake Road			1							
☑ DOLWD	Amended Amendme	nt #			City, S	tate, Zip C	ode			OCT -	6 201	6					
☐ DCA	☐ Emergenc		luding		Parl	in, NJ 08	859		lan -				******				
(NJAC 5:23-8)	justificatio		Jung		Name	of Contact				Telephone Nu	mber		1				
	☐ Cancellation				Nich	nol Reinh	old				TH	್ಟ ಕ					
			-		FΔC	II ITV IN	ILITY INFORMATION										
Name of Facility Where	Abatamant in T	nkin n	Diaca	/3\	I'AC	ALLE I IN	ORMATION	T	vne of Facility /	4)							
N 100 100 100 100 1740 1000 1		11/25	Place	(3)			Type of Facility (4)										
DuPont Parlin Faci	ility - Blag 42	5				School (K-12) Subchapter 8 (Other than K-12)											
Street Address								D	Other (i.e., pr	ivate and comm	nercial bu	ilding	S,				
250 Cheesequake	Road							homes, etc.)									
City (5)								S	quare Feet	# of Floors	Blo	dg. Ag	e				
Parlin																	
County (6)		-1			Coun	ty Code (7)	(STATE USE ONLY) C	urrent Use (Pri	or if being demo	olished)						
Middlesex																	
Name of Monitoring Firm	n Hired by Build	ina O	wner (8)	ASCM I	No.	Name of Abate	ment	Contractor (9)		rtullin	- 22					
Cardno ATC		.,					Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.										
Street Address							Street Address										
							1123 BEAV	FR	STREET								
3 Terri Lane									57 h 3 h 3 y 60 5 Y h 11 K 1								
City, State, Zip Code							City, State, Zip Code										
Burlington, NJ 080							BRISTOL, PA 19007										
Project Manager for Mor		Tele	phone l	No.	Telephone No.												
John Lutz				60	9-386	-8800	215-788-6040 00509										
Start Date (10)	omple	tion Da	te (11)	Name of OSHA Monitor													
10 / 18 /	16	1()_/	18	_ /	16	BRISTOL ENVIRONMENTAL, INC.										
Occupancy Status Durin							Street Address										
☐ Facility Closed/Vacat					ment		1123 BEAVER STREET										
☐ Abatement Performe						cribe											
Time of Abatement:							BRISTOL, PA 19007										
				27.5=			DRISTOL, I	AI	3001								
Scope of Work (Check a	all that apply)							ontai	nment with Neg	ative Pressure							
≥3 sf or ≥3 lf			⊠ Re	novati	on		Mini-Enclosure										
☐ ≥160 sf or ≥260 lf				molitic	tion Solovebag Procedure												
					Non-Exempted (*) and Non-Friable Procedure												
				Locat Norma			9 <u>2</u> 5 8158285	12				Abatement					
Location		,		Norma ed Sole		A a b a	Description stos Containing I		rial (ACM)	Amount	Re	Re	Enc	Enc			
Asbestos-Containing TO BE AB)		intena			stos Containing i ., thermal systen			(Specify	Remova	Repair	Encapsulate	Enclosure			
IN Faci			Cus		Staff?	(surfacing, V/	AT, o	r	SF or LF)	<u>8</u>		sula	ure			
(13)				(12)	T.	-	other miscella	neou	is)				ite				
			Yes	No	N/A												
Interior Bldg 425			\boxtimes			Pipe Fi	tting Insulatio	n		5 EA							
3					1									П			
			Ш									1					
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												П	П				
	Щ.		N/h-	Oubin Vanda of		Name of Regis	tered Landfill				_						
Name of Registered Waste Hauler NJDEP W							Cubic Yards of Waste										
BRISTOL ENVIRONMENTAL INC Hauler ID 1 18706							1		GROWS La	anann							
City, State				Disposal Date		City, State											
BRISTOL, PA				10/19/2016		Morrisville	lle, PA 19067										
	Type)	Title					Signature		Date								
Completed By (Print or	(Abe)	14/2007	stima	tor				//	-	10	9/3	01	16				
Gino Pizzigoni	Line	10	grigore	176	1110	1	0										

ASB-41 MAY 11 GI 16/07 2 * Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 9/30/16	N		Building I	Owner/Or	peretor BROU										
Agencies Motified Type Notification	anicanica de America	Ś	tree! Adi	PROBLEM OF CHARLES				*	EG		V	E			
EPA	(induding	-	lame of 0	ZAJE Contact LIAM	CK Bi	,N ww.	J.	076	66 AGT	– C	201	Ì			
Name of Facility Where Abatement is Takin	n Place (3)		FACIL	TY INFO	ORMATIC	NC	Туре	of Facility (4	1) ASBEST	J5 GC	AKT F	01- 8			
RESIDENCE Street Address			Schoo <u>(K-1</u> Subchapler				Nome	3S.							
City (6) TEANECK.		V3 (10 (4 (-1)))	re Feet 316	# of Floors		Bidg Age +50									
County (6)	9	Current Use (Prior if being demolished)													
Name of Monitoring Firm Hired by Building		ASCM No. Name of Abatement Contractor (9) A.MAC Contracting Inc.													
Street Address	-				Street 185		ss and Ave								
City State, Zip Code							ip Code ark, NJ								
Project Manager for Monitoring Firm	1	elephon	e Nu.		The second of	elephone No.									
Start Date (10) /0/11/16		completion Date (11) Name of OSHA Monitor O/30/16 Omega Environmental Services													
Occupantly Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement							Street Address 280 Huyler St. City State, Zip Code								
Abatement Performed Outside of Norr Other – Describe:	nai Facility i	mours		mana and an		Hackensack, NJ 07606									
Scope of Work (Check All That Apply) 23 sf or 23 ff 2150 st or 2250 lf		enovati		one second and parties of			- Mr	ni-Enclosure ovebag Proc				re			
Park and the second	1000000	ocatio omialiy	100	ALBERTA CONTRACTOR AND			Material (ACM) Amount III as insulation, (Specify & 8 8 8 8 4 7 7 7 7 7 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Soleh Soleh Stenan Stal St (12)	y by		itos Conti . Ihermal	system ling. VA							Endosure		
D. N	Yes	No.	N/A						00.0		+	G	-		
BEDLOOM #2		/	V	W	ALL	<u>PUA</u>	<u>.57 €</u>	et. 30sf		Y					
and the contract of the contra	The second secon			······································		× -+			***************************************						
Name of Registered Waste Hauler Newark Carting , Inc.	Ha	IDEP Wa Juler ID 1 509		Cubic of VVas	te [Name of Registered Landfill IESI PA Bethlehem Landfill Corp.									
City State Newark, NJ						al Date	۸.	Bethleh							
Completed by Joseph Vocaturo	Title Vice P	resid	lent			ghature		Voia	ture	Date 9/	36	16			
ASB-41 (R-05-08)					yy y - 1 amening and a second	· Do A	olarse	this form for	asbestos licen	sure exe	mpter	f activi	ties.		

16073

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

CK 13259

Date of Notification (1)					T NI	(D . 1) (1)	_				V 4 1		, (_					
4 0						Name of Building Owner/Operator (2)													
	<u> </u>	16			EDENS														
Agencies Notified										A James Adul Marke					-	-			
⊠ EPA					21	21 Custom House Street, Suite 450													
☑ DOLWD ☑ DHSS	☐ Amende	_	,		City,	State, Zip	Code	<u> </u>		11 11-			-	-					
□ DCA	Amendm Emerger		-		Во	ston, MA	021	10		F						1			
(NJAC 5:23-8)	3	Nam	e of Contac	ct				ToiDET N	lumbar	2016	-	TL.	211						
	justificati Cancella				Ai	yssa Tort	olar	i		4									
					50020			RMATION				NOTE OF THE PARTY NAMED IN							
Name of Facility Where A	hatament is	Tokins	Dlace	(2)	ГА	CILITY	NFO	RIVIATION			ASRESTOS CONTROL &								
Princeton Shopping		Taking	Place	(3)					Type of Fa	(4) TO COLUMN	ility (4) LICENSING								
Street Address	g Center				☐ School (K-12) ☐ Subchapter 8 (Other than K-12)														
301 North Harrison	☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,																		
				homes	etc.)														
City (5)				Square Fe		# of Floors		Bld	g. Ag	е									
Princeton, NJ 08540					277,286	5	1		6	2									
County (6)	Cou	County Code (7)(STATE USE ONLY) Current Use (Prior if being demoi																	
Mercer						Vacant Retail Stores													
Name of Monitoring Firm		ASCN	No.	Name of Abatement Contractor (9)															
Accredited Enviro	nmental	nolog	ies,	NA		1	Alliance Envi	ironmenta	Syste	ems									
Street Address	- 9			Str	eet Address						-								
28 N. Pennell Rd.		550 East Union St.																	
City, State, Zip Code	1	City, State, Zip Code																	
Media, PA 19063		West Chester, PA 19382																	
Project Manager for Moni	No.	Telephone No. License No.																	
Eric Sutherland			1-0114	610-701-9000 00508															
Start Date (10)	1		ate (11)		me of OSHA M	Large Company		00000											
_10 / 17 /	16																		
Occupancy Status During				2-5-7-2			Street Address												
□ Facility Closed/Vacate																			
☐ Abatement Performed	Outside of N	ormal	Facility	, Ho	ure - De	scribe			11: 10:00.00.00.00.00.00.00.00.00.00.00.00.00										
Time of Abatement: 7/	AMPN	M/3:30	PM-	y 1 10	AM	Oity, Otate, Zip Oode													
							N	ledia, PA 19	063										
Scope of Work (Check all	that apply)							□ Full Coat	oinmant with	. Nana	D								
			⊠ Re	nova	ation		☐ Full Containment with Negative Pressure ☑ Mini-Enclosure												
≥160 sf or ≥260 lf			☐ De	moli	tion		☐ Glovebag Procedure												
								☐ Non-Exe	empted (*) and Non-Friable Procedure										
Location	of			Loc	ation					Ţ.		1	Abat	eme	nt Ty	уре			
Asbestos-Containing N		1)			lely by	Ashe	etne	Description of Containing Mar			Amount	3	0	R	m	Ш			
TO BE ABA	TED	"			nance/	(i.e	., the	ermal systems i	nsulation,		(Specify	Ì	Bemoval	Repair	cap	iclo			
IN Facility (13)	у		Cust	ا00اa 12)	I Staff?		5	surfacing, VAT,	or		SF or LF)	2	5	7	Encapsulate	Enclosure			
(13)		i	Yes	No		1	ot	her miscellane	ous)						ate	w			
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Unit 250						Duct In				-	1300 SF			4					
Unit 250								uon		-	120 SF			=	믬				
Unit 250							Transite 200 SF ⊠ Pipe Insulation 32 LF ⊠												
Name of Registered Wast	e Hauler				NJDEP	A STATE OF THE PARTY		**************************************	Name of		32 LF		7 1	_		Ш			
Empire Wrecking Co		Pand	inc	1.0	NJDEP Hauler I		Wa	oic Yards of ste	a Vacina Baccoso Sas III	177	red Landfill								
	ompany of	read	ing		1331		6	0	Neverte de la constante		ks Landfill					3			
City, State								posal Date	City, State	9									
Reading, PA							T	BD	Birdsb	oro, P	Α								
Completed By (Print or Ty	pe)	Title	į.					Signature	(65	N/M		Date	/	/					
Mark Griffin		Es	timat	or					7	174		9/	3/	1/1	4				
ASB-41										1//		1/		11		-			