a the firsting (4)		1 1	lame of	Building Owner/Operator	(2)	1
Date of Notification (1)	-116		MRS	S. V. KINDE	- BECELVEDI	4
Agency Notified	Type Notification	15	Street Ad			
□ EPA	la Initiai			- A d	GE NJ 00705 Z016	
	☐ Amended	1	City, Stat	e, Zip Code	C= NT 0705Z	
I DEP IZ DOL	Amendment #	. L	. M	EST DICAN	Telephone Number	
D DOH	institication)					of the same
II DCA	☐ Cancellation			S. KINDELL	ASI LIUENSING	
	•		FACILI	TY INFORMATION	Angelian and the state of the s	-
Name of Facility Where	Abatement is Taking Place	e (3)		•	Type of Facility (4)	
	. Y. KIN DE			***	☐ School (K-12)	
Street Address					Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings,	
Street Address					homes, etc.)	
				Mid au	Screen Feet # of Floors Bidg. Age	
City (5)	- 1	<u> </u>	10	70.28 (0.24	2100: 2 1.935	
. WE	ST. ORANCE	<u> </u>		Code (7) (STATE USE	Current Use (Prior if being demolished)	
County (6)	**	1	ONLY	2008 (/) (STATE DOL	RESIDENCE.	
ES	SEY.		2000 E	I Man of Man	ment Contractor (9)	
Name of Monitoring Fir	m Hired by Building Owner	ASCM	No.		7	
(8)			1.00		emoval Inc	
Street Address	•			Street Address	59	
					th River St	
City, State, Zip Code				City, State, Zip		
Ong, can, at	V20				sack, N.J. 07601	
Project Manager for M	neitorino Firm	Telepho	ne No.	Telephone No.	License No.	
blolect wanded on m	Called a series			201-329	9-7444 - 00388	
	Scheduled Co	moletion D	de (11)	Name of OSH	A Monitor	
Start Date (10)		18/16		Omega	Environmental	
	ring Abatement (Check only			Street Address		
	•			280 E	Huyler St	
☐ Facility Closed/Vac	sted During Entire Period of	r Abatemen Bu Hours -	Œ	City, State, Zip	Code	
D Other - Describe:	ed Outside of Normal Facilities & 100 AM TO J	:001-6	7 -	S. Ha	ackensack ,N.J. 07606	
Scope of Work (Check					I Containment with Negative Pressure	
Scope of More Concor	r oth state odules)		notice.	nation 2 Mil	nj-Enclosure	
21 ≥ 3 sf or ≥ 3 ff			□ Dem	- DA	makes Description	
U 2 160 St 01 2 200 B				□ No	n-Exempted (*) and Non-Friable Procedure Abatem	ent
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		Norm	ally	Description	n of	
Achocins-Contai	ation of ning Material (ACM)	Used So Mainten		Achaetra Containing	Material (ACM) Amount Specify Specify	T S
TO BE	ABATED	Custo	dal	(i.e., thermal system surfacing. V		Enclosure
10 Miles	Facility . (13)	(12		other miscell	aneous)	100
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		Yes No	N/A		EN INSULATION GO LE X	1
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Name of Registered	Alacta Hasslar	NEOSE	Waste I	fauler Cubic Yards		
Rost Rost	noval Inc	ID No.		Waste	Minerva Enterprises , LL	C
Desc Mei	TO 101 1110	1	7109	/		
City, State				Disposal Date	e City, State	
	ack , N.J. 07	7601		10/18/1	Waynesburg, Oh, 44688	
Completed by	Title			Signature	Pois roug 10/4/18	_
J.Maioran	co Est	imato:	r	1 (/ (7
ASB-41	* Do no	at use this fo	orm for a	sbestos licensure exemp	ted activities.	

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O115-F	10.0

Date of Notification (1)		71	Vame of	Building	Owner/O	perator ((2)	- TE		2	141	F	yarra.			
9/2/16				JOH		Mac	7. 30 1.1 1	Jr					111			
Agencies Notified Type Notification		- 3	Street Ac					711								
☐ EPA ☑ Initial									OCT_	- 7	2016		11-			
DEP Amended	4	(te, Zip Co				201								
X DOL Amendment		-	E	L120	LBETH	1,1	2.3 0	1001	M anodne		10000					
X DOH justification)				Contact		*		196	V. anndne	rimber	UTHIL	JL /				
DCA. Cancellation				OHA	Ma		hippin						26			
Name of Facility Where Abatement is Taking	Place (3)		PACIL	_III INC	ORMATIC	JIN	Type of Facility	(4)					-			
RESIDENCE							School (K-	12)								
Street Address							Subchapte	er B (Othe				0.50°1.00m; vs.10.10°				
							Other (i.e. etc.)	private à	k commer	cial phile	cial buildings, home					
City (5)							Square Feet	# 01	Floors	8	Bldg. Age					
ELIZABETH							2,800		2		+5	D				
County (6)		(County C	Code (7)			Current Use (P.	rior if bei	ng demoli	shed)			0011-15			
UNION		1		ISE ONLY	/		CE	SIDON	UTIAC							
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abatement Co		(9)							
							C Contractin	g inc.								
Street Address					į		Address /reeland Ave									
City, State. Zip Code							ate, Zip Code									
City, State. Zip Code							nd Park, NJ									
Project Manager for Monitoring Firm			Telephor	ne No			one No.		License	No						
3,			, отор то	, , , , , ,			262-5841									
Start Date (10)	Schedule	d Com	pletion [Date (11)		Name o	of OSHA Monito									
10/4/16	101	301	16		-	Omeg	ga Environme	ental Se	ervices							
Occupancy Status During Abatement (Check	Only One	e) /	, ,				Address									
Facility Closed/Vacated During Entire P	eriod of A	batem	ent			280 H	łuyler St.									
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours				53	ate, Zip Code									
						Hack	Hackensack, NJ 07606									
Scope of Work (Check All That Apply)	_/					parama.										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Full Contains		Negative	Pressu	re					
23 - 100 0/ 0/ - 1200 11		STRIOND	UII			Mini-Enclosure Glovebag Procedure										
	1		-				Non-Exempte	ed (*) and	Non-Fri	able Pro						
		Location	2000									ement pe				
Location of Asbestos-Containing Material (ACM)	38 STATE OF THE ST	ormall Solel	* CCC	Ashaa		cription										
TO BE ABATED		ntenar					aterial (ACM) insulation,		mount specify	D	_	Enc	回			
In Facility (13)	Cusic	odial S (12)	tan?			ing, VA7			or LF)	Remova	Repair	aps	Enclosure			
(10)	1				other m	iiscellani	eous)			val	=	ncapsulate	ure			
	Yes	No	N/A								_	ω				
Basinant & Assoc GLAWL			1		PIPE	/NS	LATION	35	OLF	1						
						-										
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yarris	Name o	Renista	red Land	<u> </u>						
Newark Carting , Inc.	Ha	auler ID		of Was	te	1271-222-2320-23	Name of Registered Landfill ESI PA Bethlehem Landfill Corp.									
	104	509		٤	1			CHEIL	.anum	UUI						
City, State Newark, NJ	Disposal Date City, State					- Au-Pillia										
Completed by	itle Signature Bethlehem, PA															
Joseph Vocaturo	resid	lent		Si	gnature	A -/-	/		Date	.1,	,					
							11. VO	Tulle	UL	9/2	1/1	0				



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CHECK# 9206

Date of Notification (1)			T	Name of	Building Joh											
Agencies Notified	Type Notification		-	Street A		2	Mad	JIK.								
□ EPA	☐ Initial								15.3		18					
X DEP X DOL	Amended Amendment	į			te, Zip Co		ι .	17 0	201				III			
⊠ DOH	Emergency (i	ncluding	-	Name of	Contact	1051	7 , 1	7.2 0	Tel	ephone Nu	mber)	世	廾		
DCA DCA	Cancellation				OHN		LCIK									
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INF	ORMATI	ON	Type of Facility	(4)	TOS DO JOENSII	VIEL	11. č		+		
LES.	DONCE							School (K	-12)	JUENSII	4G					
Street Address	10									er than K-1 & commerc		ouildings, homes,				
City (5)								Square Feet	# 0	Floors	E	\ge				
County (6)	BETH		- 1	County 0	20da (7)			2,800 Current Use (P	d'ar if h ai	2	la a di	+5	0			
UNIO	6				JSE ONLY)				UTAL	neu)					
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.			of Abatement C C Contractin	ontractor	(9)			**********			
Street Address		XIII		-	100000000000000000000000000000000000000			Address /reeland Ave								
City, State, Zip Code								tate, Zip Code ind Park, NJ								
Project Manager for Mor	nitoring Firm			Telephor	ne No.		1,000	ephone No. License No. 01)262-5841 00156								
Start Date (10)	Com	pletion [Date (11)		100000	of OSHA Monito		ervices								
Occupancy Status Durin	ng Abatement (Check	Only One) '	200 Unides Ct												
Facility Closed/Vac Abatement Perform	ated During Entire P ned Outside of Norma	eriod of Ab	atem Hours	ent				late, Zip Code								
Other – Describe:								ckensack, NJ 07606								
Scope of Work (Check A	All That Apply)						П									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure									
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Asbestos-Containing TO BE AB	Material (ACM)	Used Main	Sole! tenan			tos Cont	aining M	aterial (ACM)	4	mount			E.			
In Faci	lity	Custo	dial S (12)	taff?	(1.8.	surfac	cing, VA			pecify or LF)	Removal	Repair	псар	Enclosure		
(13)			No.	N/A		other m	niscellan	eous)	SOME PARKET AND THE P		oval	air	ncapsulate	sure		
Baconin i di		163	140	N/A		200		V. 45	25	~ _	+/	-				
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								with the second								
Name of Registered Was	ste Hauler			JDEP W		Cubic '	Yards	Name o	f Registe	red Landfil	1					
Newark Carting , Inc).			suler ID 1 509	No.	of Was										
City, State Newark, NJ				55515	al Date	City, Sta	ite hem. P	Α								
Completed by				1//6" ignature	/			ale ·	-7	7						
Joseph Vocaturo		Vice Pr	resid	lent			37	1. 1/0	Tutte)	10	2/3	11	6		



Date of Notification (1) 10/4/16 Agencies Notified Type Notification Street Address	homes,
EPA DDP Amended Amended Amended Amended (Cedar Bonnet Island) Manahawkin NJ 08050 0CT - 7 2016 DOH DCA DOH DCA	homes,
Amended Amendment # Cedar Bonnet Island) Manahawkin NJ 08050 0CT - 7 2016 DOH	homes,
Amended Amendment # Cedar Bonnet Island) Manahawkin NJ 08050 0CT - 7 2016 DOH	homes,
Emergency (including justification) Cancellation Name of Contact ken FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Ken Konchan Private Home Street Address City (5) (Cedar Bonnet Island) Manahawkin NJ 08050 Remergency (including justification) Name of Contact ken Talenbace Number Talenbace Number School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors Bldg. A 35+	homes,
Name of Facility Where Abatement is Taking Place (3) Ken Konchan Private Home Street Address City (5) (Cedar Bonnet Island) Manahawkin NJ 08050 Ken Konchan Private Home School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors Bldg. A 35+	homes,
Name of Facility Where Abatement is Taking Place (3) Ken Konchan Private Home Street Address Street Address City (5) (Cedar Bonnet Island) Manahawkin NJ 08050 Type of Facility-(4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors Bldg. A 35+	homes,
Ken Konchan Private Home Street Address Street Address Other (i.e. private & commercial buildings, etc.) City (5) (Cedar Bonnet Island) Manahawkin NJ 08050 School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors 1000+ 1 35+	
Street Address Other (i.e. private & commercial buildings, etc.) City (5) (Cedar Bonnet Island) Manahawkin NJ 08050 Square Feet # of Floors #	
City (5) (Cedar Bonnet Island) Manahawkin NJ 08050 Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors 1000+ 1 35+	
City (5) (Cedar Bonnet Island) Manahawkin NJ 08050 Square Feet # of Floors Bldg. A 35+	ge
(Cedar Bonnet Island) Manahawkin NJ 08050 1000+ 1 35+	
County (6)	
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Pernaco Inc.	
Street Address Street Address	
PO Box 329	
City, State, Zip Code City, State, Zip Code	
West Berlin NJ 08091	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727	
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf Enovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	4
Is Location Abate	ment
Location of Normally Description of Used Solely by Ashestos Containing Material (ACM))e
Aspestos-Containing Material (ACM) Amount Aspestos Containing Material (ACM) Amount	<u></u>
In Facility Custodial Staff? surfacing, VAT, or SF or LF)	Enclosure
	Enclosure Encapsulate
Yes No N/A Exterior Siding X Exterior Siding 1200 SF x	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	
United Roll Off Hauler ID No. 22459 G.R.O.W.S.	
City, State Disposal Date City, State Elm NJ Disposal Date Morrisville PA 19067	
Completed by Title Signature Date Anthony T Perna President 10/4/16	

Date of Notification (1) Name of Building Owner/Operator (2) Thomas Keller Private Home 10/4/16 Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended × Spray Beach NJ 08008 Amendment # DOL Emergency (including Name of Contact Telephone Number DOH iustification) Vanessa Cancellation DCA **FACILITY INFORMATION** LILENDING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Thomas Keller Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1000 +35 +2 Spray Beach NJ 08008 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Ocean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00727 856-753-9800 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/17/16 10/21/16 Same Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes N/A No **Exterior Siding** 2500 SF Exterior Siding X Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste G.R.O.W.S. United Roll off 22459 5 City, State Disposal Date City, State Morrisville PA 19067 10/18/16 Elm NJ Title Signature Date Completed by 10/4/16 Anthony T Perna President

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

CK 5746

Date of Notification (1) 10/4/16		F	lame of Robert	Building C & Barba	wner/Cara Po	perator dstask	(2) ci Priva	ate Home)											
Agencies Notified Type Notification X EPA X Initial		5	Street Ad	idress								. H.	Œ.							
DEP Amended Amendment				e, Zip Coo ty NJ 08						OCT	- 7	2016								
Emergency justification) DCA Cancellation	including	100	lame of Robert	Contact					Tale	nhone N	umher	(acyline)								
Name of Facility Where Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATI	ON	Type o	f Facility (4		ULUTU LIC	- 101	9	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	econo						
Robert & Barbara Podstaski Priva							S	chool (K-12	2)		40)									
Street Address							× O	ubchapter 8 ther (i.e. pr c.)				lding	, hom	ies,						
City (5) Surf City NJ 08008							Square 1000-		# of 2	Floors		Bldg. 35+	Age							
County (6) Ocean			County C	ode (7) SE ONLY)		_	Curren	it Use (Prio ∋	r if bei	ng demol	ished)									
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)										
Street Address							Address Box 32													
City, State, Zip Code						City, S Wes														
Project Manager for Monitoring Firm			Γelephor	ne No.		100000000000000000000000000000000000000	none No 753-98			License										
Start Date (10) 10/13/16							of OSH	A Monitor					111111111111111111111111111111111111111							
Occupancy Status During Abatement (Che	k Only One)				Street	Address	S					97 1977							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Al nal Facility I	atem Hours	ent			City, S	State, Zip	Code												
Scope of Work (Check All That Apply)																				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	enovat emoliti				Full Containment with Negative Promotion Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable														
	T	41				E	Non	-Exempled	() an	u NOII-FI	lable FI	707200	itemer	nt						
Location of	N	ocation or mall	У		De	scription	n of						уре	_						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Solel ntenar odial S (12)	ice/	Asbest (i.e.	tos Con therma surfa	taining I	Material is insulat AT, or	(ACM) tion,	(5	Amount (Specify SF or LF)				(Specify		(Specify		Kepair	Encapsulate	Enclosure
Exterior Siding	165	140	X		Fyte	erior Si	dina		19	00 SF	x	+	+							
Exterior Siding					LXIC	21101 01	uiiig					+	+	-						
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Name of Registered Waste Hauler	1000	JDEP W auler ID		1 37,173,73,73	Yards		Name of I	Registe	ered Land	dfill										
United Roll off	nited Roll off					ste			R.O.W.S.											
City, State Elm NJ					Disposal Date City, State 10/18/16 Morrisville PA 19067															
Completed by Anthony T Perna	Title Presid	dent				Signatur	e				Date 10/4/	16								

New Jersey Department of Health Consumer, Environmental and Occupational Health Service

PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

OCT - 7 2016

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION	ON
Date of Notification: 10 / 3 / 2016 ☑ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must incomplete of Work: ☐ Demolition ☐ Renovation	clude justification)
II. BUILDING INFORMATION	l .
Name of Building Owner/Operator: Jacob	b Harmon
Street Address: City: Montclair	State: NJ Zip: 07042
Name of Contact: Carl George - Paul Davis Restoration	elephone No.:
III. FACILITY INFORMATION	1 -
Name of Facility Where Work Activity is to Take Place:	Harmon Residence
Describe Facility Use: Residenc	
	State: NJ Zip: 07042
	tate Use Only):
Scheduled Start Date: 10 / 13 / 2016 Scheduled Com	
Occupancy Status During Activity (check only one):	
☐ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	
Scope of Work (check all that apply):	
⊠ Floor Tile Square Footage: 150 SF	Percentage Asbestos:%
Mastic Square Footage:150 SF	Percentage Asbestos:%
IV. CONTRACTOR INFORMATI	ION
Company Name: Shade Environmental, LLC	Telephone No.: 856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade	State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842	And the State of t
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services	Telephone No.:609-298-4070
V. SIGNATURE	
Completed By (type or print legibly): Christina Lynch Title:	Vice President of Operations
Signature:	Date:October 3, 2016

CK. 3372

Date of Notification (1)	4 /	16					Owner/Operator (2 Gun Club	2)		0	CT -	7 2	016	Tilbrane		
									-	-				-1-		
Agencies Notified ⊠ EPA	Type Notificati	ion				Address 4 th Aver	2110		1	ASRES	TUS					
☑ DOLWD	☐ Amended			-		ate, Zip Ci			-		LILEIV		50.	25		
☑ DOH	Amendmer	nt #			0.000		NJ 08037				Andrew Control		-			
☐ DCA	☐ Emergency		uding	-		of Contact	143 00037		Teleni	none Num	her		_	-		
(NJAC 5:23-8)	justification						- Paul Davis Re	eteration	ГСІСРІ	TOTIC TYUIT	1001					
	Cancellatio	on				•		Storation	_		-			_		
					FAC	ILITY IN	FORMATION	F	41							
Name of Facility Where A		king P	Place ((3)				Type of Facility (
Weekstown Gun Cl	lub							School (K-12		than K-12	2)					
Street Address								Other (i.e., pr	private and commercial buildings,							
2530 4 th Avenue								homes, etc.)			101					
City (5)								Square Feet	200	Floors		lg. Ag	je			
Hammonton								2,320	3			30				
County (6)					Count	ty Code (7)	(STATE USE ONLY)			ng demol	ished)					
Atlantic								Hunting Loc	dge							
Name of Monitoring Firm	Hired by Buildi	ing Ow	vner (8	3)	ASCM I	No.	Name of Abatement Contractor (9)									
MDG Environment	al, LLC						Shade Enviro	Shade Environmental, LLC								
Street Address							Street Address									
1000 Maplewood D	rive, Suite 20	7					623 Cutler A	Avenue								
City, State, Zip Code							City, State, Zip C	ip Code								
Maple Shade, NJ 0	8052						Maple Shade	e, NJ 08052								
Project Manager for Mor		-	-	Tele	phone i	Vo.	Telephone No.	License No.								
Chris Macri	9			85	6-755	-9300	856-755-0099	9	0.0	0842						
Start Date (10)	T S	chedu	led Co	mple	tion Dat	te (11)	Name of OSHA Monitor									
10 / 17 /				535	_ / _		EMSL Analyt	tical, Inc.								
Occupancy Status Durin	a Abatement (C	Check	only o	ne)			Street Address			100						
□ Facility Closed/Vacat					ment		200 Route 13	30 North								
☐ Abatement Performe	d Outside of No	rmal F	acility	Hour	s - Des		City, State, Zip C									
Time of Abatement:	AIVI	PIVI/		_PIVI-		AIVI	Cinnaminsor	n, NJ 08077								
Scope of Work (Check a	Il that apply)						⊠ Full Con	tainment with Neg	gative F	ressure						
			⊠ Rei	novati	on		☐ Mini-En	closure	•							
≥160 sf or ≥260 lf		Ī	_ Der	molitic	n		Gloveba	ig Procedure empted (*) and No	n Erioh	lo Proced	lure					
							☐ Non-Exe	empted () and No	n-Fnac	ne Froceo		ntom	ent Ty	/DO		
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TO BE AB		'		intena			., thermal systems	insulation,		Specify	JOV	a-	aps	180		
IN Faci	1000		Cusi	(12)	Staff?		surfacing, VAT other miscelland		5	F or LF)	<u>m</u>		Encapsulate	-G		
(13)		-	Yes	No	N/A		Other miscenan	2003)					Ф			
Kitchen			П		T _D	Linoleu	ım		2	55 SF						
						211.0.00					$\exists \Box$	ĪП	П	П		
Name of Registered Waste Hauler						Waste	Cubic Yards of	Name of Regi								
Shade Environmental, LLC						D No.	Waste 2	Atlantic C	ounty	Utilities	Autho	rity				
City, State							Disposal Date	City, State								
Maple Shade, NJ					10/20/2016 Egg Harbor Township, NJ											
Completed By (Print or Type) Title							Signature	1			Date	20				
Christina Lynch		Op	oerati	ions	Manag	ger	()MDA		3		101	1/1	6			

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Date of Notification (1) 4/10/16					Building C Sm Priva			(2)				OCT	_	7	2016				
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Ď DOH DCA	justification) Cancellation			vame or Chris	Contact					rele	sphone iv	IUIIIDE	#1						
L DCA	Caricellation				LITY INFO	RMAT	ION			÷:				-					
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Street Address								×	Subchapter 8 Other (i.e. pri etc.)				ouild	ings,	home	s,			
City (5)									re Feet	# of	Floors		Bldg. Age						
Atlantic City NJ 084	101							1000)+	2			35	5+		year - 1,			
County (6) Atlantic					Code (7) JSE ONLY)			Curre	nt Use (Prior 16	if bei	ng demol	lished)						
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.			of Aba aco ir	tement Conti	ractor	(9)								
Street Address								Addres											
City, State, Zip Code								State, Z t Berli	91										
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Teleph	License No.											
,	ŭ						856-						727						
Start Date (10) 10/18/18		d Com	pletion l	Date (11)		Name Sam		HA Monitor											
Occupancy Status Durin	g Abatement (Ched	k Only One	e)				Street	Addres	SS										
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr							State, Z	ip Code										
Scope of Work (Check A																			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	·	THE REAL PROPERTY.	enoval emoliti		12			Mir	Il Containmen ni-Enclosure ovebag Proce n-Exempted	edure									
		1				II-Exempled	() all	u 14011-1 1	lable			ement							
1 8 -		10000	Location ormall												ре				
Location Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED lity	Used Mair	Solel ntenar odial S (12)	y by nce/		tos Cor therma surf	escription ntaining M al system acing, VA miscellar	Materia s insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure			
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				X			Floor til				50 SF	2							
bedro	om			X			FIOOT UI	е		30	00 SF	X							
					- V1-		Name of Registered Landfill												
Name of Registered Waste Hauler United Roll Off NJDEP Wa Hauler ID N 22459						of W	c Yards aste		G.R.O.V		neu Land	11111							
City, State Elm NJ	20	1					Disposal Date City, State 10/21/16 Morrisville PA 19067												
Completed by Anthony T Perna		Title Presid						e /	,			Date 10/4		ì					
											10/4/10								

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

		(FULS				(-	101						
Date of Notification	1 (1)					Owner/Operator	(2)			nome Carte major Pr	on complete.	v-c-mi	mumpus co
10/3/2016			1 2	atrick	SII	none			FRI	3	W	P	10
Agencies Notified	Type Notifica	ation	Str	eet Addres	s				T23 72 E			-	
[]EPA	[X]Initial							liní					
[]DEP	Notific	ation	Cit	y, State,	Zip	Code			001	-7	'Ulb		
[X]DOL	[]Amended		M	iontcla:	ir,1	NJ,07043							
[X] DOH	Notific	ation	Nan	ne of Conta	ct			Telephon	e-Number		Tho	- P.	
[]DCA	[]EMERGENO	Y	E	atrick	Sir	none						to he	
[]2021	[]Cancella	tion						4,700,000	are no bearing and the	<u> </u>	-		
					ITY I	NFORMATION							
Name of Facility Wh		is Tak	ing	Place (3)			Type	of Facil	ity (4)				
Patrick Simon	ie] School	(K-12) ter 8 (Othe	r that	1 K-	121	
Street Addres				-					i.e., priva				
									uildings, h	nomes,	etc	.)	
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City (5		County	(6)	Essex	112000	nty Code (7)		2000	1 1		57		- 21
Montclair					,		Curr	ent Use (Prior if be	eing a	≥mo⊥	ısn	ea)
		- : : : : :		2006 37-		Name of Abate	mont	Contracto	r (9)				
Name of Monitoring Owner (8)	Firm hired by	Bulldi	ng	ASCM NO.		AZTECH M							
N/A						STATE OF THE STATE			, =====		_		
Street Address						Street Addres		her St					
						11			•				
City, State, Zip Co	ode					City, State, Montclai			42				
	1,17					11		140 070		Licens	o Mr	rmho	
Project Manager for	Monitoring F		173	hone Numbe	r	Telephone Num (973) 744		00		003		HIIDE	21
			I/A										
Scheduled Start Dat	A 12		77	ion Date (11)	Name of OSHA	Monit	or					
10/12/16		0/13/	16 Day	Year		N/A							
Occupancy Status Du	ring Abatemen	onth t (Chec	ck or	ly one)		Street Addres	ss						
[X]Facility Cl	osed/Vacated I	During :	Enti	re Period									
of Abateme []Abatement P	erformed Outs:	ide of :	Norm	al Facilit	У	City, State,	Zip C	ode					
	cribe: «OffHou												
[]other - Des			GĀ D	escript»									
Scope of Work (Chec	ck all that ap	DTA)				[]Full	Conta	ainment wi	th Negativ	e Pres	sure	2	
[X]≥3 sf o:				Renovation		[]Mini-		osure Procedure					
[]≥160 sf	or ≥260 lf		[]1	Demolition				le Procedu	ire				
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Location Asbestos-Co			Nor	mally		Description Asbestos-Con			Amount		R	R	N C
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TO BE A				Main- ance/		(i.e., thermainsulation, surf			SF or LF)		7	A	S
In Fac: (13				todial f (12)	11	or other misce						R	U
		Ye		No N/A								-	-
Garage				X	Duc	t insulati	ion		50 sf	X	-	-	-
Name of Registered			1000	EP Waste	1000	ubic Yards F Waste 1.0			istered Lan			BT C	
AZTECH MANA	GEMENT, I	NC.		ler ID No. 040	101	waste 1.0	Ī	unerva	Enterp	JIIS	= 1	TAC	
City, State						isposal Date		ty, State	5225	/			
Montclair, N	J 07042					10/14/16	Į Į	Vaynesh	urg, Oh	ilo 4	146	88	
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constantine	vivian P	resi	7C11			10	12/1	MALIU	1/1/1/1/1/1				
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Date of Notification (1)			100000000000000000000000000000000000000		wner/Operator (2										
					OHME CORPOR	ATION	-	THE STREET	-	e utravez e u	-	processors on the second			
10 / 3 16 Agencies Notified Type Notification	1			Address SALLOPING H	IILL ROAD			7	擅						
EPA X Initial Notif				tate, Zip Code					(September)		(10)				
DEP Amended		ation	100000000000000000000000000000000000000		V JERSEY 07033										
X DOL Cancellation	on									nc.		= 7 3			
X DOH On Hold EMERGEN	JOY N	OTIFICAT		of Contact HEN RUPPRE		Telenhone Num	phet .								
	40114	OTIFICAT		TY INFORMA			1			ne u					
Name of Facility Where Abatement is Tak	ing Pla	ace (3)	FACILI	I I INFORMA	Type of Facility	(4)			7. *						
		, ,			School (K-										
MERCK SHARP & DOHME CORPORATIO	N					r 8 (Other than F private & commo		ıs ha	mes.	etc.)					
Street Address					Square Feet	ig. Ag	е								
2000 GALLOPING HILL ROAD - BUILDING	K6 LO	WER LEV			225,000	3				44					
City (5) County (6)			Code (7)	Current Use (Pri	or if being demo	lished)							
Name of Monitoring Firm Hired by Buildir	na Owr	ner (8)	(STATE)	ASCM No.	Name of Abate	ment Contracto	r (9)								
ENVIRONMENTAL HEALTH INVIESTIGAT				104	PAR ENVIRON			ION							
Street Address					Street Address										
655 WEST SHORE TRAIL City, State, Zip Code					313 SPOOK RO										
SPARTA, NEW	JERS	EY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901										
Project Manager for Monitoring Firm		Telephone			Telephone Number License Number										
WILLIAM KERBEL Expected State Date (10)		973-729-5	etion Date (11	1)	845-369-7500 1101 Name of OSHA Monitor										
10 / 17/ 16	Scriet	12 /	30/	16 QUALITY ENVIRONMENTAL SOLUT											
Month Day Year	Mor	nth	Day	Year											
Occupancy Status During Abatement (/2016 X Facility Closed/Vacated During E		eriod of Al	hatement		Street Address 1376 ROUTE 9										
Abatement Performed Outside of				ribe:	10.01.001.20										
X Other - Describe: MONDAY	- FRID	AY 7AM-3	3:30 PM		City, State, Zip 0										
Scope of Work (Check all that apply)			Г	Full Cont	 ainment with Nega	WAPPINGERS	FALI	_S, N	Y 125	90					
Demolition X	Renov	ation	-	Mini-Encl		ave i ressure									
>3SF OR LF			X	X Glovebag Procedure											
X >160 SF OR 260 LF	1 1 1		I X		ole Procedure		Abatement Type								
Location of Asbestos-containing	250,000	ocation ally used	0.753	escription of A ntaining Mater		Amount	R			_	ype				
Material (ACM)	1000005155	lely by	(ie. Thermal sy	stems	(Specify	EM	REPAIR	NC.	NC					
TO BE ABATED	755950834083	/Custodial		ulation, surfac		SF or LF)	REMOVAL	R	ENCAPSULE	ENCLOSURE					
in Facility (13)	Yes I	aff (12) No N/A	01	other miscell	arieous)		_		JLE	교					
LOWER LEVEL-MER ACS 1 & 2		x	ACM MASTI	IC		1900 SF	Х								
LOWER LEVEL-MER ACS 1 & 2		×	ACM CAUL	K		275 SF	X								
LOWER LEVEL-MER ACS 1 & 2		×	ACM SEAM	MASTIC		47 LF	X								
LOWER LEVEL-MER ACS 1		X	ACM ADHE	SIVE		100 SF	×								
LOWER LEVEL-MER ACS 1 & 2		X	ACM PUTT	Y		240 SF	X								
LOWER LEVEL MER CORRIDOR		X	PIPE SADD	LES		630 LF	X								
LOWER LEVEL MER ACS 1 & 2		x	SEAM CAUL	LK		1900 SF			Х						
LOWER LEVEL WEST AIR INTAKE ROOM		×	Date Sustained Secretary	OOFING MAS	TIC	1100 SF			Х						
												7			
												-			
Name of Registered Waste Hauler	Cubic Yards	of Waste	ste Name of Registered Landfill												
FREEHOLD CARTAGE, INC.		80	LYCOMING CO			ANA	GEME	NT S	ERVI	CES					
825 HIGHWAY 33 City, State	Disposal Da	te	447 ALEXANDE City, State	R DRIVE/ROUT	E 15										
FREEHOLD , NEW JERSEY			10/17 - 13/3		MONTGOMERY	, PA 17752				-1	1				
Completed by (Print or Type) Title	OTOS	OF OPE		Signature	211	Date			10	/2	3/1	6			

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Date of Notification (1)	ag _e siminarion	Ma		CLOW Susplin	BUPAS	C S.	007	- 5	201	6		11	
Agencies Motified Type Natification		E96	Heer Artel		Deplay						P		
E DEP DOL Amended Amen	ding		ernavel C	Zip Cade ID TE LA Contact IL COA TY INFORM	BURSES	s	1450 R Telephone Numb	ALT)\/E	7		
Name of Facility Where Abelement is Taking Pla	los (3)		Pedia	11 (00)	Ty	pe of Fectity (4)							
City (5) Libbe wood					1	other (i.e. priv	Other than K-12) and 6 communical and Fleore	Bit	nga. ig Ag	emei		VE	
County (8)			GUTHY C		- G	FESI DE	d being demoders	40	UC	71	- 1	2016	2
Name of Monitoring Pern Hereo by Building Own	er (ð)		ASCM		A.MAC	bittement Contr Contracting t	ector (8)	L				NTROL&	
Street Address					Street Add	elendave.	i. or interestina	-	****	LIUE	ENSI	NG	Despite Com
City, State, Zip Cade		-			City, State	, zp code I Park, NJ				phalland day			
Project Manager for Mankaring Firm		T	elephon	s No.	Talaphon (201)28	2-5841	00156),					
Couperor Statu During Abstantant (Check O	10 h	30/1	6	iete (1f)	Name of Omega Street Ad 280 Hu		al Services						
Facility Gozed/Vacated During Entire Per Abstament Performed Quiside of Normal I Other - Describe:	iad of Al Facility I	-loure	brst -		City, Brat	E, ZIP Code	306						
Scope of Work (Check All That Apply) 23 sf or 23 ff 2150 ef or 2200 if		anovs; ampata		oli massas maryan - sarakathi Mil		Mini-Endosure	nt with Negative P John Non-Fried			5			
		Locatio						T	Allo arte	i meni Pe			
Location of Asheston-Containing Material (ACM) TO BE ABATED By Pacility (13)	Meet Mail Ougs	cimuli Solui rignar rignar rignar (12)	y by 100/ halt?	(Le, th	Description of Committee C	eriel (ACM) rsulation, or	Appeally (Specify SF & LP)	Reasovali	Rappir	Encapsualide	Endosue		
	Aes	No	NVA	7	A=10		30 LF	1	-				
Base work			V	Pi		ULATION D	400	1					
								ļ	-		-		
Name of Registered Water Hauter Newark Carting , Inc.		H	LIDEP V Rovince ID	No.	Cutic Yarns of Weste		Registered Londin Bethlehem La		Gor	ø.			
City, State Nowark, NJ					10/4/6	Bethieh	em, PA						
Joseph Vocaturo	Title Vice	Presi	dent		Signature	Vou	EUP .	Laf	4	6_		15.0	

AS5-41 (R-05-08)

* Do not use this form for expector limeneurs exempted activities.

AMAC

CK 9227 PAGE 82/83

		NOTH	TEATIO	H OF ASI	ne Johrsy Seatos Abate 8:60 and 12:18	MENT		. K	HEC	K #			
Date of Notificeton (1)	Stanto y Stylenometric	-	Name		Owner/Operato	(3)	-	-			1		
Agencies Notifield Type Notifies de	À	-	Qran-d	Address	GOD F	OTERS	1 OCT	- :	20	16	1/	27	
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			FAC	יון ידונו:	JOHNS ORMATION			4			-	1	
Name of Facility Where Abatement is Taxi	ing Place	(3)				Type of Facility	(4)					1	
Street Address		-				School K.	12) f B (Other than K-	ריפו					
200 TICE BG	M						private & porsman		iding	t. hor	THE .		
City (5)		-	***************************************		No yellogiaristamentalamente, territoria	Square Feet	# of Finors	-	Bidg.	Age		1	
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Street Address				AL-N		C Contracting	inc.	41	-				
The same of the sa						Adoress Freeland Ava.		111	1	A C T		7 2016	
City, State, Zip Code	ite. Zip Code					Inte, Zip Code		4		ابال		7 2016	
District Manager Inchia	Table - School		44		Midle	nd Park, NJ		1					
Project Manager for Monitoring Firm			Telepho	and No.		one Na. 262-5841	License I	VD-	ASB	EST	08	ONTROL	1
Stary Dutta (10)	Gohadu	ed Cor	mpletion	Date (11)		ZOZ-0041 N OSHA Montos	10198				CEN	SING	nation (
10/4/16	10	120	li-			ga Environme	mai Services						
Occupancy Status During Absternam (Che	ck Only O	(ma)				Address To		-	TV Simula				
Facility Closed/Viscated During Entire Abstraction Parformed Guitalde of North	Period of	Abster 7 Hours	nønt i		70 LUISSI LUISSI LUISSI LU	luyler St. sta, Zip Cods							
and the second s						enseck, NJ Q	606						
Scope of Work (Check All That Apply)	-			ALL ALCOHOLOGY (MANAGEMENT)				erates or 4 cup					
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	le le	Local	ėn .			UNITED STREET	1) area Man-High	THE HTE		क्षा कर			
Logsdon pt		Normal Id Bole	ly		Description	n(-	Ty	(De	,		
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in Pacifixy	1	(12)	ORALLY.		sufficing, VA* other miscolian	. or	af or UF)	Dichoves	(Mapper	No.	ndosure		
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ewark Carling , inc.		04	01 194US	No.	of Meete	2	Bethlehem La		Con	2,			
Ty, Bisse	-				Distrace Dets	City, State			-		-		
amplated by	1=-				10/4/16	Bethleh	em, PA						
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Date of Notification (1) 9/8/2016			Name Mr. S	of Building Owner Scott Spick	/Operato	r (2)		act	/	7 0	nia Ain	-
Agencies Nolified Type Notification	n	-	Street	Addicas			· · · ·	7	_		UIU	
EPA Initial Amended Amended						_		1/				
	ni #		City, S Mapl	liste, Zip Code Gwood, New J	ersev A	2040		- V.	Zā,	e i di		
Emergence Justification Cancellation	2)	19		of Contact	0130y V	7040 ,,	1 50			CONTRACTOR OF THE PARTY OF THE		
DCA Cancellation	on		Mr. S	Scott Spick		20000000 20000000	16					
Name of Fability Where Abatement is Tak	ina Place	(3)	PA	CILITY INFORMA	TIÓN						~	
Residential	•	(-/				Type of Facility						
Street Address						School (K	er 8 (Oth	er than K-1	(2)			
City (6)						图 Other (i.e.	private à	commerc	lal bul	liding	, hon	ica.
Meplewood						Squara Feel	200	Floors		Bidg.	A90	_
County (6)		_	County	Code (7)		~ 3,000	2		190 19 S	80		
E999x			19 TATE	USE ONLY		Current Use (P Commercial	nor II beli	ng demalle	ihed)			
Name of Monitoring Firm Hired by Building	Owner (B)	ASC	M No.	Name	of Absternent Co	niractor	(0)	-	-		
Street Address						Contracting, L	LC					
						Address Velley Road	Suite	K				
City, State, Zip Code					City, 9	tale, Zip Code					-	-
Project Manager for Monitoring Firm	-				Wayı	ne, New Jerse	y 0747	0-				
Loled manager tot woundfull bill			Telephi	one No.		one No.		License N	Vo.	- Carrier	-	
Start Date (10)	Schedu	les Co	molation	Dale (11)		928-5040		00874				
9/8/2016	9/30/2	2016		05.0 (11)		Contracting, L						
Occupancy Status During Abatement (Che					Street	Address			Name and Address of the Owner, where the Owner, which is the Owner	_		~
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other - Describe:	Period of	Abater	ment			Valley Road,	Sulte	<				
		1, 11001		Asserta		tale, Zip Code 16, New Jerse	v 0747	'n				
Scope of Work (Check All That Apply)				-		1011101100	7, 0141			_	-	_
23 af or 29 if E 2160 af or 2260 if	presson.	Renovi Demoli			×	Full Containm Mini-Enclosur Glovabag Pro	ê	Negalive f	16881	61		
	T ,	a Local				Non-Exemple	d (°) and	Non-Friet	le Pro	-	_	
Localion of		Norma	lly	0.0	scription	٥					emant	
Asbestot-Containing Material (ACM) TO BE ABATEO	M	ed Sole alniena	nce/	Asbestas Con (I.e. thermal	alnina M	aterial (ACM)		nount			0	
In Facility (13)	Cus	1001al (SIAFT?	Burla	cing, VAT	T, OF		oscify or LF)	Remova	Repair	PERSONA	Enclosuré
(1.5)	Yes	No	NIA	olnari	miscellan	9005)			2	187	BEFIE	Surre
Throughout	165	X	INA	Diories (d 4	-				В	
	+	<u> </u>	 	Plaster - 0	Jamage	Areas	7,34	D SF	×			_
Water Committee		-	-						_			
			-						-		_	
Name of Registered Weele Hauler			JDEP W		Yards	Name of	Register	ad Landfill				
Service Transport Group, Inc.			1990 1990			1000000		orises, L				
City, State		2			al Date	City, Stal				~		
New Castle, Dalaware				TBD		Wayne		Ohlo				
Completed by Predrag Sarcev	Thie	Prosid	doni	8	idnature			Da				
- T. H. E. G. 100 F	V100	171081	uont	-7	-	- The state of the	- Final State of the State of t	-9/8	3/201	6		

CK 13652

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	(P	ursuant t	o NJAC 8:	60 and 12	:120)				0.07	-	0010		
Date of Notification (1) 10/04/2016		Name of Felim C	Building O	wner/Oper	rator (2	2)	to a		UUI	£	_010		
Agencies Notified Type Notification X EPA X Initial Amended		Street Ad	Idress e. Zip Cod	e				/-				1 - 8	
× DOL Amendment #			range N		2								
Emergency (includi justification) DCA Emergency (includi justification) Cancellation	ing -	Name of Carlo F	Contact rassetti					,	Min	her			
		FACIL	ITY INFO	RMATION				-					
Name of Facility Where Abatement is Taking Place None	e (3)					-	of Facility (4) School (K-12						
Street Address						×	Subchapter 8 Other (i.e. pri etc.)			l build			es,
City (5) West Orange, New Jersey 07052						140		2.5	Floors	30	dg. A	ge	
County (6) Essex County		County C	ode (7) ISE ONLY)				ent Use (Prior ne Occupie				d		
Name of Monitoring Firm Hired by Building Owner Altomonte Environmental Services, LLC		7453		F	Precis	sion	stement Cont Services, I		(9)				
Street Address 2200 Paterson Park					treet A		ess by Road, S	uite 4	04, Build	ing D			
City, State, Zip Code North Bergen, New Jersey 07047							Zip Code IIe, New Je	ersey	07751				
Project Manager for Monitoring Firm Carmelo Altomonte		Telephor 201-86	ne No. 34-6583		elepho 32-9				License No 01308).			
	duled Con 02/2017	mpletion [Date (11)	N	ame o	of OS	HA Monitor						
Occupancy Status During Abatement (Check Only	One)			S	treet A	Addre	ess						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other - Describe: Occupied- Vacant Building	cility Hour			C	City, St	ate, 2	Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol				×	M G	ull Containme ini-Enclosure lovebag Proci on-Exempted	edure	-11-04-0 1 1-004-01-01000.			a	8
	1-1	41			- Linear		on Exempted	() 4110	21101171100	T	Abate	Possing or man	
TO BE ABATED	Is Loca Norma Used Sola Maintena Custodial (12)	ally ely by ance/ Staff?		Descri os Contain thermal sy- surfacing other mise	ning M stems g, VA	lateria insu T, or	lation,	(S	mount Specify or LF)	Remova	Ty Repair	e Encapsulate	Enclosure
Ye	es No	N/A						2 20 10 10 10 10 10 10 10 10 10 10 10 10 10				ate	9
1St Floor Rear Roof		X		Roof F	lash	ing		3	6 SF	X			
2Nd Floor Chimney Base		X		Roof F	lash	ing		4	1 SF	X			
2nd Floor Roof Set Back		X		Roof F	lash	ing		10	00 SF	X			
Name of Registered Waste Hauler Freehold Carting		NJDEP W Hauler ID 02265		Cubic Ya of Waste ?			Souther	n Alle	ered Landfill egienies L		Fill		
City, State 825 State Route 33, Freehold N.J. 0772	8			Disposal 11/15/2			City, State Davidsv		Pennsylva	ania			
Completed by Tit Michael Frassetti M		g Partne	r	eSign	nature	an!	Tro	PATA	Da 10	ite)/04/2	2016		

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

		Name of Buildir	g Owner/Oper	ator (2)		11/ -				
te of Notification (1) October 4, 2016			KPS S	ons Car	pentry, LLC					
gencies Notified Type of Notification	ification	Street Address	46 Pri	nceton A	Avenue		11 11			
DEP [] Amended Amendme		City, State, Zip	Code Brick,	New Je	rsey 08724	161	1 1	JI.		
X] DOH [] Emergency	y (including on)	Name of Conta	et		Tel	ephone Number		-		
] DCA [] Cancellati		Ke	n			(Îs	
	FA	CILITY INFO	RMATION	II	FEmaility (1)	Property of the second				-
Name of Facility Where Abatement is Taking Plac Residence	ee (3)			Type o	f Facility (4)	School (k-12) Subchapter 8 (other	than k-	12)		
Greet Address					[x]	Other (i.e., private & homes, etc.)	k comm	ercial b	uilding	ţs,
	County (6)	County Code (()	Square	e feet 1600 sf		Bldg. A	.ge 60		
Dity	Ocean	(STATE USE	JNLI)	Сигте	nt Use (Prior if Residen	being demolished)				
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCM No.	Name (of Abatem	ent Contractor		nc.			
N/A Street Address	100		Street 2	Address		oute 9, Unit 61				
City, State, Zip Code			City, S	tate, Zip C	Code	liver, New Jerse	y 0875	5-127	1	
	Telephone Num	iber		one Num	ber	License Nu 00624	mber			
Project Manager for Monitoring Firm	1966	pletion Date (11)		349-993 of OSHA	Monitor					
Scheduled Start Date (10) 10/14/16	10/17/16		Street	Address		L. Analytical				
Occupancy Status During Abatement (Check on X] Facility Closed/Vacated I	Dilling Phillie I criod or	Abatement			1056 S	telton Road				-
Abatement Performed On Other – Describe	utside of Normal Facili	ty Hours	City,	State, Zip	Piscata	away, New Jerse		54		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf	[] R	enovation	[j N	Mini-Enclosure Hovebag Proces	t with Negative Pres. dure (*) and Non-Friable !		re		
$\begin{bmatrix} x \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[x] D	emolition	Į.	x] 1	Non-Exempled	() and 1 toll 1 toll		ement T	vpe	_
	Is Location			ption of			R	R	Е	J
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Normally used Solely by Maintenance/Cust Staff (12)		(i.e., then insulation	al (ACM) mal syste n, surfaci aT, or	ems ng,	Amount (Specify SF or LF)	E M O V A L	E P A I R	N C A P S U L E	
	YES NO	N/A				1650 sf	X			+
Exterior	X	Asbest	os siding			1000				1
									-	-
				CITI	Name of Dog	istered Landfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.		Hauler ID No.	Cubic Yards of		T.R.R.F					
City, State Toms River, New Jersey		Disposal Date 10/18/16	I	ity, State ullytow	n, Pennsylva	nia	Da			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manage	Signatu	re				10)/4/20	16	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

of Notification (1) October 4, 2016			Name	e of Building O	wner/Operat KPS So	or (2) ns Carp	entry, L	LC []					
ncies Notified Type of Notification			Stree	t Address	46 Princ	ceton A	venue						
BEPA [X] Initial No Amended Amendm	l Notific	ation	City,	State, Zip Cod	e Brick 1	New Je	rsey 087	24					
DOL F 1 Emergen			1		Direk, 1			Telephone	Number		4		
DOH iustificati			Nam	ne of Contact				1 elephone	Number				
DCA [] Cancella				Ken						-			
		F	ACILIT	Y INFORM	LATION				Page 117			-11.5	
ame of Facility Where Abatement is Taking Pla	ace (3)		ACIDIT	I II W DI		Type of	Facility (4	Schoo	l (k-12) apter 8 (other	than k-1	2)		
Residence							[]	Subcn	(i.e., private &	comm	ercial b	uildings	s,
reet Address							[x]	homes	(i.e., private e s, etc.)	c comm			
						Square	feet	110000000000000000000000000000000000000		Bldg. A	ge		
S.C.	County	(6)	Cou	nty Code (7) ATE USE ONL	(Y)	1	600 sf	10 880	1		60		
ity			(51.	ATE USE OTHE	,	Currer	nt Use (Prio	or if being o	lemolished)				
Toms River	Ocean						Resi	dence					
	(0)		ASO	CM No.	Name of	Abatem	ent Contrac	ctor (9)	· T.				
Jame of Monitoring Firm Hired by Building Ov	wner (8)		710	0111110			Gua	rdian Co	ntracting, I	ic.			
N/A street Address					Street A	ddress	188	9 Route 9), Unit 61				
					City, Sta	ate, Zip C	Code	_ //	NT Towns	. 0875	5-127	1	
City, State, Zip Code							Ton	ns River,	New Jersey License Nu	mber	5-121	1	
		Telephone Nu	mber		Telepho	ne Numb	per		00624	IIIOGI			
Project Manager for Monitoring Firm		Totophone			732-3	49-993	2		00024				
710)	_	Scheduled Co	mpletion I	Date (11)	Name o	of OSHA	Monitor		alutical				
Scheduled Start Date (10)	1						L. A	ASI AT	INIVIICAL				
TOVEZEZ IN	1	10/17/16			0	Adrage	E.N	1.S.L. Ar	lalytical				
10/14/16 Occupancy Status During Abatement (Check of	only one)				Street A	Address							
Occupancy Status During Abatement (Check of	During	Entire Period	of Abatem	ent			105	1.S.L. Ar 56 Steltor					
Occupancy Status During Abatement (Check of	During	Entire Period	of Abatem	ient		Address tate, Zip	105	66 Steltor	n Road	v 0885	54		
Occupancy Status During Abatement (Check of Facility Closed/Vacated Abatement Performed Control of Performed Contr	Outside (Entire Period of Normal Fac	of Abatem lity Hours	ent		tate, Zip	105 Code Pis	56 Steltor	1 Road New Jerse		54		
Occupancy Status During Abatement (Check of	Outside (Entire Period of Normal Fac	of Abatem lity Hours	ient		tate, Zip	105 Code Pis	56 Steltor	1 Road New Jerse		54		
Occupancy Status During Abatement (Check of [X] Facility Closed/Vacated Abatement Performed Company of the Performed Comp	Outside (Entire Period of Normal Fac	of Abatem lity Hours	ent		tate, Zip	105 Code Pis	cataway,	n Road		54		
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Occupancy Status During Abatement (Check of [X]] Facility Closed/Vacated [] Abatement Performed (Compared of Inc.) [] Other - Describe Scope of Work (Check all that apply) >3 sf or ≥3 lf	Outside (Entire Period of Normal Fac	of Abatem ility Hours	on	City, S	tate, Zip	105 Code Pis full Contair fini-Enclos	cataway,	New Jerse	sure			
Occupancy Status During Abatement (Check of [X]] Facility Closed/Vacated [] Abatement Performed ([] Other - Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf	Outside (Entire Period of Normal Fac	of Abatem	on		tate, Zip	105 Code Pis full Contair fini-Enclos	cataway,	1 Road New Jerse	sure Procedu	re	vne	
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Occupancy Status During Abatement (Check of [X]] Facility Closed/Vacated [] Abatement Performed ([] Other - Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf	Outside (Entire Period of Normal Face	of Abatem Of Abatem Henovation Demolition	on on	City, S [[[[x	tate, Zip	Code Pis Pis full Contair fini-Enclos Glovebag P Non-Exemp	cataway,	New Jerse Negative Pres	Procedu Abat	re ement I	E	
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Occupancy Status During Abatement (Check of [x]] Facility Closed/Vacated [] Abatement Performed (Compared of []] Other - Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x]] ≥160 sf or ≥260 lf Location of	Outside (Entire Period of Normal Face [] [x] Is Location Normally us	of Abatem	on on	City, S [[[[x Descrip Asbestos-C Material	tate, Zip F N Ottoor of Containing (ACM)	105 Code Pis ull Contair Mini-Enclos Glovebag P Non-Exemp	cataway, ment with sure rocedure oted (*) and	New Jerse Negative Press Non-Friable	Procedu Abat	ement 7	E N C	1
Occupancy Status During Abatement (Check of [X]] Facility Closed/Vacated [] Abatement Performed C [] Other - Describe	Outside (Entire Period of Normal Factor [] [x] Is Location Normally us Solely by	Renovation Demolition	on on	City, S [[[[x Descrip Asbestos-C Material (i.e., therm	tate, Zip F N Otion of Containit (ACM) and systematics.	Code Pis ull Contair Mini-Enclos Glovebag P Non-Exemp	cataway, ment with sure rocedure oted (*) and	New Jerse Negative Presi	Procedu Abat R E	ement 7	E N]
Occupancy Status During Abatement (Check of [X]] Facility Closed/Vacated [] Abatement Performed C [] Other - Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	Outside (Entire Period of Normal Face [] [x] Is Location Normally us	Renovation Demolition	on on	City, S [[[[x]	tate, Zip F N Otion of Containit (ACM) nal syste, surfaci	Code Pis ull Contair Mini-Enclos Glovebag P Non-Exemp	cataway, ment with sure rocedure oted (*) and	New Jerse Negative Press Non-Friable	Abat R E M	ement 7	E N C A P S]
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Occupancy Status During Abatement (Check of [x]] Facility Closed/Vacated [] Abatement Performed C [] Other - Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility	Outside (Entire Period of Normal Factor [] [x] Is Location Normally us Solely by Internance/Cu Staff (12)	Renovation Demolition	on on	City, S [[[[X Descrip Asbestos-C Material (i.e., therm insulation, VA'	tate, Zip F M Otion of Containit (ACM) hal syste, surfaci T, or	Code Pis ull Contair Mini-Enclos Glovebag P Non-Exemp	cataway, ment with sure rocedure oted (*) and	New Jerse Negative President Non-Friable Amount (Specify SF or LF)	Abat R E M O V A L	ement 7	E N C A P S U]
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Occupancy Status During Abatement (Check of [x]] Facility Closed/Vacated [] Abatement Performed G [] Other - Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Exterior	Mai YE	Entire Period of Normal Factor of Normal Factor Normally us Solely by Internance/Cu Staff (12) S NO X	Renovation Demolition ed Stodial	Asbestos	City, S [[[[x Note	tate, Zip F	Code Pis ull Contair Aini-Enclos Glovebag P Non-Exemp ng) ms ng, us)	cataway, ment with sure rocedure oted (*) and	New Jerse Negative Press Non-Friable Amount (Specify SF or LF)	Abat R E M O V A L	ement 7	E N C A P S U L	
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Occupancy Status During Abatement (Check of [x]] Facility Closed/Vacated [] Abatement Performed (] Other - Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. City. State	Mai YE	Entire Period of Normal Factor of Normal Factor Normally us Solely by Internance/Cu Staff (12) S NO X	Renovation Demolition ed stee Hauler 20223	Asbestos : ID No. Cul	City, S [[[[X Descrip Asbestos-C Material (i.e., therm insulation, VA' other misons and the control of the	tate, Zip F	Tode Pis Fisual Contain Fini-Enclose Fisual Contain Fini-Enclose Fisual Contain Fini-Enclose Fisual Contain Fisual Con	cataway, ment with sure rocedure oted (*) and	New Jerse Negative Press Non-Friable Amount (Specify SF or LF)	Abat R E M O V A L	R E P A I R	E N C A P S U L	
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Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755

Date	Received

DEMOLITION / RENOVATION NOTIFICATION

Operato	r Project #:	Postmark:	Notifica		7.7	
.,	TYPE OF NOTIFICATION (O - Original R - Revised C - C	Cancelled): O	П.	IS ASBESTOS PRESENT? (Ye	es/No): Y	
П.	FACILITY INFORMATION (identify owner, removal contract	or and other operator)				
	OWNER NAME: KPS Sons Carpentry, I					
	Address: 46 Princeton Avenue					
	City: Brick State:	New Jersey	Zip:	08724		
	Contact: Ken		Tel:	732-684-0275		
	REMOVAL CONTRACTOR: Guardian Cor	tracting, Inc.		NJ License: 00624	1	
	Address: 1889 Route 9	, Unit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Ferr	nicola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)			NJ License:		
	Address:					
			Zip:			
	City.		Tel:			
	Contact:		Panavation):	D		
IV.		R - Renovation E - Em				
V.	FACILITY DESCRIPTION (Including building name, number	r and floor or room fluttle	61)			
	Building Name: Residence	d (3)				
	Address: 5 St. John Avenue					
	City: Toms River State:	New Jersey	Count	y: Ocean		
	Site Location: Exterior				16-	
	Building Size: 1600 sf # of F	loors: 1	Age in	n Years: 60		
	Present Use: Residence	Prior Us				
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIATE, USED	TO DETECT THE P	RESENCE OF ASBESTOS MATE	ERIAL:	
0.50						
	IS MATERIAL ASSUMED TO BE ASBESTOS?				Nonfri	able
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING			0	Asbestos Not To	
	1. Regulated ACM to be removed	1	RACM To Be	LOCATION	Remo	
	Category I ACM not removed Category II ACM not removed		emoved		Cat I	Cat I
	Pipes (Linear feet):					
				Exterior		
	Surface Area (Square feet): 1650 sf	Asbestos sidin	5	LAICIO		
	RACM Off Facility Component (Cubic feet):					
			10/14/16	Complete: 1	0/17/16	

Ch# 4390

Date of Notification (1) 10/04/2016					f Building (ational F					OCT	- 7	20	116		1
CONTRACTOR OF THE CONTRACTOR O	Type Notification			Street A	ddress Route 36	3							-		
X EPA X DEP X DOL	Initial Amended Amendment Emergency		_		ate, Zip Co Beach,		735						-		
DOH DCA	justification) Cancellation				f Contact Stapperfe	enne/F	Proj.Mr	ngr		Telenhon	a Niim	her			
75 77 145				FACI	ILITY INFO	RMAT	ION			~ 					
Name of Facility Where At International Flavors		ig Place (3)					-	of Facility (4 School (K-12						
Street Address 1515 State Route 36	-								Subchapter (6 (Other than ivate & comi			dings,	home	es,
City (5) Union Beach									e Feet	# of Floor	S	В	ldg. A	ge	
County (6) Monmouth					Code (7) USE ONLY)			Currer		r if being der	nolish	ed)			
Name of Monitoring Firm H Garden State Enviro		Owner (8)		ASCN	ЛNo.				ement Cont oration	ractor (9)					
Street Address 555 South Broad Str	eet			1			Street	Addres							
City, State, Zip Code Glen Rock, NJ 07452	2						City, S	State, Zip		07424					
Project Manager for Monitor			- 1	Telepho	ne No. 52-1119		Teleph	hone No 225-84),		ise No),			
Start Date (10) 10-14-16			ed Con		Date (11)		Name	of OSH	A Monitor						
Occupancy Status During	Abatament (Cha	10-16-	2000							aboratorie	S,LL	<i>J</i>	The state of the last		
Facility Closed/Vacat		0.000	1000	ont				Address Route	s e 22 Wes	t					
Abatement Performer Other – Describe:	d Outside of Norr	nal Facility	Hours	ient			C 200,000 600	State, Zip							
Scope of Work (Check All	That Apply)			-											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		process.	lenova emolit				×	Mini Glov	i-Enclosure vebag Proce	nt with Nega edure lim (*) and Non-	ite	d (con	tai	Lnm
			Locati Vormal										Abate	ement pe	,
Location of Asbestos-Containing N		Use	d Sole	ly by	Asbest		scription taining N		(ACM)	Amount					
TO BE ABAT In Facility (13)		10000000	intenar odial S (12)			thermal surfa	l system cing, VA niscellar	s insulat T, or		(Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ė	
boiler roo				Х		over	n insula	ation		145 SF		x			
boiler roo		Χ.,		(elbows			102 eac	h	х					
Name of Registered Waste	Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of R	legistered La	ndfill			1	
Lilich Corporation			Н	auler ID 3724	3 7 7 7 7 7 P	of Wa			GROWS	10 TO	or market				
City, State Woodland park, New	Jersey		4			Dispo	sal Date		City, State Morrisvil						
Completed by Momo Glavatovic		Title vice p	oreisc	ent		S	Signature		OR		Dat 10		2016		

CK 1185

Date of Notification (1) 09/28/2016	T	Name	of Building	Owne	r/Operato	r (2)			0	CT	2	7 2	016	1	
Agencies Notified Type Notification	Follo	\dashv		Guy& O	riel C	ohen							1 6	UIQ	- [:
EPA DEP DOL Initial Amended Amendmen Emergency		_		tate, Zip C gston N		39			*********	ASSE	STO		CANT MULT	i col	de
DOH justification) Cancellation			Name of	of Contact Guy					To	lonhone	Mum	her			
Name of Facility Where Abatement is Takir Private House	ig Place (3)		FAC	ILITY INF	ORMA	TION	Тур	e of Facility	(4)				_		
Street Address							7	School (K Subchapte Other (i.e. etc.)	er 8 (Oth	ner than & comm	K-12) nercia	l bui	ldings	, hom	nes,
City (5) Livingston NJ,07309							Squa 933	are Feet	# 0	of Floors	3		3ldg. 39ye		
County (6) Essex			County (STATE	Code (7) USE ONLY	o		Curr	ent Use (P cant	rior if be	ing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building Alpha Environmental Services	Owner (8)		589	W No. 67		Name Divir	of Ab	atement Co evelopme	ontractor ent LLC	r (9) C.					
Street Address 3401 Foster ave.#4B	01 Foster ave.#4B State, Zip Code						Addre	ss h 12 stre	et						
City, State, Zip Code Brooklyn NY 11210	ooklyn NY 11210							ip Code J,07103							
Project Manager for Monitoring Firm Olumide Ajandeji	roject Manager for Monitoring Firm						none N 21654			Licens 0129					
Start Date (10) 10/02/2016	Scheduled 10/07/2		pletion	Date (11)				HA Monitor Ayandeji	r						
Occupancy Status During Abatement (Chec						Street .		ss ter ave.#	4D					-	
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of Ab al Facility I	ateme lours	ent			City, St	tate, Z	ip Code NY,1124	2000			1,000			
Scope of Work (Check All That Apply)						Dioo	KIYII	141,11240							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(manual)	novati molitic	-				Min	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					•	
	ls L	ocatio	n				140	ii-Exemple	u () an	u Non-r	Tiable		Abate	ement	1
Location of Asbestos-Containing Material (ACM)	Used		y by	Achae	De Cor	escription staining M	of otorial	(A CNA)			F	-	Ту	ре	П
TO BE ABATED In Facility (13)	Custo	(12)	taff?	(i.e.	therma surfa	l systems acing, VAT miscelland	insula F, or	ation,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
House siding	Yes	No	N/A X			Francita				20.4				e	
riodoc olding	House siding					Fransite				934	-	X			
					-										
Name of Registered Waste Hauler		I NJI	DEP W	aste	Cuhic	Yards		Name of	Registo	red Land	460				
Newark Carting		Ha	uler ID I 509		of Wa			IESI La		ieu Lail	um				
City, State Newark NJ					Dispo TBD	sal Date		City, Stat Bethler		4					
Completed by Jovan Surdoski	Title Owner				8	Signature	t	e e			Date 09/2	8/2	016		

CK1185

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	14			o NJAC 8						AAT		2 0	ROB	1	
Date of Notification (1) 09/29/2016			lame of Opus I	Building C	wner/C	Operator	(2)	Total Control		- QUI	,	-2	U15 -	-	
Agencies Notified Type Notification			Street Ad	ldress untry clul	b driv	e Suite	200	0	AS	DESTO	DS C			. A	
EPA Initial Amended Amendment#_				te, Zip Coo ng ton P		35				2006	43_1 11	119 94.		**********	Della Maria
DOH justification) DCA Cancellation	luding		lame of Rob Ba	Contact anks					Ta	lanhone l	Numb	er			
			FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking F Philipsburg Industrial Park	Place (3))					Ту	pe of Facility School (K							
Street Address 125Bronico Way Bldg.34				*******				Subchapt Other (i.e	er 8 (Oth			build	ings,	home	es,
City (5) Philipsburg NJ,08865				- 10 - 10 H 10 H			Sq	etc.) juare Feet 3402	# 0	f Floors			dg. A		
County (6)			County C	Code (7)			URSS	irrent Use (P	-	ing demo	olished		+ y C	215	
Warren	(0)	(-		ISE ONLY)	Market Co.	Name		acant	antro etc.	· (0)					
Name of Monitoring Firm Hired by Building Ow Alpha Environmental Services	ner (8)		5896			Divir	ne [Abatement C Developm	ent LL(C.					
Street Address 3401 Foster ave.#4B						Street 572		dress uth 12 stre	et						
City, State, Zip Code Brooklyn NY,11210								, Zip Code NJ,07103	3						
Project Manager for Monitoring Firm Olumide Ajandeji			elephor			Teleph		No. 5472		License 0129				-	
1	chedule			Date (11)		Name	of C	OSHA Monito		0123	-				
	0/31/2					Olun		e Ayandej							
Occupancy Status During Abatement (Check C			ent					oster ave.	#4B						
Abatement Performed Outside of Normal Other – Describe:					_			e, Zip Code /n NY,1124	40						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti						Full Contain Mini-Enclosi Glovebag P Non-Exemp	ure rocedure						
	la	Looptie						Non-Exemp	leu () ai	iu Noii-r	Habie		Abate		
Location of	P	Location	y		De	escription	n of				-	_	Ту	ре	
Asbestos-Containing Material (ACM)		d Solel intenan			tos Cor	ntaining N	Vlate	erial (ACM)		Amount				ш	ш
TO BE ABATED In Facility	Cus	todial S	taff?	(i.e.		acing, VA		sulation, or		(Specify F or LF)		Remova	Repair	cap	Enclosure
(13)		(12)			other	miscella	neo	us)				oval	air	Encapsulate	sure
	Yes	No	N/A						ļ.,		_			ro .	
Roof and Tool crib Office			X	0		Transite		ulation		50SF	_	X			
Former office and men bathroom			X	56 500 500 500				sulation		105LF		X			-
Tool crib floor			X			eum tar				150SF		X	-2-		
Telephone room and Locker shower	L	Х	<u> </u>		12 floor	TILE			325SF		X				
Name of Registered Waste Hauler Newark Carting		JDEP W auler ID		of Wa				of Regis Landfil	tered Lan	ianii					
		04	4509			needed				•10					0
City, State Newark NJ					TBD	osal Date)	3	City, S Bethl	ehem	PA		c=,0.5++			
Completed by Jovan Surdoski	Title Own	er				Signatur	e	te -	~		Date 09/		2016		

MO 93407307-6

		(, ,	arouum t	o morno o	.00				\leq				***************************************	711	
Date of Notification (1) 10/03/2016					Building C s Institut						00	T - 7	201	6	
872	pe Notification		- 1	Street Ad 1 Castle	dress e Point (on Hu	dson						T- 80,		
× EPA × DEP DOL	Initial Amended Amendment	#			e, Zip Coo en, NJ 0				*Carbon		10120	ČÉ (Š)	12		
ĭ DOH	Emergency (justification)			Name of						Tel	ephone N	lumber			
DCA L	Cancellation				ITY INFO	TOTAL S	ION								-
Name of Facility Where Aba Burchard Building	tement is Takin	g Place (3)		17012		1 1017 (1)		11.02	of Facility (4 School (K-12		W SUB	8			
Street Address 1 Castle Point on Hude	son								Subchapter 8 Other (i.e. pr etc.)	(Oth	er than K-	-12)	lings,	home	s,
City (5) Hoboken								Squa N/A	are Feet	# o	f Floors	1 1000	ldg. A	ge	
County (6) Hudson				County C	ode (7) SE ONLY)			Curre	ent Use (Prio	if bei	ng demol	lished)			
Name of Monitoring Firm Hir	ed by Building	Owner (8)		ASCM	No.		10.000000000000000000000000000000000000	of Aba	atement Cont tement, Inc		(9)				
TBD							Street			' *					
Street Address			- Tilles				11 R	osen	gren Aven	ue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Monitor	ing Firm			Telephon	ne No.		Teleph 973-				License 01311				
Start Date (10) 10/14/2016		Schedule		mpletion D	Date (11)				HA Monitor tement, Inc).					
Occupancy Status During A	batement (Ched	k Only On	e)				Street	Addre	ess						
Facility Closed/Vacated				nent			1		gren Aven	ue					
Abatement Performed Other – Describe:	Outside of Norr					_			Zip Code NJ 07512						
Scope of Work (Check All T	hat Apply)						k	· W	RAPLOU	T					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoli	777				M	ull Containme ini-Enclosure lovebag Proc			e Pressu	re		
							Þ		on-Exempted			iable Pro	cedur	e	
			Locat	265										ement rpe	t
Location of Asbestos-Containing Ma			Norma d Sole		Ashest		escription		al (ACM)		Amount			_	
TO BE ABATE			intena	nce/ Staff?		therma	al system	s insu		(Specify	Re	R	nca	Enc
In Facility (13)		043	(12)				acing, VA miscella)	S	F or LF)	Remova	Repair	Encapsulate	Enclosure
None		Yes	No	N/A								1 11		ate	e,
Room # 61	6		X			VA	T & Ma	stic		3	50 SF	X			
Room # 61	6		X			Tra	ansit ta	ble		ţ	50 SF	X			
Room # 61	X		Pipe	insula	ation (V	Vrap	& Cut)		70 LF	X					
Name of Registered Waste	Hauler			NJDEP W	aste	Cubi	c Yards		Name of F	Regist	ered Land	dfill			
D&S Abatement, Inc.	H	Hauler ID 20996		of Wa			Waste i	77.0							
City, State Totowa, NJ				Dispo	osal Date		City, State Tullytow		A						
Completed by					Signatur	E/ N	1/			Date	20500				
Oliver Hegedis	ect M	anager			1	PU				10/03/	2016				
ASR-41 (P-06-08)					* Do n	ot use	this form for	asbe:	stos licens	sure exer	npted	activ	ities.		

(K#3005

Date of Notification (1)			Mama	of Building (2	0	(0)			ENSING	OIT	******	~~~	
10/4/16			I vaine	1/62/1				4	8705	TNOO S	DISE	SSA	1	
Agencies Notified Type Notification	n		Street	Address		1000	112111	4						-
[7] EPA M Initial			1	Park	05	RA		16	1 91	- 7 20	100		MI	
DEP IX Initial Amended			City, S	itate, Zip Cor		10		+H+					HU	-
DOL Amendmer				rester.		16 W	76-	i bdd	(2)	730			m	
DOH Emergency justification		ıg		of Contact			<u> </u>	TA	5 Te	entone N	Lenober	1	1	-
DCA Cancellation	เก			0.11				Francis sample pro-	~ 1	5				- 1
Name of Facility Where Abatement is Taki	Fi	(0)	FA	CILITY INFO	RMAT	ION					- 1	d		-
1 -							Туре	of Facilit	y (4)		- 644			
Street Address	Per	+4	-					ichaal (h						
261 Rt 206							1	lubchapl Uher (i.e	ter 8 (Oth	er than K- & commen	12) Hal hui	ldina	e hor	3700
City (5)							e	tc.)						iieə,
							Square		#0	Floors	1	Bldg.	Age	
Chester Coupty (6)			C	0 \ (7)			130		- I	l		<i>)</i> -	57	
(Macc. 5			(STATE	Code (7) USE ONLY)			1			ng demolis	shed)			
Name of Monitoring Firm Hired by Building	Owner #	R)		M No.		Almon	1-10	m	nuse	2				
	Othics (·,	100	165 140.		E	Insula		Contractor	(9)				
Street Address	ddress						t Address		J., 1116					
	Stata Zin Cada						nontros							
City, State, Zip Code							State, Zip	-						
					ili ingle ripile		s Neck		Jersev					
Project Manager for Monitoring Firm		e participa de la constitución d	Telepho	one No.	Weath se		tone No.			License N	lo.			
		Type Land			Without	732	294 17	57	1	00029				
Start Date (10)	Schedu	led Co	mpletion	Date (11)		Name	of OSH	A Monito)r				-	-
10/13/16	10,	119	116		di-									
Occupancy Status During Abatement (Che					Me Terroria	Street	Address							
Facility Closed/Vacated During Entire	Period of	Abater	nent		2									
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hour.	s o i~		1	City, S	tate, Zip	Code						
Scope of Work (Check All That Apply)	,		1										_	
		224				-	7							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	diament,	Renova Demolii				1	Full (Containn	nent with	Negative F	ressu	re		
a displaced	22/2	Joanna	1011				Glove	Enclosure bag Pro	cedure					
	ì			1		X	Non-	Exempte	ed (*) and	Non-Friat	le Pro	cedu	re	
Office and the second s	\$	s Locat Normai		***************************************					Bioches		confine		emen ype	1
Location of Asbestos-Containing Material (ACM)		ed Sole		Achoeta		cription			of the last of the		-	1) 	1
TO BE ABATED	*	sintena todial S		Asbestos (i.e. th	ermal s	wany w systems	iatenai (<i>i</i> 3 insulatio	ACM) on.	£ 12.0	nount Decify	20	2	E	m
In Facility (13)	Cus	(12)	nan r	1	surfaci	ng, VA	Т, ог			or LF)	Removal	Repair	aps	Clo
(10)				0	ner m	scellan	eous)				leve		Encapsulate	Enclosure
-	Yes	No	N/A								Contract of the Contract of th		6	
octour	Control of the Contro		X	fla	sh:	20			300	(F	X			
() () () () () ()	octours Outdurn								100	OM	X			
				-	ι, ,,)					1		-	
	-		na n	5					The Carrier of the Ca	-	1965			
Name of Registered Waste Hauler	j	N	JDEP W	laste I r	Subic Y	arde	į e	Jama of	Dogista	nd I an 45**	Name of the last of			
Ace Insulation Co., Inc.		H	auler ID		f Wast		1		200 miles	ed Landfill				
		112	2086			2			Landfill					
City, State Colts Neck, New Jersey				D	isposa			ity, State						-
Completed by			11.0		9/11	4 1	aston	PA		- C 1010		0.00	A CONTRACTOR	
Bree McGuire	Title	aton.	Freasu	ror	Sig	nature	1		1	Dat	اراه	1.1		Total Control
	Scut	etat y	HEUSU	ıcı	1	10	1/1			1	UN	111	0	1

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

	THE RESERVE AND PARTY WOMEN		(PURSUAN	THE RESERVE OF THE PARTY OF THE PARTY.	6:60-7 AN	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	CASH CHES DOWN AND WATER			-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which
Date of Notification	The second secon				Building Ov	ner / Oper	rator (2)				
10 / 06	/16			First Energ	07				-		
/	/			Street Ad							
Agencies Notified	Type of No	otification		76 South S					- Constitution of the Cons		
☐ EPA		Initial			e, Zip Code						
☐ DEP		Amended		Akron, Oh	THE RESERVE AND ADDRESS OF THE PARTY OF THE						
☑ DOH		Amendment_		Name of 0	Contact			Telepho	ne Numb	per	
☑ DOL		Emergency w	/ justification	Jim Halse	ey .		Ĭ.				
		Cancellation			2016						
			F	ACILITY IN	FORMATIO	N	AND DESCRIPTION OF THE PARTY OF		CONTRACT LINES TO THE		
Name of Facility Wh	ere Abatem	ent is Taking	Place (3)		Type of Fa	cility (4)	who would be supply to the	ACMIT REPORT OF THE PARTY OF	Carried Constitution of the Constitution of th		
		3			1						
						School (K	-12)				
Street Address					1 🗇		er 8 (Other	than K-1	2)		
90 SPRUCE STREE	Т				N N		, private &				
	<i>16</i>						mes, etc.)				
City (5)	County (6)	County Code	(7)	Square Fe		# Of Floor	5	Buildin	a Age	
LAKEWOOD	OCEAN	I	Journey Jours	(,,	loquare re		1 0111001		Danam	9 790	
L WELLOOD	002				Current IIs	o /Prior if	being dem	olished)	+		
					Telephone		being dem	Olisticu _j			
Name of Monitoring	Firm Illinoid	hi Dide Oim	(0)	IASCM NO		role					
iname of Wonitoring	Firm Hirea	by Blag. Own	er (8)	ASCINI NO	1						
Environmental IIIa - III	lovosti-sti-				NODTHOT	AD CONT	ACTING C	DOLID IN	IC		
Environmental Health	investigatio	ms			-	CONTRACTOR OF THE PARTY.	RACTING G	KUUP. IN	VC.		
Street Address					Street Add	iress					
655 West Shore Trai					1	220 2					
City, State, Zip Cod	е				32 William						
Sparta, NJ 07871					City, State	, Zip Code					
Project Mngr. For N	lonitoring F	irm	Telephone Nu	mber]						
Dino Nappi			212-682-9271		East Hano	ver, NJ 070	36				
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	1)	Telephone	Number		License	Number		
10//18											
//	/	/	/		973-88	4-8682			(00860	
Occupancy Status I	During Abat	ement (Check	Only 1)		Name of C	SHA Moni	tor			76-0	
		ted During Ent					RACTING G	ROUP. IN	IC.		
Abateme		•			Street Add						
375-57		d Outside of N	lormal Facility								
		Friday 8:00 ar			32 William	s Parkway					
		_ 1 11da y 0.00 ai			City, State						
Other - D	escribe				East Hano						
Coope of Mark (Ch	ack All That	Annly		CONTRACTOR OF STREET	Lastriano	VC1, 140 07 C	.00		10 miles (10 mil	EU SETS CHICAGO STATE	
Scope of Work (Che	eck All Illat	Apply)									
☐ Demolitio		(C)	Renovation		Full Conto	inment wi	th Negative	Droccur	^		
		\subseteq	Reliovation		Mini - Enc		iii Negative	riessui			
					Glovebag						
☐ ≥160 sf o	1 2200 II				•		d Non-Fria	hlo Droog	dura		
				[2]	NOII-EXCIT	pteu () ai	iu Non-Fina	DIE FIOCE	-uui e		
Location	, f	l lo	1	Descript	ion of			Abateme	ant Type		
Asbestos Con		ls Location	٨٠	sbestos - C				R	I	E	ΙE
V2062102 COII	annig	Normally	AS	Material			Amount	E	R	N ·	N
TOPEADA	TED		1	e., therma			(Specify	M	E	C	C
TO BE ABA		Used	5.5		i systems facing, VAT		SF or LF)	65,000	P	A	L
in Facilit	У	Solely	V. V			1	SF OF LF)	1 50	100		
(13)		by Main-	or	other misc	ellaneous)			V	A	P	0
		tenance/						A	1	S	S
		Custodial						L	R	U	U
		Staff (12)							-	-	R
		YES NO N/A					101=		-	-	-
Exterior Telephone P	ole		Transite Condu	ılt			40 LF	<u> </u>		<u> </u>	
	9.5										
				Y							
Name of Registered	Waste Hau	ller	NJDEP Waste		Name of R	egistered	Landfill				
NEWARK CARTING			Hauler ID No.	Yards	I.E.S.I.						
				of Waste							
City, State				Disposal	City. State						
NEWARK, NJ				Date	BETHLEH		105				
Completed by (Prin	t or Type)		Title	***************************************	-	Signature				Date	
	35 B					X		1			
Steven Stiles			Project Manage	anager KMS 2 2 2 2 2 2 2						10	0/06/16
CONTRACTOR OF THE PROPERTY OF	NAME OF TAXABLE PARTY.	CONTRACTOR OF THE PARTY OF THE	NAME OF THE PARTY	901						THE RESIDENCE OF THE PARTY OF T	WATER OUT STATE OF

State of NJ

D&S Proj. #: 16-302					Abatement and 12:120)				T T	W	E	
Date of Notification (1)	Name o	f Building Owne	er/Operator (2)									1
10 19 1/13 10 1/11 16	ezegu	iel Garcia										
Agencies Notified Type Notificati												
EPA Initial						te-1						
DEP Amended Amendment #:	City Str	ate, Zip Code									_	
DOL Emergency		LSIDE, NJ 07	7205									
☑ DOH (including	December 1987	Contact	1203	as and the		U SEEDLES CO.	Telephon	e Number		10000000		amente.
justification)						1	262 0 222 5 6 23 6 226 6 6 7 8					
Cancellation	ezeg	uiel Garcia					NAME OF STREET					
			LITY INFORM	ATION		T=						
Name of facility where abatement is	s taking place (3)					Type of	Facility (4) I (K - 12)				
ezeguiel Garcia								apter 8 (C	ther th	nan K	12)	
Street Address							Other (Private/C	omme		- 69	
								Homes, e	101000	DI	la A	~~
Oib : (5)	County (6)			0	nty Code (7)	Square	e Feet	# of Floor	S	DI	dg. A	ge
City (5)	County (6)			137773	te use only)	Currer	nt lise (P	rior if bein	n dem	olishe	rd)	
HILLSIDE	UNION					Ourier	11 036 (1	ioi ii beiii	g den	Olisino	,u)	
Name of Monitoring Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatement	Contracto	r (9)					
					D & S RESTOR	ATION,	INC.			PERIOD - 1472		
Street Address				$\overline{}$	Street Address							
					20 California A	THE RESERVE THE PERSON NAMED IN						TO THE PERSON NAMED IN
City, State, Zip Code					City, State, Zip Code							
					Paterson, NJ 07	7503						
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number 973-345-8020			License	Numb 1169	er		
					Name of OSHA Mor				1102			
Start Date (10)	Sched. Com	pletion Date (11)		D & S Restorat							
10/11/16	10/31/16				Street Address						-	
Occupancy Status During Abatemer	t (Check only on	e)			20 California A	venue						
Facility closed/vacated during					City, State, Zip Code)						
Abatement performed outside Describe:		nours-		_								
Other-Describe: NORMAL H				-	Paterson, NJ 07							
Scope of Work (check all that apply)					Full Conta		/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-enclo Glovebag		re				
≥160 sf or ≥260 lf	Demolition							and Non-	friable	proc	edure	e
Location of	Is location norm	ally used solely							T R	R	E	E
asbestos-containing material (acm) to be	by maintenance staff(12)	e/custodiai			sbestos-containing		Amount Specify S	E or	m	p	n	n
abated in facility (13)	Yes N	o N/A	material	(ACM)		1 2	_F)	,, 01	o v	a i	a	C L
		14//				-	1.0		e	r	P P	1
BASEMENT			PIPE INSU	JLAT.	ION	144	1 ft			片	님	#
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Registered Waste Hauler	NJDEP Ha	uler ID# I C	ubic Yards of	Waste	Name of Registered	d Landfill			<u>_</u>	Ш	Ш	14
D & S RESTORATION, INC.	13506	200	2 yds.		TULLYTOWN.		RCE RI	ECOVER	RY			
City, State		Disposal D			City, State	. D.4	ALCOHOLSE SE				5012	
PATERSON, NJ 07503	Title	10/12/1	Signature		TULLYTOWN	i, PA		Date				CARLES OF STATE
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Joignature				~~~	09/30	/16			



Print Form

JC 100			(P	ursuant t	o NJAC 8	3:60 and	12:120))								
Date of Notification (1) 05 October 2016					Building C rd Town		perator	(2)				UU		/ 21	Jib	
Agencies Notified	Type Notification			Street Ac	ddress					1						
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X DEP X DOL	Amended		Ī	City, Stat	te, Zip Co	de							VIIV	SHIVE	2	
☑ DOL	Amendment Emergency		-	Medfo	rd, NJ 0	8055						01/00/02/02				
☑ DOH	justification)			Name of	Contact					Tele	phone N	umber				
DCA	Cancellation			Richar	d Parks											
				FACIL	LITY INFO	RMATI	ON									
Name of Facility Where	Abatement is Takin	g Place (3)						Туре	of Facility (4	-)						
Residential home									School (K-12			4.00				
Street Address								X	Subchapter Other (i.e. pretc.)				dings	home	s,	
City (5)								Squa	are Feet	# of	Floors	E	Bldg. A	.ge	1000000	
Medford								1,1	00	1			Unkr	own		
County (6)				County C				Curr	ent Use (Prio	r if beir	ng demoli	shed)				
Burlington					JSE ONLY)			Ho								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		Name	of Aba	atement Con	tractor	(9)					
Self monitored		3.05					Silt /	Asbe	stos Abate	ment						
Street Address				Street Address												
				38 Algonquin Trail												
City, State, Zip Code			-		******			. 1551	Zip Code							
,							1000		Lakes, NJ	0805	5					
Project Manager for Mor	nitorina Firm		Т	Telephor	ne No.		Teleph				License	No.				
i rojeci maneger iei mei	mornig i iiii								3288		01303					
Start Date (10)		Schedule	d Cor	noletion [Date (11)		Name	of OS	HA Monitor						_	
15 October 2016		19 Octo					Self	mon	itored							
Occupancy Status Durin	g Abatement (Che	ck Only One	9)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of Al	baten	nent s			City, S	State, 2	Zip Code							
Other – Describe:						-										
Scope of Work (Check A	ll That Apply)															
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emoli					M GI	ull Containme ini-Enclosure lovebag Procon-Exempted	edure				e e		
														ement		
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Location Asbestos-Containing		Used	Sole	ely by	Asbest				al (ACM)	А	mount			ш	1220	
TO BE AB	ATED		ntena ndial :	nce/ Staff?	(i.e.	thermal			lation,		pecify	Rer	70	Encapsulate	Enclosure	
In Faci (13)		1 5500000	(12)				cing, VA niscellar)	51	or LF)	Remova	Repair	psu	uso	
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1000000		Yes	No	N/A			2001				2007 No. 20		-			
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Name of Registered Wa	ste Hauler		11000	NJDEP W Hauler ID		of Was	Yards ste		Name of I							
Robinson Waste			1	7304		3.4	70 ATO		Quickw	ay Tr	ansfer S	Station	1			
City, State						F 179027	sal Date	1	City, State	9					Eliveli	
Voorhees Township	o, NJ						CT16		Philade	lphia,	PA					
Completed by		Title				5	Signatur	e //	1			Date				
Jeff Yekenchik						ner // 1					05 October 2016					
							100	· W						-		

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Date of Notification (1)				Name	of Building	g Owner	Operator (2		-											
10)/5/16							White												
Agencies Notified	Type Notificati	ion		Street	Address				1	48550			G							
☐ EPA	Initial																			
DEP DOL	Amended Amendmer	nt #		City, S	tate, Zip C	ode	_	_												
	☐ Emergency	(including	-				E	ast Orange,	NJ					_						
⊠ DOH	justificatio	n)		Name	of Contact				Teleph	one Numbe	er									
☐ DCA	Cancellatio	n	١.		V	aleria	White						_	_						
		-1.500.00000		FAC	ILITY INF	ORMAT	ION													
Name of Facility Where	Abatement is Ta	king Place	(3)				Т	Type of Facility	(4)					\neg						
, rame of racing rivers		esidentia		School (K-																
Street Address		obra on the						Subchapter	8 (Other											
Ottoot/ taarooo								Other (i.e., p		commercia	l build	lings,								
City (5)				homes, etc.)						loors	I Bio	dg. A	ne .							
City (5)	Foot	Orongo	NIT	Square Feet # of Floor						2	"	75								
- (0)	East	Orange	, INJ		t. O. d. /	7) (ОТА	TC	Current Use (Pr	ior if hoir	a domolio		10	1/-							
County (6)	Essex				ity Code (7	(SIA	15	Current Use (Pr	ior ii beir	ig demoils	nea)									
			_									_								
Name of Monitoring Firm		ng Owner		ASCM	No.	Name		nt Contractor (9		0	т.									
(8)	MECS							ns Environ	nental	Service	s, In	C.								
Street Address	Street Address PO Box 341					Street Address														
				PO Box 322																
City, State, Zip Code			City, State, Zip Code																	
C1	5					Allentow	own, NJ 08501													
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No. License Ne.														
Bill We	eisgarber		(60	9) 24	0-4070	((609) 259	9-9688		0	0493	3		_						
Start Date (10)	Sc	cheduled C	omple	tion Da	te (11)	Name	of OSHA Mo	onitor												
10/17/16	1000		0/25/		A November			M	ECS											
Occupancy Status Durin	ng Abatement (C					Street	Address							_						
☐ Facility Closed/Vacat	(E)			ment				PO E	30x 34	1										
☐ Abatement Performe					-	City. S	tate, Zip Co	de												
Other - Describe:						0.1,5,1		Crosswick	s. NJ	08515										
Scope of Work (Check a								0100011202						-						
Scope of Work (Check)	all triat apply)					[Full Conta	ainment with Ne	gative Pr	essure										
≥3 sf or ≥3 lf			enovati			<u> </u>	Mini-Encl													
≥160 sf or ≥260 lf		De	emolitic	n		ļ2		Procedure npted (*) and No	on-Friable	Procedur	e									
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**		N	ormally	,				1				Тур	e	I						
Location			Soleh		A = b = = =	Des	scription of	rial (ACM)	Amo	sunt.										
Asbestos-Containing TO BE ABA		200000000	ustodia				aining Mate systems in			ecify	æ		E	Ш						
IN Facility		1 5	Staff?		(surfa	cing, VAT, c	or	SF o	r LF)	Removal	Repair	Encapsulate	Enclosure						
(13)			(12)			other n	niscellaneou	is)			ova	ar	sula	Sur						
		Yes	No	N/A							_		e	(D						
				-		1	D. T	1	24 lf		0410		0410		0.110		100		-	-
Basem	ent	_	×		Th		Pipe Inst				×									
Basement ×					/	Pi	oe Debris	3	30	<u>lf</u>	×									
			49			-														
Name of Registered Wa	este Hauler		IN	JDEP \	Vaste	Cubic	Yards	Name of Regi	stered La	andfill		-								
		. т	h	lauler ID	No.	of Wa	ste				AC: 11									
Stevens Environmental Services, Inc. 18292					292		CU		UKU'	WS Lan	uiill									
City, State						Disposal Date City, State														
Allentown, NJ							25/17	2/	Morr	isville,	۲A									
Completed By Title					Signature // Date					/5/16										
Mahlon E. St	Mahlon E. Stevens Projec						1111				10/3	0/16								

ASB-44

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

Date of Notification (1)	0/5/16			Name of Building Owner/Operator (2) Lynch									
Agencies Notified	Type Notification			Street	Address		- Sayarana	BBESTS	08.0	XOIN	TRC)L &	
EPA DEP DOL	Initial Amended Amendment #	-1	.	City, S	tate, Zip C		lorence, NJ (08518					
☑ DOH ☐ DCA	Emergency (in justification) Cancellation	cluaing		Name	of Contact			Telephone Numb	er			1	
				FAC	ILITY INF	ORMATION							
Name of Facility Where	e Abatement is Taking Resid						Type of Facility	2)	27				
Street Address								8 (Other than K-12 private & commercia		ings,			
City (5)	FI	,	TT				Square Feet	# of Floors	BI	dg. A	7		
County (6)	Flore	nce, I	NJ	Cour	2400 2 County Code (7) (STATE Current Use (Prior if being demolish-						+/-	=	
	urlington			USE	ONLY)) (STATE	- Current osc (i	Tion in being demons	nou)				
Name of Monitoring Fire		Owner		ASCM	No.		ment Contractor (7				
(8)	MECS					-		mental Service	s, In	c.			
Street Address	PO Box 341					Street Address PO Box 322							
City, State, Zip Code				City, State, Zip Code								_	
	Crosswicks, NJ ()8515	-				Allentow	Allentown, NJ 08501					
Project Manager for Mo	onitoring Firm Teisgarber			phone (9) 24	No. 0-4070	Telephone No.	259-9688		0493	3			
Start Date (10)		duled C	-	tion Da		Name of OSHA			0 12				
10/17/16			0/28	/16			N	IECS					
Occupancy Status Dur						Street Address		Box 341					
☐ Facility Closed/Vaca ☐ Abatement Perform						City, State, Zip		DOX 341				_	
Other - Describe:			5) 					ks, NJ 08515					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat emolitic		,	Mini-E Glove	bag Procedure	egative Pressure	e e				
		0.000	_ocatio						A	bate Typ			
Location	A 1 (T 1)	Used	i Solei	y by	Ashas	Description tos Containing M		Amount	-	7,			
Asbestos-Containing TO BE AB IN Facility (42)	ATED lity	С	ustodia Staff? (12)	al		thermal systems surfacing, VA other miscellan	s insulation, T, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A		Other miscellan	eous)		val	-	ılate	ure	
Basen	×		Th	ermal Pipe I	nsulation	245 lf	×						
Name of Registered W	Jacta Hauler		1 1	NJDEP V	 N/aste	Cubic Yards	Name of Rec	gistered Landfill					
Than to or the greater of the control of the contro					0 No. 292	of Waste 2 CU		–GROWS Lan	dfill				
City; State						Disposal Date	City, State	Momiovi11-	DΑ			XXX (0.7%)	
Allentown, NJ Completed By Title						10/28/17 Signature	11/	Morrisville,	rA				
Mahlon E. Stevens Proje					nager	111			10/	5/16			

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7190110		(Pu	rsuant t	O NJAC 8	:60 and	12:120	1)			16				
Date of Notification (1) 10/04/16			Name of Building Owner/Operator (2) Glenwood Apartments & County Club							iii ú	UT	1	2016)
Agencies Notified Type Notificatio	n	- 4	Street Ac 1 Cher	ddress ry Hill La	ane	1)				ASBES	STOS			OL (
DEP Amended DOL Amendment	The state of the s			te, Zip Coo dge, NJ		13 15			-			10.10.40.31		
DOH justification Cancellation		- 4 - 5	Name of Eric Pr						Tele	phone Nur	nber			
Name of Facility Where Abatement is Tak	ing Place (2)		FACIL	LITY INFO	RMATI	ON	Tun	e of Facility (4)						
Glenwood Apartments	ing Flace (3)						Тур	School (K-12)					
Street Address 51-53 Apple Tree Ln							×	Subchapter 8 Other (i.e. pri etc.)				dings,	home	s,
City (5) Oldbridge, NJ	8-							quare Feet # of Floors Bldg. Age 000 2 65+						
County (6)								rent Use (Prior artment	if bein	g demolish	ned)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)		ASCM No. Name of Abatement Contra DIA General Construct											
Street Address	34					Street 1360		ess ton Ave, PN	ЛВ Su	uite 218	2			
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012												
Project Manager for Monitoring Firm	ľ					hone No. License No. 00693								
Start Date (10) 10/18/2016	Scheduled 10/22/16							SHA Monitor eral Constru	uction	, Inc				
Occupancy Status During Abatement (Ch	eck Only One))	Street Address 1360 Clifton Ave, PMB Suite 218											
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:						City, S	State,	Zip Code	/IB St	lite 218				
Scope of Work (Check All That Apply)					7	Clifto	סח, וי	J 07012						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Accessed to		vation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	le l	ocati	on					ion-Exempted	() and	TYON THUE	1		ement	
Location of	No	rmall	У		De	scription	n of				-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		tenar dial S (12)	nce/ Staff?		thermal surfa		s insi		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
51 A-D Apple Tree Ln- Crawl Spa		No	N/A	P	ipe/Elb	ow In	sula	tion	18	0 LF	X	-		
53 A-D Apple Tree Ln-Crawl Spa					ipe/Elb		U40,5%	07-407-		0 LF	X			
oo // B //ppic 1100 Ell Olawi Opa				IPO/LIL	70 W 111	Julia	uon -		.0 21					
Name of Registered Waste Hauler		87.0	JDEP W			Yards		Name of R	Registe	red Landfil				
Service Transport Group			Hauler ID No. of Waste 6 CY					Minerva Landfill						
City, State New Castle, DE 19720	Title				Dispo: 10/22	sal Date 2/16)	City, State Waynes		OH 446	88			
Completed by Milan Njezic	resi	dent		S	Signature	e)) (17	~	a management of the second	ate 0/04/:	2016			
							1/1/					200		

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	ASB	EST	38	00	NTR	OL	3

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Date of Notification (1) 10/04/16		Na G	ame of Bu lenwoo	uilding Owne d Apartm	11 11 00	Ī	7 /	016							
Agencies Notified Type Notification			reet Addr												
EPA Initial				Hill Lane				ASRES)L 3			
EPA Initial Amended Amendment #_				Zip Code e, NJ 088	357				JOEN	SIN	3	-			
Emergency (Incl	uding		ame of C					Telephone Number							
DCA Cancellation				TY INFORM	ATION										
Name of Facility Where Abatement is Taking P Glenwood Apartments	lace (3)		AOILI	TT III OKI			of Facility (4) School (K-12) Subchapter 8	2) 8 (Other than K-12)							
Street Address 24-26 Cherry Hill Ln				a tongga		×	Other (i.e. privetc.)	ivate & commercial buildings, h							
City (5) Oldbridge, NJ						2,00		2 65+			E .				
County (6)		County Code (7) Current Use (Prior if (STATE USE ONLY) Apartment					if being demolish	ed)							
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM I	No.	Nam DIA	e of Ab	atement Contr eral Constru	actor (9) action, Inc							
N/A Street Address					Stre	et Addr	ess								
City, State, Zip Code		1360 Clifton Ave, PM City, State, Zip Code													
Project Manager for Monitoring Firm		Telephone No. Teleph					Clifton, NJ 07012 Elephone No. License No. 00693								
2000	Scheduled	Com	nletion D	rate (11)	00693				-						
10/18/2016	0/22/16		ipietion b		uction, Inc										
Occupancy Status During Abatement (Check					MB Suite 218										
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Ab I Facility H	atem	nent		City	, State,	Zip Code NJ 07012								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition				×	Mini-Enclosure				re				
	1	_					VOI - EXCITIPIO	(/ 4.10 1.10			ement	t			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Used Main Custo	itena	lly ely by ence/ Staff?	(i.e. th	Descrip s Containir rermal syst surfacing, other misce	ng Mate ems ins VAT, o	r	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure			
	Yes	No	N/A	Die	e/Elbow	Incula	ation	180 LF	X			-			
24 A-D Cherry Hill Ln- Crawl Space	X	_			e/Elbow			150 LF	X			+			
26 A-D Cherry Hill Ln-Crawl Space X				FIF)E/LIDOW	modic	20011								
									711						
Name of Registered Waste Hauler		- 1	NJDEP V		Cubic Yar	ds		Registered Landi	nii						
Service Transport Group	Hauler ID No. of Waste 6 CY					Y Willier va Candilli									
City, State New Castle, DE 19720				Disposal I 10/22/16		Wayne	sburg, OH 44			<u> </u>					
Completed by Milan Njezic	Pres	sident		Sign	ature	2/A		Date 10/04/	201	3					
							011)							