Date of Notification (1) 10/11/2016			Name of Building Owner/Operator (2) The Port Authority of NY & NJ												
Agencies Notified	Type Notification		-	200 100 100 100 100	Address						607		000		
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Street Address									Subchapta Other (l.e.				ildin	is hai	nac.
1 Journal Square								I-1	etc.)						
City (5) Jersey City								Squa	re Feet	#0	f Floors		Bldg	. Age	
County (6)				County	Code (7)			Curre	nt Use (Pri	1 .	ina demo	lighed)			
Hudson					USE ONLY		[n Tunnel		ng donio	noncou)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name	of Aba	tement Co	ntractor	(9)				
The Port Authority	of NY & NJ						SCE	Envi	ronment	al Gro	up, Inc				
Street Address							Street		33						
City, State, Zip Code					-			67532	cobb Rd						
only, out of the									, PA 184	36					
Project Manager for Mon	itoring Firm		T	Telepho		•	Teleph				License			011010150	
Uday Mehta					95-4881		5703	777.0000			01216	5			
Start Date (10) 10/22/2016		10/23/2		npletion	Date (11)		1		A Monitor conmenta		in				
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Abatement Perform							117000		p Code						
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Scope of Work (Check A)	i i nat Appry)	P7 -													
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Asbestos-Containing	Material (ACM)		d Sole intenar			tos Cont	taining Ma	aterial		-	mount			Im	
TO BE ABA			odial S		(i.e.		systems clng, VAT		ition,		Specify or LF)	Remova	Kepair	lcar	inclo
(13)	ž.		(12)				niscellane					ova	Jair	Encapsulate	Enclosure
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Passenger Pip	e Tunnel		Χ		Asbesto	os Cen	nent Co	endui	t Piping	.2	OLF	X			
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Name of Registered Was	te Hauler			JDEP Wauler ID		Cubic of Was			Name of	Registe	red Land	fill			
Cardella Waste	191	140.	4	310		Grows	North								
City, State									City, Stat					77753.0	
North Bergen, NJ		T :					/2016		Morrisv	rille, P.					
Completed by Troy Butler		Title Sr D	roject	Mana		S	Ignature	_				Date 10/11	1201	6	
LION DUILOI		31. 7	Ojeci	ivialia					(/	10/11	201	<u> </u>	



D&S Proj. #: 16-303

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

							DE					
Date of Notification (1)	1 16 1	11	77.0	ner/Operator (2)		1011 oct		10		1	
	pe Notification		yann neiman				11 11 001	1 2 20	10	11-	41	
EPA III		Street A	Address				100				1	
□ DEP □A	mended						4	Practice.				
Ame	endment #:	City, St	ate, Zip Code				-transport	45/14G	-			
	Emergency	Mor	ris Plains, N.	J 07960								
	including	Name o	f Contact		The state of the S		Telephone	Number	Self So			Market Street, -
	ustification) Cancellation	nano	cyann neima	n			1					
	Sancellation			CILITY INFORM	MOITAL	J	1				-	
Name of facility where a	abatement is to	aking place (3)	10.00.00				Type of Facility (4	4)	-	-		
nancyann neiman								(K - 12)			10)	
Street Address	=						100000	apter 8 (O Private/Co			-12)	
Street Address							Bldgs./I	Homes, et	C.	IGIAI		
								# of Floor		Bl	dg. A	ge
City (5)		County (6)			Cou	inty Code (7)						
					(Sta	ite use only)	Current Use (Pr	ior if being	g dem	olishe	ed)	
Morris Plains		Morris										_
Name of Monitoring Firm	m Hired by Bld	ig. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
***************************************						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
						20 California A			and the same		*******	- TANKS
City, State, Zip Code						City, State, Zip Code						
			_		_	Paterson, NJ 07	7503					
Project Manager for Mon	itoring Firm		Phone Num	ber		Telephone Number		License		er		
						973-345-8020		0.	1169			
Start Date (10)		Sched. Com	pletion Date (11)		Name of OSHA Mon D & S Restorat						
10/06/16		10/24/16				Street Address	ion, mc.					
Occupancy Status During	a Abatement (e)			20 California A	venue					
Facility closed/vaca						City, State, Zip Code						
Abatement perform	ned outside of	normal facility	hours-			Ony, onany, Esp outs						
Describe:	NORMAL HOU	JRS			_	Paterson, NJ 07	7503					
Scope of Work (check a							Full Containment w	/negative	press	ure		
>3 sf or >3 lf		enovation					Mini-enclosure					
≥160 sf or ≥260 lf		emolition				⊠	Glovebag procedur					
		s location norm	ally used sole	lyl			Non-Exempted (*)	and Non-t	riable R	Proc	eaure	<u> </u>
Location of asbestos-containir	na b	y maintenance			on of -	sbestos-containing	Amount		е	е	n	E n
material (acm) to b	be s	taff(12)		- material			(Specify S	For	m	p a	C	C
abated in facility (1	13)	Yes N	lo N/A		10 NO		LF)		٧	i	a p	L
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DASEMENT				THERISC	JLAI.	1011	100 E 1 1		H	+	片	卌
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		==		#					H	H	H	一
			-	4					H	H	H	一
Registered Waste Hauler		NJDEP Ha	uler ID#	Cubic Yards of	Waste	Name of Registered	d Landfill					
D & S RESTORATION		13506		2 yds.			RESOURCE RE	COVER	Y			
City, State			Disposal	Date		City, State	STATE OF THE STATE	SOCIETY CITY				and the same of th
PATERSON, NJ 0			10/07/			TULLYTOWN	, PA					
Completed by (Print or T		itle		Signature				Date	201			COLA
BOGDAN JOLDZIO		RESIDENT	form for sale	too lloor-	/ow = / -	d activities		10/04/	2016		-	
ASB-41	D	U HULUSE THIS	TOTAL TOT ASDES	tos licensure ex	CHIPLE	יש מטוויווודט.						

MO 2405/283020 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/05/16	10/05/16 Agencies Notified Type Notification				f Building Rodrigue		Operator	(2)	Austrance of a)		6	E	12	W		
Agencies Notified			1	Street A						Total or other	The same and	(OCT	1 ;	2 2	2016	discount of the last	
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× DOH × DCA	Emergency justification) Cancellation)		Name of	f Contact						+	ASB Telep	hone	Numi	eri(3	s (A_	unium
Name of Facility Where	Abatement is Takir	ng Place (3))	FACI	LITY INFO	ORMATI	ON	Т	ype of Faci	lity	(4)							
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Street Address								×	Subcha Other (i etc.)	i.e. į	priva	ite & c	omm	ercial	build	dings,	home	es,
City (5) Belleville								S	quare Feet			# of F	loors		В	ldg. A	ge	
County (6) Essex County				County (Code (7) USE ONLY)		С	urrent Use	(Pri	or if	being	dem	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.		The Park State of the Park Sta		Abatement	Co	ntrad	ctor (9)					
Street Address							Street	Ad	Idress									
City, State, Zip Code	ty, State, Zip Code oject Manager for Monitoring Firm art Date (10) Schedu								7th Stree		uite	e A4						
Draiget Manager for Mor	oject Manager for Monitoring Firm								Bergen, N	1) (070		loons	o No				
Project ivianager for ivior	ittoring Firm			Telepho	ne No.		Teleph 201-		16 No. 13-6305				1122 1122	e No. 3				
Start Date (10) 10/21/16		Schedule 11/04/1		npletion I	Date (11)				OSHA Mon			ING	LLC					
			- S				Street		Idress ROUTE E	Δς	TS	UITE	10	7				
Abatement Perform Other – Describe:	ned Outside of Norn	Period of A mal Facility	baten Hours	nent S			City, S	Stat	e, Zip Code)	-		- 10					
Scope of Work (Check A							UNIC	Or	NJ 0708	53								
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		is	Locat	ion			12	7	Non-Exem	ipte	a (*)	and r	NON-I	riable	Pro	Abate	ment	t
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(13)		Yes	(12) No	N/A		other n	niscellar	neo	ous)						oval	air	sulate	sure
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Name of Registered Waste Hauler				JDEP W	/aste	Cubic	Yards		Name	e of	Reg	istere	d Lar	ndfill				
NEWARK CARTING		lauler ID 4509	No.	of Wa	ste		WAS	STI	ΕM	IANA	GEN	MEN.	TG	ROV	VS N	1.		
City, State HILLSIDE, NJ						Dispos	sal Date)	City, MOI			ILLE	PA					
Completed by Bryan Parra	ct Ma	anager		S	Signature	1	Kille	al	We	X.		Date 10/		16				
ASB-41 (R-06-08)							* Do no	ot i	use this form	n fo	r asl	oestos	licen	sure (exen	npted	activi	ties.

A35-41 (R-09-05)

AMAC

OCT 13 2016

Date of Notification (1)			(Fruit Co	nt to Phili	AC B:SQ	MARATE	9)		AS	BES	70	5
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					10		_ Vore		a 5	8-11		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) October 7, 2016 Borough of Alpha Agencies Notified Type Notification Street Address 1001 East Boulevard Initial FPA ASBESTOS CONTROL & City, State, Zip Code Amended DEP LICENSING Amendment # Alpha, NJ 08865 × DOL Emergency (including Name of Contact Telephone Number DOH justification) George Papadakis DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Recreational Complex Pavilion (John Dolak Memorial Pool) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Vulcanite Avenue etc.) Square Feet # of Floors Bldg. Age City (5) Alpha County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Warren ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Be Construction Corporation Unknown Street Address Street Address 235 Watchung Avenue City, State, Zip Code City, State, Zip Code West Orange, NJ 07052 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 973-669-2900 01231 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) December 17, 2016 Schneider Laboratories Global Inc. October 17, 2016 Occupancy Status During Abatement (Check Only One) Street Address 2512 W Cary Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Richmond, VA. 23220 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally-Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, TO BE ABATED Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 1220SF Pavilion X Roofing Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste Tullytown Facility Future Sanitation Inc. City, State Disposal Date City, State Tullytown, PA Passaic, NJ 07055 Date Signature Completed by Title October 7, 2016 Barbara Reed President

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C123782	NO	(Pui	ATION rsuant	ate of New Jerse OF ASBESTOS to NJAC 8:60 and	ABATE d 12:120	" Chi	F.C.E		PE		1
Date of Notification (1)		N.	lame of	Building Owner/C	_	7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Hi CON 9/03	- 1 88	48	,	
Agencies Notified Type Notification		15	TARI-	11	IRAC	ling gol	MICHO HA	TEK	MAN CA	OD.	糾
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DOH justification)		lame of	Contact	F	00-11	Telephone Num	per	5 (2)	~	
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Name of Facility Where Abatement is Takin			1			Type of Facility	(4)				57.94
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Street Address						Subchapte Other (i.e.	r 8 (Other than K-12 private & commercia) I build	dings,	hom	es,
151 1 HICK 51						/ etc.) Square Feet	# of Floors	T B	ildg. A	ae	-
Ridge Field Park	(N)),				2500	2		60		
County (6)	1010	To		Code (7)		Current Use (Pr	or if being demolish	ed)	-		
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.	Name	of Abatement Co	ntractor (9)				
Street Address					Street	Address	<u>u</u>				
Street Address					PO	150x 21	+				
City, State, Zip Code					City, S	tate, Zip Code		2/0	`		
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Project Manager for Monitoring Firm			elepho	ne No.	Teleph	none No.	License No	C	`		
Start Date (10)	Scheduled	Com	oletion I	Date (11)	Name	of OSHA Monitor	0 000	300		-	
10/12/16	001.044.04		12	16	M	ATEIN I	YA				
Occupancy Status During Abatement (Che	ck Only One)	1	1		Street	Address	1				
Facility Closed/Vacated During Entire	Period of Aba	ateme	ent		PI). 130x 81°	<u> </u>				
Abatement Performed Outside of Non Other – Describe:	mal Facility Ho	ours			City, s	tate, Zip Code	NO MA	25	7		
Scope of Work (Check All That Apply)					IVID	PADDE	10/0- 0 6	00	1		
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In Facility (13)		12)			cing, VA niscellar		SP OF LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJ	DEP W	/aste Cubic	Yards	Name of	Registered Landfill			L	
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City, State,			100	Dispo	sal Date	City, Sta	te	}	-	-	
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ASB-41 (R-06-08)					* Do no	ot use this form fo	r asbestos licensure	exen	npted	activi	ties.

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Agencies Notified Type Notification		7	Street A	U QUIII	J U -	TATION	9 3111		1		Т
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Name of Facility Where Abatement is Takin	g Place (3	3)	1,12111			Type of Facility	(4)		11 = 170		
Street Address						 □ School (K- □ Subchapte 	12) r 8 (Other than K-12	2)			
OCCUPATIONS OF THE PROPERTY OF						Other (i.e.	private & commercia	al buil	dings	, hom	95,
City (5)				•		Square Feet	# of Floors	E	Bldg. A	\ge	
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Hida ESEX			(STATE	USE ONLY)			HOOSE				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.	Name o	f Abatement Co					-11-57.P
Street Address					Street A	Address	INC				
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Start Date (10)	Scheduk	1	npletion (Date (11)		FOSHA Monitor	INL				
Occupancy Status During Abatement (Chec	k Only Or		9/1	<u>e</u>	Street A		1100				
Facility Closed/Vacated During Entire	Period of	Abaten	nent		4.0	. 130x 2	314				
Abatement Performed Outside of Norm Other – Describe:	iai raciiii)	Hours			011	ate, Zip Code	E NO.0	85	357	_	
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolif			2	Full Containm Mini-Enclosur	ent with Negative P e	ressu	re		
						Glovebag Pro	cedure d (*) and Non-Friab	e Pro	cedu	re ·	
,	Is	Locat	ion						Abat	ement	
Location of		Normal		Des Asbestos Cont	scription		Amount		Γ,	T	
Asbestos-Containing Material (ACM) TO BE ABATED	F	intena todial :		(i.e. thermal		insulation,	(Specify SF or LF)	Ren	Re	ncap	Ench
In Facility (13)		(12)	W.		niscellane		St Of Lt)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							90	
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KASEMENI	-		X	HOOR 7	IILE	9×9	2/60 S/F	7			
	-		-		-					-	
Name of Registered Waste Hauter			JDEP W			Name of	Registered Landfill			1	
Novatedo inc		F	lauler ID		ste 5	G-R	0.60.5				
City, State		-01		Dispos	sal Date	City, Sta	te (1)	D			
COMPRESSED BY	. (78.	857		ighature	G MOOT	SCILLE I	e e	1	-	
CACLOS AMEIDA	line	TIC	DO	IT I	Selective	W/D BA	wh /	10	10-	+116	9

11 11 19		(F	(Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1) 10/06/2016				f Building O el Plaskor		perator	(2)		K						
X EPA X I DEP DOL X DOH	Notification nitial Amended Amendment # Emergency (includustification) Cancellation	ing	Union,	ddress ate, Zip Cod NJ 0708 f Contact el Plaskor	3				58710	SBESTC	ENIS			8	
			FACI	LITY INFO	RMATIC	ON			1-						
Name of Facility Where Abatem House Street Address	ent is Taking Plac	e (3)						School (K-1 Subchapter Other (i.e. p	2) 8 (Othe			dinas	home	e	
City (5) Union							Squ N/A	etc.) uare Feet		Floors	В	ldg. A		3,	
County (6) Union				Code (7) USE ONLY)		_		rent Use (Pri	or if bei	ng demolisi	hed)				
Name of Monitoring Firm Hired N/A	by Building Owner	(8)	ASCN	И No.				oatement Cor atement, In		(9)					
Street Address						Street 11 R		ress ngren Avei	nue						
City, State, Zip Code						Toto	wa,	Zip Code NJ 07512							
Project Manager for Monitoring	Firm		Telepho	ne No.		Teleph 973-		No. -8685		License N 01311	10.				
Start Date (10) 10/18/2016		eduled Co 19/2016		Date (11)				SHA Monitor atement, Ir	ıc.						
Occupancy Status During Abate	ment (Check Only	(One)				Street			nue						
Facility Closed/Vacated Du Abatement Performed Out Other – Describe: Occupie	side of Normal Fac														
Scope of Work (Check All That. ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Apply)	Renov	ration Full Mini-					full Containm Mini-Enclosure Blovebag Pro- Non-Exempte	e cedure			cedur	1000		
		ls Loca Norma			220		21						ment pe		
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	ai (ACIVI)	Used Sol Maintena Custodial (12)	ely by ance/ Staff?		os Cont hermal surfac	scription aining N systems cing, VA niscellar	Mater s ins (T, or	50 E	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
Basement						fitting i	insu	lation	7	5 LF	X				
										2					
	4														
N			NIDED!	1	0.1.	Va-J		N	De-i-1	end La-Jes					
Name of Registered Waste Hau D&S Abatement, Inc.	ier		NJDEP V Hauler ID 20996	600000000000000000000000000000000000000	of Was			Waste	Mana	ered Landfil gement c			<u> </u>		
City, State Totowa, NJ					Dispos TBD	sal Date	h	City, Stat		4					
Completed by Oliver Hegedis	Tit Pi	337	lanager		S	ignature		1	Date 10/06/2016						

mo 93407312-2

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

Data of Natification (1)			-	Name of	Duilding (200000000000000000000000000000000000000	\4	(0)		-	E (3 [\ <u>//</u>	E	F
Date of Notification (1) 10/06/2016					Building (lortgage					W.		9 6	3 U			
Agencies Notified	Type Notification		100	Street A	^{ddress} arket Str	eet					0.0	CT	1 3	201	6	L
X EPA X DEP X DOL	Initial Amended Amendment	#			te, Zip Co					Ĺ						
DOH DCA	Emergency justification)			Name of	Contact						SBES ephone				OL	&
DCA	Cancellation				a Lane	DMATI	ON!			i <u>-</u>						
Name of Facility Where	Abatement is Takin	g Place (3)	FACI	LITTINFC	RIVIATI	ON	Туре	e of Facility (4)						
House	<i>i</i>								School (K-1							
Street Address								×	Subchapter Other (i.e. p etc.)					lings,	home	es,
City (5) Elizabeth								Squ N/A	are Feet	# of	Floors		0.57110	ldg. A /A	ge	
County (6) Union	*				Code (7) JSE ONLY)		_	Curr	rent Use (Prid use	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	1 No.		D. Statistical Park		atement Con tement, In		(9)					
Street Address							Street 11 R		ess ngren Aver	nue						
City, State, Zip Code									Zip Code NJ 07512					A 111-111		
Project Manager for Mon	itoring Firm		Telephor	ne No.		Teleph 973-		No. 8685		Licens 0131						
Start Date (10) 10/17/2016		pletion l	Date (11)		0.0000000000000000000000000000000000000		SHA Monitor tement, In	C.								
Occupancy Status During	g Abatement (Ched	k Only On	e)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn						City, S	State,	ngren Aver	nue				111111111111111111111111111111111111111	VIII TO	
Scope of Work (Check A						_	1000	wa, i	NJ 07512						_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		100	enova emoliti	ition Mini-E					ull Containme lini-Enclosure lovebag Proc on-Exempted	e cedure					2	
		Is	Locati	on					J. Zxompto	2 () () ()	4 14011 1	11001		Abate	ment	
Location		N	lormall d Sole	ly			scription				- management of the second			Ту	pe	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED	Ma	intenar odial S (12)	nce/		thermal surfa	taining N system cing, VA niscellar	s insu (T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basem	ent	100	X	1303	Pip	e and	fitting i	insul	ation	3	0 LF		X			
Name of Basistered Mr.	sto Hauler		N I	JDEP W	laste	Cubic	Yards		Name of	Denist-	ared I a	ndfill				
Name of Registered Was D&S Abatement, Inc			Н	auler ID 0996		of Was			Waste I				PA			
City, State Totowa, NJ						Dispos TBD	sal Date	1	City, State Tullytov		A					
Completed by Oliver Hegedis		Title Project Manager							1	Date 10/06/2016						

Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Jenifer Hicks 10/5/2016 Street Address Agencies Notified Type Notification 13 2016 []EPA [X] Initial Notification City, State, Zip Code []DEP ASBESTOS CONTROL & []Amended Summit, NJ, 07901 [X] DOL Notification [X] DOH Name of Contact Telephone Number [] EMERGENCY Jenifer Hicks []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Jenifer Hicks []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5 County (6) Essex County Code (7) Summit, NJ, 07901 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 00371 N/A (973) 744-8800 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) N/A 10-14-16 10-15-16 Month Month Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure []Mini-Enclosure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Is Location Description of Location of Normally NOAPSU NOLOSDR Asbestos-Containing Asbestos-Containing Amount Used Solely (Specify Material (ACM) Material (ACM) M O V By Main-SF or (i.e., thermal systems TO BE ABATED AI tenance/ In Facility insulation, surfacing, VAT, LF) Custodial A or other miscellaneous) (13)Staff (12) Yes No N/A X Pipe insulation 18 LF Basement Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. 17040 of Waste 1.5 Minerva Enterprise INC AZTECH MANAGEMENT, INC. City, State Disposal Date City, State Waynesburg, Ohio 44688 10-17-16 Montclair, NJ 07042 Signaturé Completed By (Print or Type) Date Title 10/5/2016 Constantine Vivian President

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Date of Notification (1)	8/16		. 1	lame of Build	ing Owner/Operator	ALE DRI	DOGE IN G				
Agencies Notified	Type Notification		5	Street Addres	S CITR	MONT D	R LICEN	SIN	II H(G	JL è	-
₩ BA	Initial Amended		-	City, State, Zip	Code		P 66 7				F
≥ DOL	Amendment #	cluding	L		CLORM	M.T.M.	1 08 2	10			=
DOH DCA	justification) Cancellation		1	lame of Cont	act) / W		Telephone Numbe	:F			
				FACILITY II	NFORMATION		-				
Name of Facility Where A	batement is Taking	Place	(3)			Type of Facility					
K	ESIDEM	ILE		A,		School (K-1	8 (Other than K-12)				
Street Address						homes, etc.					
City (5)	DNE H	ARK	2018			Square Feet	# of Floors .	BIG	ig. Ag		
County (6)		V CIAC IX	T		(7) (STATE		rior if being demolish	ed)			
	MAY			USE ONLY)	Name of Ahater	nent Contractor (9	LAUIT				=
Name of Monitoring Firm 1	Hired by Building C	wner	1	SUM NO.	15.	u co I	NC	80			
Street Address	/ #1				Street Address	S, SP	PRUF A	JE			
City, State, Zip Code					City, State, Zip C	Code 1.E SH	110 - 11	T	70	05	7
	·		Tolook	one No.	Telephone No.	16 2H	License No.		00	03	=
Project Manager for Monit	toring Firm		relepi	one No.		9-0472	0044	U		_	_
Start Date (10)				n'Date (11)	Name of OSHA	Monitor	Λ.				
Occupancy Status During		6 /2 k only c		6	Street Address			-		_	=
X Facility Closed/Vacated	d During Entire Pe	riod of A	bateme	ent			10 = 5		-		=
Abatement Performed Other - Describe:	Outside of Normal	Facility	Hours		City, State, Zip (Code	· ·	· 			_
Scope of Work (Check all	that apply)				☐ Full Co	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf _>≥160 sf or ≥260 lf		Ren	ovation notition	į.	Gloveb	ag Procedure	es Frieble Dropadure				
Z		Islo	cation		Non-E	tempted (*) and N	on-Friable Procedure	060	bater		
		Nor	mally Solely b		Description of	f		-	Тур	e	\dashv
Location of Asbestos-Containing Ma	aterial (ACM)	Maint	enance stodial	/ Asbe	estos Containing Ma e., thermal systems	iterial (ACM)	Amount (Specify	R	T)	Enc	En
TO BE ABATE IN Facility	<u>:n</u>	St	aff?	(1.5	surfacing, VAT other miscellane	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes		N/A		/		al		ate	9
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SIDANC	2	+	\dashv		TR-1002.						
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					Cubic Yards	Name of Rec	istered Landfill				
Name of Registered Wast				DEP Waste Her ID No.	of Waste	C.M	.C.M.1	NA	۲ :_		
City, State	C		ا الا	T	Disposal Date	City, State	DOBINE	a	7		
Completed By) I+AV 5		M	1.	Signature	1 00	Date	8	110		
MICHAEL K	Limer _	V	10		Me	ell h		0	10		=

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Date of Notification (1)		ing Owner/Operator	MicHOL	5							
Agencies Notified Type Notification	Street Addres	9		LICENSII	NTH VG	UL (×				
DEP - Amended Amendment # Emergency (including	City, State, Zip	O GRAN	DELLA	1J 0820	2						
DOH justification justification ☐ DCA		AME		-							
	FACILITY II	NFORMATION		4							
Name of Facility Where Abatement is Taking Place (3)			Type of Facility School (K-1	12) 8 (Other than K-12)						
Sireet Address			homes, etc			20					
City (5) CAPE MAY			Square Feet	# of Floors	_	SO. A	Pe .				
County (6) CAPE MAY	County Code USE ONLY)	(7) (STATE		Prior if being demolis	hed)						
Name of Monitoring Firm Hired by Building Owner	ASCM No.	1	nent Contractor (
(8) N/A		Street Address	MCO IN	<u> </u>				=			
Street Address		369		UCE ALE	-			_			
City, State, Zip Code		City, State, Zip C		DE NJ.	08	305	-2	_			
Project Manager for Monitoring Firm Te	lephone No.	Telephone No.	79-0473	License No.	142	1		_			
Start Date (10) Scheduled Comp	110,4500	Name of OSHA	Monitor								
Occupancy Status During Abatement (Check only one)		Street Address	-					=			
Facility Closed/Vacated During Entire Period of Abat Abatement Performed Outside of Normal Facility Ho	ement	City, State Zip C	Code					=			
Other - Describe:			j nc. 2007	· 		b.	1	_			
Scope of Work (Check all that apply) □≥3 sf or ≥3 lf □≥160 sf or ≥260 lf □ Renova		☐ Mini-En	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Is Locat	ion	I WON-EX	empled () and N	OFFIRE FIXEGU		bater					
Normal	ly	Description of	f			Тур	e	_			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used Sole Maintena Custod Staff? (12)	nce/ Asbe	stos Containing Mar , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
Yes No	N/A							39			
5101NG-	X	RAWS17	£	2500 SE	X	-					
						\dashv					
	NUDEP Waste	Cubic Yards of Waste		ristered Landfill		10					
City, State	17964	Disposal Date-	City, State		<u> </u>	H		=			
MAPLE SHADE N.	<u></u>	Signature	1 00	OD BINE	1	()					
Completed By Title VIE)	Mier	Wie	10-	-8	-	0				

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Date of Notification (1)		Name of Buildi	ng Owner/Operato		5						
Agencies Notified Type Notification	-	Street Address		_	ASBESTOS	00	NIF	1UL	Ġ.		
□ BPA			DID KT	9	LICE	NSI	V(G	44	_		
☐ DEP ☐ Amended ☐ Amendment #		City, State, Zip		Y COURT	HOUSE						
☐ Emergency (including justification)	ig _	Name of Conta	APE WIA	7 COURT	Telephone Numb	PL			_		
DCA Gancellation		VAN	Cl		1 cropi to re redition	,61					
		FACILITY IN	FORMATION		1						
Name of Facility Where Abatement is Taking Place	e (3)			Type of Facility	/ (4)						
RESIDENCE				School (K-1	2) 8 (Other than K-12)					
Street Address					orivate & commercia	al build					
City (5) CAPE MAY COUN	et b	touse		Square Feet	# of Floors	B	dg. A		100		
County (6)		County Code	(7) (STATE	Current Use (Prior if being demolished)							
CAPE MAY		USE ONLY)		VACA					_		
Name of Monitoring Firm Hired by Building Owner (8)	1	ASCM No.	Name of Abatement Contractor (9)								
MIA			Street Address								
Street Address			369	S. PPUCE	ALE						
City, State, Zip Code			City, State, Zip (Code LE SHAI	DE N.J	08	805	2			
Project Manager for Monitoring Firm	Telep	phone No.	License No.	44							
Start Date (10) Scheduled C			Name of OSHA	779-047 Monitor					_		
		-16_		MA					_		
Occupancy Status During Abatement (Check only		700.000 .	Street Address	•							
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilit			City, State, Zip (Code .			_	_	_		
Other - Describe:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ony, Glate, 2p	200 0							
Scope of Work (Check all that apply)			<u> </u>	501 0 10 10	2 12						
	novatio		☐ Mini-En	ntainment with Ne iclosure	gative Pressure						
≥160 sf or ≥260 lf	molition			ag Procedure cempted (*) and No	on-Friable Procedur	е					
	ocation	1				A	bate Typ				
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/ 13DCS105 Ool Itali iii q Matchai (1 1011)	ntenance estodial		tos Containing Ma thermal systems		Amount (Specify	R	-	Enc	E,		
IN Facility	Staff? (12)		surfacing, VAT other miscellane	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure		
, , , ,	T		Other This Cellaine	ous)		val	7	ilate	ure		
Yes	No	N/A	- 0 4 - 6 1	_							
SIDING		×	RANSITE		1750 SF	X			-		
None of Decider of March 11 of the Control of the C	I Alle	DEP Waste	Cubic Yards	Name of Dec	stered Landfill						
Name of Registered Waste Hauler	Har	uler ID No	of Waste	C MA	6 MA A	r.A					
City, State		7904	Disposal Date	City, State	, , , , , ,						
MADLE SHADE MI	. T				DBINE						
Completed By Title SU	P.		Signature	lon	Date	-8.	-16	2			

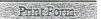
Ch 3393

11001			(Pui	Suam	LO NJA	C 0.00 and 5.10	"	11/1					
Date of Notification (1)				Name (of Building	Owner/Operator (2	2) .		4 0	0040			
10/	6 / 16			Jost	n Cordor	na		U LI OCT	13	2016		H	
Agencies Notified	Type Notification			Street /	Address	11 100 100 100							
⊠ EPA								ASBESTO	S CO	NTRO	DL 8	ž.	
□ DOLWD	☐ Amended			City, St	tate, Zip C	ode		LICE	ENSI	VG_			
□ DOH	Amendment #			Rive	rside, N	J 08075							
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding		Name	of Contact			Telephone Number	er				
(110/10/0.20-0)	☐ Cancellation			Jost	n Cordor	na						2	
				FAC	ILITY IN	FORMATION							
Name of Facility Where	Abatement is Taking	g Place	(3)				Type of Facility ((4)					
Cordona Residenc							School (K-12						
Street Address							Subchapter 8	3 (Other than K-12) rivate and commerc	ial buil	dinas			
							homes, etc.)		iai buik	anigo,			
City (5)							Square Feet	# of Floors	Bldg	g. Age			
Riverside							1,716	3	80	0			
County (6)				Coun	ty Code (7)(STATE USE ONLY)	ONLY) Current Use (Prior if being demolished)						
Burlington							Residence						
Name of Monitoring Firm	Hired by Building	Owner (8	B) /	SCM	No.	Name of Abateme	ent Contractor (9)						
Mgmt. & Environm						Shade Enviro	onmental, LLC						
Street Address						Street Address							
PO Box 341						623 Cutler A	venue						
City, State, Zip Code						City, State, Zip C	ode			-			
Chesterfield, NJ 08					Maple Shade	, NJ 08052							
Project Manager for Mor	nitoring Firm		Tele	ohone I	No.	Telephone No.		License No.					
Bill Weisgarber			60	9-298	-4070	856-755-0099	9	00842					
Start Date (10)	Sche	duled Co	omplet	ion Dat	te (11)	Name of OSHA N	Monitor						
10 / 21 /	16	10 /	26	/	16	EMSL Analyt	tical, Inc.						
Occupancy Status Durin		k only o	ne)			Street Address	4						
☐ Facility Closed/Vacat	T			nent		200 Route 13	30 North						
☐ Abatement Performe					cribe	City, State, Zip C	ode						
Time of Abatement:	AMP	M/	_PM-		AM	Cinnaminsor							
Scope of Work (Check a	ill that apply)							1752					
79-20 00 0000 1000000							tainment with Ne	gative Pressure					
≥3 sf or ≥3 lf ≥160 sf or >260 lf		⊠ Re	novati molitic			☐ Mini-End	g Procedure						
23 2 100 31 01 2200 II						⊠ Non-Exe	empted (*) and No	on-Friable Procedure					
			Locat						Aba	temen	it Typ	ре	
Location	1,100		Norma d Sole			Description		Amount	Re	Re	En	E	
Asbestos-Containing TO BE AB			intena			estos Containing Ma e., thermal systems		(Specify	Removal	Repair	cap	Enclosure	
IN Faci		Cus	todial	Staff?	,,,,	surfacing, VAT	Γ, or	SF or LF)	/al		Encapsulate	ure	
(13)			(12)	N1/A	-	other miscellane	eous)				ite		
		Yes	No	N/A		•••		608 SF					
1st Floor and Basem	ent				Floor T	ile					井		
1 st Floor			\boxtimes		Linole	um		253 SF		ЦΙ		Ц	
							<u> </u>						
Name of Registered Wa	iste Hauler		100	JDEP		Cubic Yards of		stered Landfill	1078				
Freehold Cartage			H	1593		Waste 1	Cumberla	nd County Land	fill				
City, State				1000		Disposal Date	City, State					200	
Freehold, NJ						10/26/2016	Newburg,	PA					
	Type) Ti	tle				Sjanature		Da	te				
	Completed By (Print or Type) Title				ger	() Mode	(00)		0/10	11	R		



CK# 0467

Date of Notification (1) 10/7/16					uilding Owne	er/Operator	(2)			EG	E			
, .90.10.00	Type Notification		2	reet Add	s Ave					- 32	7 1 3	1 2 1	· Jiô	ON CONTRACTOR AND ADDRESS OF THE PARTY OF TH
DEP DOL	Amended Amendment # Emergency (ii		_ [emare	, Zip Code est, NJ 076	827			Talant	UU Num	hor			
DOH DCA	justification) Cancellation	lolddirig	100	ame of Col	hen	ATION			Telebi	one Num	്റ്ട റ	ON	ROL	_ &
Name of Facility Where A Residential House Street Address	batement is Taking	Place (3)		FACILI	TY INFORM	ATION	Sci Su X Ott	Facility (4) hool (K-12) bchapter 8 her (i.e. pri	Other	than K-12) al buildir	ngs, h	omes,	
City (5) Demarest					i i		Square 2000	Feet	# of F		50	g. Ag	e	
County (6) Bergen					SE ONLY) _		Resid	Use (Prior ential Ho	ouse		ed)			
Name of Monitoring Firm n/a	Hired by Building C	Owner (8)		ASCM n/a	No.	Har		ment Contr ontractin)				
Street Address n/a City, State, Zip Code n/a	a y, State, Zip Code a					360 City, \$	360 Palisade Ave City, State, Zip Code Garfield, NJ 07026							
Project Manager for Mon	ct Manager for Monitoring Firm				e No.	973	Telephone No. License No. 973460.6026 01255 Name of OSHA Monitor							
Start Date (10) 10/17/16	Start Date (10) Schedule					Har		ontractir	ng Inc					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of Al	bateme	ent		City,	360 Palisade Ave City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)		enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						è	
	-		Location				14011		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				ment	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Mai	lormall d Solei ntenar odial S (12)	y by nce/	(i.e. the	Description Containing ermal system surfacing, V ther miscell	Material ms insulat /AT, or	(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exter	ior	100	.,,	x	Т	ransite SI	hingles		120	00 SF	x			
Name of Registered Wa			F	JDEP V lauler ID	No.	Cubic Yards of Waste TBD		GROV	VS Lar	red Landf	- 			
City, State Garfield, NJ	Disposal Date TBD				Morrisville, PA									
Completed by Tina Caporino Title Sec				,		Signature Capazina 10/7/16								



CK# 0465

Date of N 10/5/1	Notification (1)			100	Name of City of		(D)	<u> </u>	G			/ [[
	s Notified	Type Notification			Street A					1						-11
limited.		[em]				arket St						. 9	6.8		5.40	
EPA DEF		Initial Amended	523		City. Sta	te, Zip Coo	de			Ed L	L/I	11		4	-	-11
× DOI		Amendment	#			son, NJ (1							
	ш	Emergency	(including		101021-000-0014	Contact				Tele	phone l	Numb	er/	NT:	701	2.
DOI DC		justification) Cancellation							1	-		JOE	NSI	NG	101	CX.
lead .			-		FACI	LITY INFO	RMATION									
Name of	Facility Where	Abatement is Takin	g Place (3)		171011		Tun ti ion	Ту	pe of Facility (4	-)						
Reside	ential House								School (K-12	2)						
Street Ad	ddress							一百	Subchapter i	8 (Othe						
								×	Other (i.e. pr	rivate &	comme	ercial	build	ings,	home	s,
City (5)								Sa	etc.) uare Feet	# of	Floors		TRI	dg. A	ne ne	
Paters	son							0.00	000	2	1 10010		0.00	0+	90	
County (1.0	County (Code (7)					n demo	nlishe				
Passa						JSE ONLY)		Current Use (Prior if being demolished) Residential House								
		Hired by Building	Owner (8)		ASCN	1 No	Nan	Name of Abatement Contractor (9)								
	vision Consu		- MIIOI (U)		n/a		1	armony Contracting Inc								
Street Ac				-Valle-	1.110			et Add	2700	muacung me						
Comment of the con-	1 Wagaraw F	Rd							isade Ave							
	te, Zip Code												-			
	awn, NJ 074	10					1	ity, State, Zip Code Garfield, NJ 07026								
	Management of Steel State State State	- 1 -	Telephor	ne No		Telephone No. License No.										
n/a	nanagor for mor	or Monitoring Firm				110 140.			.6026		0125					
Start Dat	ste (10) Scheduled				n/a	Date (11)			SHA Monitor		0120		_		-	
10/6/1			10/15/1		ipionoii i	Jule (11)			y Contractin	na Inc						
NATH ESSE		g Abatement (Chec			Street Address											
part	10				ement 360 Palisade Ave											
Aba		ated During Entire ned Outside of Norm											_			
		Scheduled for Demo			urs City, State, Zip Code Garfield, NJ 07026											
Scope of	Work (Check A	II That Apply)							., 0. 020				- 3-3-3-1			-
-	sf or ≥3 lf	• • • •	Пр	novat	ion			П	Eull Containme	nt with	Mogativ	o Dro		_		
PROTEIN STATE OF THE PARTY OF T	0 sf or ≥260 lf		2 margin 20 20 20 20 20 20 20 20 20 20 20 20 20	moliti					Mini-Enclosure							
									Glovebag Proc		. N		_		2	
									Non-Exempted	(*) and	Non-F	riable			ement	
			100.00	ocation or mall											pe	
Acho	Location			Solel		Ashaat	Descripti		iol (ACNA)	۸.	mount	1				
ASDE	TO BE AB	Material (ACM) ATED	Mair	tenar	ice/		os Containing thermal syste				nount pecify	1	R	-	Enc	m
	In Facil		Custo	diai S (12)	тап?		surfacing, \	VAT, o	r	SF	or LF)		Remova	Repair	aps	clos
	(13)			(/			other miscel	laneou	is)				val	air	Encapsulate	Enclosure
			Yes	No	N/A										0	
EN	ITIRE STRU	CTURE TO				ENT	IRE STRU	JCTUI	RE TO							
BI	E DISPOSEI	O AS ACM				BE	DISPOSE	D AS	ACM							
			+ +									-				
			+ +								-	-	-			-
Name of	Registered Was	ste Hauler		N.	JDEP W	aste	Cubic Yards Name of Registered Landfill							\dashv		
	Fransport Hauler ID No.					of Waste										
					IBD											
City, State					Disposal Date City, State											
Riverdale, NJ					TBD To be determined											
Completed by Title						Signature Date										
Tina Ca	aporino						Time Capaino 10/5/1)			

- 71	~ 11	10
口口	04	40

Date of Notification (1) 10/7/16				uilding Owne	er/Operator	(2)		EG		V [
Agencies Notified Type Notification		Str	eet Add	ress			13				111	1
		2	1 Ross	s Ave				1 000	100	040		11
EPA Initial Amended		Cit	y, State	, Zip Code			14 1	991	100	UTU		
DEP Amended Amendment #		D	emare	st, NJ 076	627							Topic Section 1
Emergency (In	cluding	Na	me of C	Contact				Telephone Nu	mber	TRO	_&	
DOH justification) Cancellation		11	an Col	nen						-		4948
L DCA L Carbonaton		1		TY INFORM	ATION					water		
Name of Facility Where Abatement is Taking	Place (3)					Type of	Facility (4)					
Residential House						☐ Sc	hool (K-12)					
Street Address						Su	bchapter 8 (Other than K-	12)			
0.0007.000						× Ot etc		ate & commer	ciai bullul	nys, n	Offics	,
014.75						Square		# of Floors	Blo	dg. Ag	е	
City (5)						2000		2	50)+		
Demarest		TC	ounty Co	nde (7)			Use (Prior i	f being demoli	shed)		-	
County (6)				SE ONLY) _			lential Ho		250c			
Bergen	(0)	1	ASCM	No	Name	100000000000000000000000000000000000000	ment Contra					\neg
Name of Monitoring Firm Hired by Building O	wner (8)		n/a	140.			ontracting					
n/a			11/a			Address		,			-	
Street Address						Palisac						
n/a						State, Zip						-
City, State, Zip Code												
n/a					1		J·07026	License	No			-
Project Manager for Monitoring Firm		100	elephon	e No.	1	hone No.		01255				
n/a			1/a			460.60		01230				
Start Date (10)	Scheduled		oletion D	ate (11)	7.575000		A Monitor	a lao				
10/18/16	10/25/16						Contracting	J INC	1400000000			
Occupancy Status During Abatement (Check	Only One)			-	t Address						
Facility Closed/Vacated During Entire P	eriod of Ab	ateme	ent		-	Palisa	***************************************					
Abatement Performed Outside of Norm	al Facility F	lours				State, Zip						
Other – Describe:					Gar	rfield, N	J 07026					
Scope of Work (Check All That Apply)					_							
≥3 sf or ≥3 lf	☐ Re	novati	on			Full	Containmen	t with Negativ	e Pressu	re		
≥160 sf or ≥260 lf	× De	molitic	on				-Enclosure rebag Proce	dure				
						× Non	-Exempted	(*) and Non-Fr	iable Pro	cedur	9	
	1									Abate		
	J. 28 Fall 5	ocation or mail	\$115.00 L		Description	n of				ly	pe	
Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbestos	Containing	Material	(ACM)	Amount			ш	m
TO BE ABATED	Main Custo	itenan	C - 23 C - 2	(i.e. the	ermal syster	ns insula	tion,	(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
In Facility		(12)	taii:		surfacing, V			SF OI LF)	NOV	Repair	lusc	uso
(13)					ALIGI TIMOGGII	unicou-)	4		<u> 20</u>		ate	le le
	Yes	No	N/A									-
Exterior			X	V	Vindow Ca	aulking		100 LF	×			
Interior Kitchen			x	Linol	eum Floo	r Cover	ing	130 SF	x			
IIITELIOI VITORETI	+											
							Newson) = = o t = = 1 = =	dell			
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic Yards of Waste		The state of the s	Registered Lan	idill.			
Harmony Contracting Inc			auler 10 33137		TBD		GROW	S Landfill				
		0	00 107		Disposal Da	ite	City, State					
City, State				100	TBD	P0260	Morrisv					
Garfield, NJ	Title				Signati	ure			Date	27/11-516		
Completed by		1 1120			1	100	10	_	10/7/	16		
Tina Caporino	Ceci	July y			Tina Caporino 10/7/16							

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2)															
October 7, 2016						Disanti	s Contrac	ting, LLC			0 -		1			
[] DEP [] Amen	Notifica ded Not	ification		Street Ad	ldress te, Zip Code	313 Ha	lyard Roa	ıd		5	Ž.	-	=			
X DOL		ncluding			38 - 36	Ortley	Beach, N.	J 08751	u OCT	1.3	2015		_/_			
[] DCA justifi	cation)			Name of	Contact Frank D	isantis		Tel	ephone Number							
1, ,			DA OT	TONE					7 9 4 4 5 7 13			-				
CE. W. W. Abstract in Taking	Dless (2)		FACII	LIIYI	NFORMA	TION	Type of Fa	cility (4)								
Name of Facility Where Abatement is Taking Residence	Place (3).					Type of Te		School (k-12)							
Street Address				- 11 - 7				-	Subchapter 8 (oth							
Street Address								- ·	Other (i.e., private homes, etc.)	& con	nmercia	ıl buildi	ngs,			
City	Count	y (6)		County C	ode (7) USE ONLY)		Square fee	500	# of Floors	Bldg	Age 6	0				
Lavallette	Ocea	in						se (Prior if b	or if being demolished)							
N. C. C. C. T. H. J. D. J. C.	December /	0)	-	ASCM N	.	Name of	Abatement (Residence				-				
Name of Monitoring Firm Hired by Building (Jwner (a	8)	1	ASCIVI IN	0.	Ivallie of	Abatement		Contracting,	Inc.						
Street Address						Street Ac	dress	1889 Ro	Route 9, Unit 61							
City, State, Zip Code						City, Star	e, Zip Code									
	mber	×		Telephor	e Number	Toms Ri	s River, New Jersey 08755-1271									
Project Manager for Monitoring Firm				732-34	9-9932		00624									
Scheduled Start Date (10) 10/19/16		n Date (1	1)	Name of	OSHA Mon		. Analytical									
Occupancy Status During Abatement (Check						Street A	idress	1056 04	Itan Dand							
[X] Facility Closed/Vacated									elton Road							
Abatement Performed (Juiside	OI NOIMAI FACII	illy riou	15		City, Sta	te, Zip Code		vay, New Jerse	y 088	54					
Scope of Work (Check all that apply)						[]			vith Negative Pres	sure		100				
		r 3 n				[]		nclosure								
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		L J	tenovati Demoliti			[x]		ag Procedur xempted (*)	and Non-Friable l	Procedu	re					
	Ī									Abat	ement '	Гуре				
		Is Location			D	escriptio	on of			R	R	Е	Е			
Location of		Normally used	i			estos-Co			Amount	E	Е	N	N			
Asbestos-Containing Material (ACM)	16-1	Solely by ntenance/Cust	adial			aterial (A			(Specify SF or LF)	М	PA	CA	C L			
TO BE ABATED in facility	Man	ntenance/Cust Staff	odiai			ation, su			of Di)	0	I	P	0			
(13)		(12)				VAT,				V	R	S	SU			
					othe	r miscell	aneous)			A		L	R			
	YES	S NO	N/A							L		Е	Е			
Exterior		X		Asbe	stos siding	5			700 sf	X						
				1												
	-									-	-	-				
Name of Desistand Wests Howe		NJDEP Waste	Hanler I	D No	Cubic Yar	ds of Wa	ite Name	e of Register	ed Landfill			1				
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP waste 202		L INU.	3		T.	R.R.F.								
City, State Dispo				al Date		City, S	tate town, Pen	nevlvenie	1							
Toms River, New Jersey 10/2 Completed by (Print or Type) Title				/16 Signat	ture	Tully	lown, Pen	nsylvallia	1	Date						
Nicholas Fernicola				10/7/16					7/16							

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

DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Po	ostmark:	Notificati	on:		
I. TYPE OF NOTIFICATION (O - Original R - Revise	ed C - Can	celled): O	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y
III. FACILITY INFORMATION (identify owner, removal	l contractor a	and other operator)				
OWNER NAME: Disantis Contra	cting, LLC	C				
Address: 313 Halyard Ro	ad					
City: Ortley Beach	State:	NJ	Zip:	08751		
Contact: Frank Disantis		C	Tel:	732-749-6009		
REMOVAL CONTRACTOR: Guardi	ian Contra	acting, Inc.		NJ License: 00624	1	
Address: 1889 F	Route 9, U	Init 61				
City: Toms River	State:	New Jersey	Zip:	08755		
Contact: Nichol	las Fernico	ola	Tel:	732-349-9932		
OTHER OPERATOR (if different)				NJ License:		
Address:			3			
City:	State:		Zip:			
Contact:			Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered D	Demo R - F	Renovation E - Emergency R	enovation):	D		
V. FACILITY DESCRIPTION (Including building name	, number and	d floor or room number)				
Building Name: Residence	100					
Address: 28 E Crane Wa	у					
City: Lavallette	State:	New Jersey	County:	Ocean		
Site Location: Exterior						
Building Size: 700 sf	# of Floors	s: 1	Age in Y	ears: 60		
Present Use: Residence		Prior Use:	Residen	ce		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD IS MATERIAL ASSUMED TO BE ASBESTOS?	HOD, IF APP	PROPRIATE, USED TO DETE	CT THE PRE	SENCE OF ASBESTOS MATER	RIAL:	
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLU 1. Regulated ACM to be removed 2. Category I ACM not removed	JDING:	RACM To Be		LOCATION	Nonfr Asbestos Not T Remo	Material To Be
Category II ACM not removed		Removed	*)		Cat I	Cat II
Pipes (Linear feet):				*		
Surface Area (Square feet): 700 sf		Asbestos siding		Exterior		
RACM Off Facility Component (Cubic feet):						
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DI	D/YY)	Start: 10/19	/16	Complete: 10/	2016	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

х.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WO	ORK, AND METHOD(S) TO BE	EUSED	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTI AND RENOVATION SITE:			
	Prior to removal, the work area around the building will be roped off with caution ta removed by non-friable procedures. All waste will be placed in double 6 mil. Bags,	sealed and labeled and placed in a lo	cked container for disposal.	notive and the assesses will be
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting,	, Inc.		
	Address: 1889 Route 9, Unit 61			
	City: Toms River State:	New Jersey	Zip: 08	755
	Contact Person: Nicholas Fernicola			
	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: 19	9007
	Telephone: 215-943-9732	Permit #: 101	494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEA	ASE IDENTIFY THE AGENCY	BELOW AND ATTACH (COPY OF ORDER
	Name:	Title:		
	Authority:			363
	Date of Order (MM/DD/YY):	Date Ordered to Begin (M	M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS			
	Date and Hour of Emergency (MM/DD/YY):			
	Description of the Sudden, Unexpected Event:			
	Explanation of how the event caused unsafe conditions or would cause ed	quipment damage or an unreason	nable financial burden:	4
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, O	ENT THAT UNEXPECTED AS R REDUCED TO POWDER	BESTOS IS FOUND OR P	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISION THE DEMOLITION OR RENOVATION AND EVIDENCE THAT TH AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HO	E REQUIRED TRAINING HA	S BEEN ACCOMPLISHED	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Ope	erator)	October 7, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	/		
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Op	erator)	October 7, 2016 (Date)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				N	ame of Bu	ailding Ow	mer/Opera	tor (2)	lantial III	c 5	11-	10				
Oc	tober 7, 2016						waiters	Kesic	lential, LL		41	-3-				
		otification		S	treet Addr	ress	500 Ba	rnegat	Blvd. Nor	th						
[] DEP [[X] DOL	Amend	ed Notific ment # ncy (inclu		C	City, State,	Zip Code	Barneg	at, NJ		J	13.2	1016	E			
[X] DOH	justifica Cancell	ation)	o,	N	Name of C	ontact Victor				Telephone Number		-				
[] 20				FACIL	ITY IN	FORMA	TION				-4					
Name of Facility Where Abat Resid		lace (3)						Type	of Facility (4) [] []	School (k-12) Subchapter 8 (other						
Street Address						E-			[x]	Other (i.e., private homes, etc.)			buildin	gs,		
City		County (6)		ounty Cod STATE US	le (7) SE ONLY)			900 sf	# of Floors	Bldg.	Age 60				
Seaside Park		Ocean					Current Use (Prior if being demolished) Residence									
Name of Monitoring Firm Hi	red by Building O	wner (8)		A	SCM No.		Name of	Abatem	ent Contracto Guard	or (9) lian Contracting,	Inc.					
Street Address							Street Ac	ldress	1889	Route 9, Unit 61						
City, State, Zip Code					City, State, Zip Cod											
Project Manager for Monitor	lumber			Telephor		per	License N 00624									
Scheduled Start Date (10) 10/18/16	Completion	n Date (11)	Name of			S.L. Analytical									
Occupancy Status During Al	oatement (Check o ty Closed/Vacated	nly one)	ntire Period	of Abate	Street Address 1056 Stelton Road											
[] Abate	ement Performed C - Describe	outside of	Normal Fa	cility Hou	rs		City, Sta	ite, Zip	Code Pisca	taway, New Jerse	y 088:	54				
Scope of Work (Check all th	at apply)						[ıll Containme	ent with Negative Pres	sure					
L 1	or ≥3 lf sf or ≥260 lf		[] [x]	Renovati			[[x] G	lovebag Proc		Procedu	re				
[X] 2100	31 01 2200 11		1 3-3								Abat	ement '	Гуре			
Location of Asbestos-Containing M TO BE ABA in facility (13)	n sed stodial		Asb N (i.e. inst	Description of the control of the co	ntainin ACM) I systen urfacin or	ns g,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E					
Exterior house			X		Asbes	stos sidir	ng			900 sf	X					
Date for nouse																
													-			
									N	vistaged Landfill						
Name of Registered Waste Guardian Co	Hauler ntracting, Inc.	N	IJDEP Was 2	20223		Cubic Y	ards of Wa		T.R.R.F	gistered Landfill						
City, State Toms River,		,		Dispos 10/20			City,	State ytown,	Pennsylva	nnia	Dat	9				
Completed by (Print or Typ Nicholas Fer	ger	Signat	ure						10/7/16							

GUARDIAN CONTRACTING, IN	Э.
1889 ROUTE 9	
SUITE 61	
Toms River, New Jersey 08	755

Date	Received
Date	100001100

DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:		Notificati	on:			
I. TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT? (Ye	s/No):	Y	
III. FACILITY INFORMATION (identify owner, removal con	FACILITY INFORMATION (identify owner, removal contractor and other operator)						
. 1948 - L. J. J. M. B.	esidential, LLC						
Address: 500 Barnegat Blvd	North						
City: Barnegat Sta	te: New Jers	sey	Zip:	08005			
Contact: Victor			Tel:	609-607-9500			
REMOVAL CONTRACTOR: Guardian	Contracting, Inc	c.		NJ License: 00624			
Address: 1889 Rou	te 9, Unit 61				02		
City: Toms River St	nte: New Jer	sey	Zip:	08755			
Contact: Nicholas	Fernicola		Tel:	732-349-9932			
OTHER OPERATOR (if different)				NJ License:			
Address:							
City: St	ate:		Zip:				
Contact:			Tel:				
IV. TYPE OF OPERATION (D - Demo O - Ordered Dem	R - Renovation	E - Emergency F	Renovation):	D			
V. FACILITY DESCRIPTION (Including building name, nu	mber and floor or re	oom number)					
Building Name: Residence			No.				
Address: 203 Surf Drive							
City: Seaside Park S	rate: New Jer	rsey	County:	Ocean			
Site Location: Exterior							
Building Size: 700 sf #	of Floors:	1	Age in	Years: 60			
Present Use: Residence		Prior Use:	Reside				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOL), IF APPROPRIAT	TE, USED TO DET	ECT THE PR	ESENCE OF ASBESTOS MATE	RIAL:		
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUD	NG.				Nonfi		
	RACM				Asbestos M Not To		
Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCATION		noved	
3. Category II ACM not removed		Kellioved			Cat I	Cat II	
Pipes (Linear feet):				11			
Surface Area (Square feet): 900 sf	Asbest	os siding		Exterior			
RACM Off Facility Component (Cubic feet):		lit.					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/	(Y) Start:	10/1	8/16	Complete: 10)/19/16		

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

х.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WC	RK, AND METHOD(S) TO B	E USED					
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOL AND RENOVATION SITE:								
,	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 sheeti sealed and labeled and placed in a lo	ng will be placed on the groun ocked container for disposal.	d below and the asbestos will be				
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.						
	Address: 188	9 Route 9, Unit 61							
	City: Toms River	State:	New Jersey	Zip: (08755				
	Contact Person: Nic	holas Fernicola							
	WASTE TRANSPORTER #2 Name:								
	Address:								
	City:	State:		Zip:					
	Contact Person:								
xiii.	WASTE DISPOSAL SITE Name: T.R	R.F.							
	Location: Bor	dentown Road							
	City: Tullytown	State:	Pennsylvania	Zip:	19007				
	Telephone: 215-943-9732		Permit #: 10	1494					
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	MENT AGENCY, PLEA	ASE IDENTIFY THE AGENCY	BELOW AND ATTACH	H COPY OF ORDER				
	Name:		Title:						
	Authority:								
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	M/DD/YY):					
XV.	FOR EMERGENCY RENOVATIONS								
	Date and Hour of Emergency (MM/DD/YY):								
	Description of the Sudden, Unexpected Event:								
	Explanation of how the event caused unsafe cond	itions or would cause e	quipment damage or an unreaso	nable financial burden:					
xvi.	DESCRIPTION OF PROCEDURES TO BE FOI ASBESTOS MATERIAL BECOMES CRUMBL	LOWED IN THE EVE ED, PULVERIZED, O	ENT THAT UNEXPECTED AS R REDUCED TO POWDER	BESTOS IS FOUND OR	PREVIOUSLY NONFRIABLE				
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND I AVAILABLE FOR INSPECTION DURING NO	EVIDENCE THAT TH	E REQUIRED TRAINING HA	S BEEN ACCOMPLISHE	RT M) WILL BE ONSITE DURING ED BY THIS PERSON WILL BE				
	Nicholas Fernicola / Project Manage (Printed Name/Title)	er	(Signature of Owner/Op	erator)	October 7, 2016 (Date)				
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	ON IS CORRECT.							
	Nicholas Fernicola / Project Manage (Printed Name/Title)	er	(Signature of Owner/Op	erator)	October 7, 2016 (Date)				