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

Date of Notification	(1)	1	Name of Building Owner/Operator (2)										
10/7/2016			Kathrin	e Ç	Quinn								
Agencies Notified	Type Notificat	ion	Street Addre	ss			(居)	7		5	1		
[]EPA	[X]Initial												
[]DEP	Notificat	ion	City, State,	Zip	Code	1		- ^ /	r ic				
[X]DOL	[]Amended		Ridgewo	od,	NJ,07450		007	13	U10				
[X]DOH	Notificat	lon	Name of Cont	act		Telephone	Number						
[]DCA	[]EMERGENCY		Kathrin	e Ç	Quinn	A DA MARIA							
1 12011	[]Cancellati	on				Mark Assistance Consumer Consumer							
				LITY	INFORMATION	15 C 7 11-1-1-1 (A)							
Name of Facility Whe		s Taki	ng Place (3)			Type of Facility (4)							
Kathrine Qui	nn					[]School (r than	K-12				
Street Address						[]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-							
						cial buildings, homes, etc							
211 (5)			(6) Essex	100	ounty Code (7)	Square Feet	rs Blo	ig. #	.ge				
City (5) Ridgewood		Berg			STATE USE ONLY)	Current Use (F	2 Prior if be	1 -		hed)			
Kiagewood			,		*	Current ose (1	. 1101 11 20			,			
Name of Monitoring H	Firm hired by B	uildir	ag ASCM No.		Name of Abate	ment Contractor	(9)						
Owner (8)	_				AZTECH M	ANAGEMENT	, Inc.						
N/A Street Address					Street Addres	s		53.00					
Street Address					86 Chris	topher St	•						
City, State, Zip Coo	de				City, State,	, Zip Code							
CICY, Duade, Dip Co.						r, NJ 070	12						
Project Manager for	Monitoring Fir	m Te	elephone Numb	er	Telephone Num	ber	E	icense	Numb	er			
110,000 110110301			/A		(973) 744	1-8800		0037	1				
Scheduled Start Date	e (10) Sched	. Com	oletion Date	(11)	Name of OSHA	Monitor			-				
10 20 -	40\$\$0 1	0 -	21 - 20	16	N/A								
	fear Mon		Day Year		Street Addres								
Occupancy Status Du: [X] Facility Clo	ring Abatement sed/Vacated Du:	ring E	ntire Period		Street Addres	5							
of Abatemen []Abatement Pe		of N	ormal Facili	l-s r	City, State,	Zin Code							
	ribe: OffHours			-Y	CILY, State,	Zip code							
[]other - Desc	cribe: Other Oc	cupano	y Descript										
Scope of Work (Check	k all that appl	.y)			ווייםו	Containment wi	th Negative	Pressu	ire				
[X]>3 sf or	>3 lf		[X]Renovation	n	[]Mini-	-Enclosure							
[] <u>></u> 160 sf	or ≥260 lf		[]Demolition	ב		ebag Procedure Friable Procedu	re						
Y			Is		[]NOII 1	.114020 120004		Aba	teme	-			
Locatio			Location Normally		Description Asbestos-Con		Amount	R	R	E	E		
Asbestos-Co Material	744 FRAN 176		Used Solely		Material	(ACM)	(Specify		E	C A	L		
TO BE AF			By Main- tenance/		(i.e., thermainsulation, surf		SF or LF)	0	Ā	P S	o s		
In Faci (13)			Custodial Staff (12)		or other misce			A	R	U	UR		
0.000000		Yes		_			707 17	-	-		E		
Basement			X	P:	ipe insulat	lon	70LF	X	-	-			
											-		
						Name of Regi	stand Tar	16411					
Name of Registered		NJDEP Waste Hauler ID No.	1	Cubic Yards of Waste 1.0				IN	2				
AZTECH MANAG		17040			IIIIIOZ VA MIIOGENINO								
City, State			I	Disposal Date 10-24-2016	City, State Waynesb	ura Oh	io 44	168	3				
Montclair, No				10-24-2016	Waynesb	11g, 011							
Completed By (Print			Signatur	e /_/-	1/	Date							
Constantine V	esid	lent		16 45	Mende	Villa	10/7	/201	6	6-			
					"\"	mi win i was	11						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification	N	ame o	of Build	ding O	wner / Operator	(2)									
	10/1/2016		L	Lurch Demolition											
Agencies Notified	Type Notifica	ation	S	treet /	Addres	SS									
					x 42			4				_	-	_	
☐ DEP						Zip Co				0.00					
DOL	☐ Amer	nded	Α	von	by the	e Sea	, NJ 07717		<u>ict 13.20</u>	Telep	L	- Nive	mha	_	
□ DOH		rgency	1000		of Con			1		relep	ПОП	e ivu	nibe	-	
DCA	☐ Cano	ellation	F	rank	Lurc	h						į.			
				FAC	ILITY	INFO	RMATION	40.0		(=14)		1			
Name of Facility W	here Abateme	ent is Taking Pla	ace (3)				Type of Facility								
Abandoned Res							School (K-12)								
Street Address							Subchapter 8 (Other than K-12)								
116 4th Ave							Other (i.e.	private & com	mercial buildi			s, et	C.)		
110 Atli Ave							Square Feet # of Floors Bldg. Age								
City (5)		County (6)	Cou	unty C	ode (7	7)	17000		1		3	80			
Avon		Monmouth		-			Current Use (P	rior if being de	emolished)						
AVOII		Wominouth					Commercial	Linen Comp	any						
Name of Monitorin	a Firm Hired h	v Building Own	er (8)	ASCM No. Name of Abatement Contractor (9)											
Name of Monitorin	g r iiiii r iii eu i	by Dulluling Own	0, (0)	Alpha Environmental Services											
Street Address							Street Address								
Street Address							PO Box 8297	7							
City, State & Zip C	ode						City, State & Z	ip Code							
ony, onato a lip o					Trenton, NJ										
Project Manager for	Telep	hone	Numb	er	Telephone Number License Number										
, ,					609-847-295			0	1222						
Scheduled Start D	Scheduled Start Date (10) Scheduled Comple						Name of OSH								
10/10/20		10/10/2016					EMSL Analy								
Occupancy Status	During Abate	ement (Check or	nly one	9)			Street Address								
Facility Clo	osed/Vacated	During Entire P	eriod	of Aba	atemer	าเ	107 Haddon								
Abatemen	t Performed C	outside of Norma	al Hou	urs –	7am to	3pm	City, State & Z								
Describe:							Westmont, N	4J 08108							
	cupied During														
Scope of Work (C	heck all that a	ipply)					1	☐ Full Cor	tainment with	n Nega	tive	Pres	sure		
				Por	novatio	n		Mini-En							
≥3 sf or ≥3			\forall		nolitio				ag Procedure	es					
≥160 sf ≥2	260 If			Dei	HOIILIOI	1			empted and N		ahle	Pro	edu	ire	
					•				Amount			teme			
	Location of	Louis .		Locat			Description Asbestos-Cont	aining	(Specify		7 100			7	
	estos-Containi aterial (ACM)	ng		olely			Material (AC		SF or LF		_		E	т	
The state of the s	BE ABATED			itenar			(i.e., thermal sy				₹em	Re	cap	ncls	
10	in Facility	-	Cust	odial :	Staff?	3	insulation, surfac				Remova	Repair	Encapsulate	Enclsoure	
	(13)			(12)			or other miscella	aneous)			<u>B</u>		ate	6	
			Yes	No	N/A										
Exterior							Siding		200sf			Ш	Ш		
Name of Bogistor	Name of Registered Waste Hauler					Waste	Cubic Yards	Name of Reg	istered Landf	ill					
Name of Register			auler II		of Waste										
AL PHA ENVIRO	ALPHA ENVIRONMENTAL				00333	30	2	Grows Landfill							
City, State							Disposal Date	e City, State							
Oily, State	Oity, State														
Trenton, NJ							Various Morrisville, PA			TB /					
Completed By (Pr	rint or Type)	10		10000	tle		Signature			100	ate	100	40		
Rod Richardson				Project											
	(od Richardson				anaq	er				1					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CK 30474	OTHIC	(Pursuant to	NJAC 8:60	and 12:12	0)	ME	REIW	G	-			
Date of Notification (1) October 6, 2016		Na	ame of Building	Owner/Oper NJ Site	ator (2) e & Ut	ility Contract	ors, Inc.	9				
Agencies Notified Type of Notification [X] EPA [X] Initial N	otification d Notification		reet Address	8 Stepl		Court	CT 1 3 2016	1				
[X] DOL Amendr	nent # ncy (including		e text	Jackso	n, NJ	CONTRACTOR OF THE PARTY OF THE	STGS CONTRO LICENSING ephone Number	生性	-			
[X] DOH justifica		N	ame of Contact Bob			Tel	ephone Number					
		FACIL	ITY INFOR									
Name of Facility Where Abatement is Taking Plane Residence Street Address	ace (3)				lype	of Facility (4) [] [x]	School (k-12) Subchapter 8 (other Other (i.e., private	r than k	-12) nercial	buildin	gs,	
Street Address							homes, etc.)					
City	County (6)	Co (S	ounty Code (7) TATE USE Of	ILY)		re feet 1000 sf	# of Floors	Bldg.	Age 60			
Ortley	Ocean			being demolished)								
Name of Monitoring Firm Hired by Building O	wner (8)	A	SCM No.	Name o	Name of Abatement Contractor (9)							
Name of Monitoring Firm Fired by Building O	wher (o)		Guardian Contra					nc.			-	
Street Address						Street Address 1889 Route						
City, State, Zip Code							rer, New Jersey 08755-1271 License Number					
Project Manager for Monitoring Firm	one Number		732-3	49-993	32	00624	IIIIDEI		+			
Scheduled Start Date (10) 10/18/16		led Completion 19/16	Date (11)	Name o	of OSHA	A Monitor E.M.S.I	. Analytical					
Occupancy Status During Abatement (Check o	nly one)		ment	Street A	Address	1056 St	elton Road					
[X] Facility Closed/Vacated [] Abatement Performed C [] Other – Describe	outside of Norm	al Facility Hou	Hours City, State, Zip Code Piscataway, New Jersey 08854									
Scope of Work (Check all that apply)				[4		with Negative Pres	sure				
	Г] Renovati	on	L	1	Mini-Enclosure Glovebag Proced	ure					
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[x			[x	[]	Non-Exempted (*	*) and Non-Friable	Procedu	re			
								Abat	ement '	Гуре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	cation lly used ly by se/Custodial aff 2) O N/A	al (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			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			
D. C.	YES N		Asbestos	siding			1000 sf	X				
Exterior Wase only			1,350,000	0								
									-			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEF	Waste Hauler 20223		oic Yards of V		Name of Regis T.R.R.F.	tered Landfill					
City, State	Dispos 10/20	sal Date	City	, State	n, Pennsylvan	ia/						
Toms River, New Jersey Completed by (Print or Type)		Signature	1101	/			Dat 10/	e 6/20:	16			
Nicholas Fernicola	Project M	anager		1.	_	T						

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

Date Received	

DEMOLITION / RENOVATION NOTIFICATION

perato	or Project #:	Pos	stmark:	Notificat	ion:	on:				
	TYPE OF NOTIFICATION (O - Original R -	Revised C - Cano	celled): R	П.	IS ASBESTOS PRESENT? (Ye	s/No):	Y			
	FACILITY INFORMATION (identify owner, re									
4		Utility Contract								
	Address: 8 Stephanic									
	City: Jackson		New Jersey	Zip:	08527					
	Contact: Bob			Tel:	732-987-4907					
		uardian Contra	ecting, Inc.		NJ License: 00624	1				
	REMOVIE COLUMNICATIONS	889 Route 9, U								
	7100.000	State:	New Jersey	Zip:	08755					
	2.	Jicholas Fernico	NEW 1997 1997 1997 1997 1997 1997 1997 199	Tel:	732-349-9932					
	Contact.	VICIOIAS I CITICO	oia —	1 7-50	NJ License:					
	OTHER OPERATOR (if different)									
	Address:	Canada		Zip:						
	City:	State:		Tel:						
	Contact:				D					
V.	TYPE OF OPERATION (D - Demo O - Ord			y Renovation):	D					
V.	FACILITY DESCRIPTION (Including building	g name, number an	nd floor or room number)							
	Building Name: Residence	2								
	Address: 111 2 nd A	venue								
	City: Ortley	State:	New Jersey	County	y: Ocean	1				
	Site Location: exterior									
	Building Size: 1000 sf	# of Floor	rs: 1	Age in	Years: 60					
	Present Use: Residence		Prior Use:	Resid						
VI.	PROCEDURE, INCLUDING ANALYTICAL	METHOD, IF AF	PROPRIATE, USED TO D	ETECT THE P	RESENCE OF ASBESTOS MATE	ERIAL:				
	IS MATERIAL ASSUMED TO BE ASBEST	OS?				Nonf	friable			
VII.	APPROXIMATE AMOUNT OF ASBESTOS	S INCLUDING:				Asbestos	Mater			
	1. Regulated ACM to be removed		RACM		LOCATION	750,500	To Be			
	Category I ACM not removed		To Be Remove							
	3. Category II ACM not removed		Kemow			Cat I	Cat			
	Pipes (Linear feet):				0					
	Surface Area (Square feet): 1000 sf		Asbestos siding		exterior					
	Smiles field (94=== 1-1-)									
	RACM Off Facility Component (Cubic feet):									
3 1117	SCHEDITE DATES ASBESTOS REMOVAL	(MM/DD/YY)	Start: 10	0/18/16	Complete: 1	0/19/16				

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

х.	DESCRIPTION OF PLANNED DEMOLITION OR RENOV	ATION WOR	kk, AND METHOD(S) TO BE	USED						
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEER AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off	with caution tape	and warning signs. Plastic sheeting	will be placed on the gro	and below and the asbestos will be					
	removed by non-friable procedures. All waste will be placed in double	e 6 mil. Bags, se	ealed and labeled and placed in a loc	ked container for disposal						
xii.	WASTE TRANSPORTER #1 Name: Guardian Co	ontracting, l	ínc.							
	Address: 1889 Route	9, Unit 61								
	City: Toms River	State:	New Jersey	Zip:	08755					
	Contact Person: Nicholas Fe	rnicola		Ti						
	WASTE TRANSPORTER #2 Name:									
	Address:									
	City:	State:		Zip:						
	Contact Person:									
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.									
	Location: Bordentown	Road	a a							
24	City: Tullytown	State:	Pennsylvania	~ Zip:	19007					
	Telephone: 215-943-9732		Permit #: 1014	194						
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGE	ENCY, PLEAS	SE IDENTIFY THE AGENCY	BELOW AND ATTAC	CH COPY OF ORDER					
	Name:		Title:							
	Authority:									
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):							
XV.	FOR EMERGENCY RENOVATIONS									
	Date and Hour of Emergency (MM/DD/YY):	18								
	Description of the Sudden, Unexpected Event:									
	Explanation of how the event caused unsafe conditions or w	ould cause equ	nipment damage or an unreason:	able financial burden:						
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED ASBESTOS MATERIAL BECOMES CRUMBLED, PULV	IN THE EVEN ÆRIZED, OR	NT THAT UNEXPECTED ASE REDUCED TO POWDER	BESTOS IS FOUND O	R PREVIOUSLY NONFRIABLE					
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE THE DEMOLITION OR RENOVATION AND EVIDENCE AVAILABLE FOR INSPECTION DURING NORMAL BU	E THAT THE	REQUIRED TRAINING HAS	BEEN ACCOMPLISE	ART M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE					
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Oper	rator)	October 6, 2016 (Date)					
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CO	RRECT.		0						
	Nicholas Fernicola / Project Manager (Printed Name/Title)	-	(Signature of Owner/Ope	rator)	October 6, 2016 (Date)					

CK-4377

State of New Jersey NUMBERSON OF ASSESSOR ASAMEDED PROSPERT TO NEW JERSEY

Des es nieve	į	(Ferseaut to NJAC 8:68 and 12:128)								
Date of Noticeal		Name of Statemo Demonstrates (2)								
	10-8-16	2	THE STATE OF THE S	1 11 OUT 1 3 2016						
Agendes Notes	Figure Newscool	- Yeaq u	1 rent	-						
		Street Address		THE SECTION AND THE SECTION AN						
, [] TOL	i Andrewski	City, State, Jap Code		The state of the s						
ែលខាង		1_ Beidget	n NJ	08302						
		Name of Content	77 77 3							
		Peggy	Trent	Telepionie Nimmer						
		The state of the s	(see	D##						
illame of Passarine	-	SACOUNT HE COMPANIEN		Ē						
I I OUTSETO BOSE	en Abrandia Teng Pera (3)									
	Resident		Type of Feed							
Street Address				24						
		(C-2)		\$ (Discribes)(-22)						
の原のう	11									
	depon NJ		300051							
County for Cumbers	7 37									
Comberl	and Co	COUNTY COME (7) (STATE USE CHEY)	Cured Use (Pri	or other ademosphere.						
Name of Marinine St	The state of the s	-	i ,	Desident						
		SOUNC Name of Asset	ant Contector (9)							
Sizeet Address		- Any Juz	-11-E-							
		Steel Adminis	DA.							
		1712/	B192117(4)	n Ani						
City, State, Jop Code				77 1472						
		1) 11h-10	O MI CHED							
Finjan Managaria Ma	विकास		7 100 000							
		one No. : eleminose No. 856-52-704	67.	incen≡ No.						
Stati Dale (10)	Schables Completon			01070						
10-15-16	110 - 50 1	Date (11) Name of OSHA Mo	CIA							
Occupancy States Danier	(Abaia pari (Creat anily ane)		Ce/f							
TO Pedalin Gaserinieres	i Duing Sale Paint of Alabana Carrie	Street Address								
Attainment Performed	Cubic of Manai Party Hass		27,0	Tenad						
口 Ober-Seedier		Oly, State, In Code								
I Sena et Westernan		 #		A STATE OF THE STA						
विकार की भीवति (दिना और सी	D=1 23055	100 mg								
ವಿಷ್ಣಾತ್ತ್			Maria di Magasira	:0						
NS:100 81 01 5500 E		7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1								
			20 20102	- Parising Control of Control						
1	istor in			Me Framedure						
Location of	Atomaly 1	2		Abaiemas						
Assesios-Contestion Met-	See Salely by Millians (ACM) Selection	<u>ವಿಜಯ್ಥಾಪ್ಯ</u> ರ	u U	į Tyge į						
		Assertes Contacting Malaries	kan w							
SE Facily (13)	(12)	දිය, ජාතනව ඉන්න එකරු පොදිනෙකු, මෙට, ඇ		Etulonure Etulonure blicapoulefo Repale Removement						
		STATE STATE OF THE	1	Findonny Conversion Conversi						
j	Ye Mo Mark		D	Hadoning Happileft Happileft Happile Happile Happile Happile Happile Happile						
LOUTSIDE		1 8181 20 1 20 1	žran.							
		1 ACM Siding	1750	PRIT						
			1							
	THE STATE OF THE S									
				All the state of t						
Hanna of Registeral Masis Ha				Town and the second						
1			o Registratile							
LANI due LL	7 		MILA							
\$\ S\$\\				Ì						
1 1	Tomio AT	Deposite Co.	Tullytus	Da_						
opposed by TILL	170 1/1	The second secon	10114100	12 15						
丁州川	1/1/	Signature /) [Í	Oale ()						
	# / /	<i>\</i>		76-8-16						
rit				100						

^o Do cot use this form for expenses Bosnaure examples are not the

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

01						01		-		1 17	-			
Date of Notification (1) 10/05/2016		Name of Building Owner/Operator (2) Robert McEwan								-				
Agencies Notified Type Notification		St	treet Add	iress				lift		~ ~ -	-	4	0.047	
▼ EPA								11		OCT			2018)
DEP Amended			137.0	, Zip Code	20			1						
DOL Amendment #				own, NJ 0796	50			Talanh	one Nu	ımhor				
DOH justification)		100	ame of (McEwan				relept	IOHE, INU	muder		₽,		
DCA Cancellation		- 1		TY INFORMAT	ION						-			
Name of Facility Where Abatement is Taking	Place (3)		TAGIL	T III O'LLIII II		Type of	Facility (4) **					×°	
Robert McEwan							chool (K-12							
Street Address							ubchapter i ther (i.e. pr				Idin	ns h	ome	
						et	c.)							٥,
City (5)	*					Square		# of FI	oors		Bldg	J. Ag	е	
Morristown NJ,07960 USA						2,800		- if h - i	d 11:	-11				75.4
County (6)			County C	ode (7) SE ONLY)			t Use (Pric olition	r if being	demolis	shed)				
Morris County, New Jersey	(2)	1.			Nama		ement Con	tractor (9))		_			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ent Ser		Section 1					
			:		2.75	Address	GOVERNMENT OF THE PARTY OF				-			198
Street Address			41 Wyckoff Ave											
City, State, Zip Code		City, State, Zip C												
City, State, Zip Code					Wyc	koff Ne	ew Jerse	y 0748	1					
Project Manager for Monitoring Firm	1	elephon	e No.	Teleph	one No			icense						
Nicole Intriago		201-96	2-6500	201-	962-6	500	(01290						
Start Date (10)	9					of OSH	A Monitor							
10/11/2016	10/31/2												-111	
Occupancy Status During Abatement (Chec	k Only One	e)			Street	Addres	S						0	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ent		City, S	state, Zip	Code							
											_	-	198	190
Scope of Work (Check All That Apply)	16a _	100 500			×	T =	Containm	ont with N	logative	Drace	eriro			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Min	i-Enclosure	9	vegauve	011030	Suit			
					-		vebag Pro		Non-Fri	iahle P	roce	dure		
						1 1101	i-LXeIIIpte	u () and	14011111	abio i	-	and an of	ment	
	43.78	Location Iormall	3076070									Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	ly by	Asbestos Co	escription ntaining N	Material	(ACM)		ount				Щ	I
TO BE ABATED		intenar odial S		(i.e. therm	al system facing, VA	s insula	tion,		ecify or LF)	l di		Repair	ncap	nolo
In Facility (13)		(12)			r miscella					Kelliova		pair	Encapsulate	Enclosure
	Yes	No	N/A										te	
		1556							11-15	+10		c iiii		
Plaster			X	1	st and 2	nd		2,800	SQ F	Тх				
TILES	-		X		TILES			500 8	SQ FT	- x				
								120 [n Fee	et x				
Pipewraps	I N	JDEP W		Baseme	, it	Name of	Register		STANCE OF STREET					
Name of Registered Waste Hauler		0.633	lauler ID	No. of V	Vaste			ETHLE			FII			
Newark Carting		0	4509	.5						100				- 120
City, State 369 RAYMOND BLVD, NEWARK	5					City, Sta	te LEHEM	, PA 1		5				
Completed by	Title	Non-			Signatur	e /	1	100		Date	Fk			
NICOLE INTRIAGO	ERVI	rvisor //				mit	THER	2	10/0	5/1	b	1000		

roje	~t #			
1010	JC 71			

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

Check #	3579
CHECK IF	0010

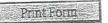
Date of Notification (1)				Name of Building Owner/Operator (2) Soccoro Rivera									17		
10/05/2016	T Nadede-		-	treet Ad						172		-			
Agencies Notified	Type Notification		3	neet Ad	u1533										
	Initial		0	ity State	e, Zip Cod	е	_	111		not:	1 6	250		- 1	
DEP DOL	Amended Amendment	#			n, NJ 0			10.5		001	1 2	JID			
	Emergency (lame of		7000			Tele	ephone Nu	umber		1		
DOH DCA	justification) Cancellation				Rivera				4:				-		
DCA DCA	Caricellation					RMATION			-	0.05,23	10131				
Name of Facility Where A	batement is Takin	g Place (3)		171011				Type of Facility (4)							
Private House								School (K-12)							
Street Address							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes								
								Other (i.e. p	nvate (& COMME	Ciai Duii	uii iga	HOHI		
City (5)								Square Feet	# 0	f Floors	E	Bidg. A	\ge		
Hoboken, NJ															
County (6)			10	County C	ode (7)			Current Use (Pri	or if be	ng demoli	shed)				
Bergen					SE ONLY)		-								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	Na	ame	of Abatement Cor	ntractor	(9)					
ranic of Monitoring (init		AT I				Ni	ick F	Restoration L	LC						
Street Address							2000	Address	12000						
Officer Variess						72	2 Br	ookside Rd							
City, State, Zip Code								tate, Zip Code							
Oity, State, Zip Code								indolph NJ 07869							
Project Manager for Mon	itoring Firm		-	Telephor	ne No.			ione No.		License	No.				
1 Toject Manager for Mon		565557		97	73-9	33-2550		01133							
Start Date (10)	d Corr	pletion [Date (11)			of OSHA Monitor									
10/15/2016	016		access the life	J8	RS E	Environmenta	I								
Occupancy Status During	a Abatement (Che		200 0000000		-	S	treet	Address							
10 S				ont		23	333	RT 22							
Facility Closed/Vaci	ated During Entire led Outside of Nor	mal Facility	Hours	OIIL		C	ity, S	tate, Zip Code							
Other - Describe:						— Ui	nior	n, NJ 07083							
Scope of Work (Check A	II That Apply)											-	16-72		
≥3 sf or ≥3 if	7.5. **	P P	enova	tion				Full Containn	nent wit	h Negativ	e Press	ure	1		
≥160 sf or ≥260 lf		the same of the sa	emolit	471733 B				Mini-Enclosu	re				2		
		11 2012 ()						Glovebag Pro Non-Exempte	ocedure	nd Non-Fr	iable Pr	ocedu	ire		
							L	_ Holl Exchipt	1				temer	nt	
		111	Locati									1	уре		
Location			Iormal d Sole		Achee	Descr	riptior	n of Material (ACM)		Amount			m		
Asbestos-Containing TO BE AB			intena		(i.e.	thermal sy	stem	s insulation,		(Specify	R _e	Z.	nca	LHC	
In Faci	lity	Cust	odial 8 (12)	otait?		surfacin other mis	ig, VA	AT, or	5	SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)				T -	-	Outer trils	octid	ileous/			/a	-	late	a	
		Yes	No	N/A								-	-	-	
Basement area			×		TSI- W	rap and	cur	е	120	LF		×			
				1					1				1	1	
						11 to 10 to					-			+	
						Mineral and Serve					1511				
Name of Registered Waste Hauler				JDEP V		Cubic Ya		Name o	f Regis	tered Lan	dtill				
Nick Restoration LLC				Hauler ID No. of Was				TBD G.R.O.W.S							
				0000.02				Disposal Date City, State							
City, State Randolph, NJ				TBD											
Elvira Mrda	Completed by				ident Eli				Signature Date 10/05/2016						
LIVII a IVII ua					Coura /o-						_				

CHECK#2009	(Pur	suant	to NJAC	8:60 and 5:16										
Date of Notification (1)		Name r	of Building (Owner/Operator (2	2)									
	07 / 16	_		Susan l		o milos o portator (s								
Agencies Notified	Type Notification				Address			001	1.3	201)			
□ EPA	Initial				100,000							1		
⊠ DOLWD	Amended			City S	tate, Zip Co	de					2705	-		
□ DHSS	Amendment #_													
☐ DCA	Emergency (inc	luding	1		lair, NJ 07 of Contact	043		Telephone Number						
(NJAC 5:23-8)	justification) Cancellation							Telephone ivani	061					
	☐ Caricellation		1	Susan .										
				FAC	ILITY INF	ORMATION	,							
Name of Facility Where A	Abatement is Taking	Place ((3)				Type of Facility							
Private house							School (K-12) I (Other than K-1 2	2).					
Street Address							Other (i.e., p	rivate and comme	rcia! buil	dings				
							homes, etc.)							
City (5)							Square Feet	# of Floors	Bld	g. Ag	е			
Montclair, NJ 07043														
County (6)				Count	y Code (7) (S	STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)	77 1374				
Essex														
Name of Monitoring Firm	Hired by Building O	wner (8	3) /	ASCM I	No.	Name of Abateme	ent Contractor (9)							
S11						Gr Tech LLC								
Street Address						Street Address								
						576 Valley Rd#								
City, State, Zip Code						City, State, Zip C								
					,	Wayne, NJ 074								
Project Manager for Mon	itoring Firm		Tele	phone l		Telephone No.	7.0	License No.						
						973-638-1777		01127						
Start Date (10)	Sched	uled Co	omple	tion Da		Name of OSHA	Monitor	10.12.						
10 / 18 /				Į.	16	Environision C	angultanta Inc							
Occupancy Status Durin						Envirovision Co Street Address	onsultains, inc							
Facility Closed/Vacat				ment			n 1 n11 #	250						
☐ Abatement Performe	하다 경기 시간 하는 사람들은 사람들이 아이지 않는데 얼마나 되었다.				cribe	20-21 Wagaraw City, State, Zip C		33E			-	-		
Time of Abatement:					AM									
Coope of Mark (Check o	II that apply)					Fair Lawn, NJ (mination with negative pressure						
Scope of Work (Check a	ii triat appry)						ntainment with Ne		ve prese	u. U				
>3 sf or >3 lf = 160 sf or >260 lf		Re	novati	on		Mini-En	closure	Tent with Negative Pressure						
≥ 160 sf or ≥260 lf		∐ De	molitic	on		Gloveba Non-Ex	ag Procedure L empted (*) and N	on-Friable Proced	ve Fiess lure	uie				
		Is	Locat	tion	T					atem	ent Ty	vne		
Location	n of	1 500	Norma			Description	of			_		1		
Asbestos-Containing		0.000	ed Sole intena			tos Containing M		Amount	Remova	Repair	Encapsulate	Enclosure		
TO BE AB IN Faci				Staff?	(i.e.	, thermal systems surfacing, VA*		(Specify SIF or LF)	1001	air	psu	usc		
(13)			(12)			other miscellan		011 01 21)	<u>m</u>		late	co.		
1000		Yes	No	N/A							(D			
Dagamant				\boxtimes	Pipe insu	ulation		105 LF		П	П			
Basement					T The mst	11411011		100 21			_	F		
		Ш	Ш						ᆜᆜ		Ш	Ш		
								Ш						
		П	П	П							П			
Name of Registered Wa	este Hauler		I -	DEP Wast	e Hauler ID No	Cubic Yards of Wa	stel Name of Rea	I istered Landfill				1		
		00337												
Gr Tech LLC					83	TBD Disposal Date	T.R.R.F. Inc te City, State					-		
City, State														
Wayne, NJ 07470						TBD	Tullytown, l		Date					
Completed By (Print or Type)				Oignoture //				Date						
N.Jevtic	//e				Heure Wenad 10/07/16									
ASR-41				- 1/										

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

CK# 0466

Date of Notification (1)				ame of Bu	uilding Ow	ner/Ope	rator (2)	9	. 11					
10/7/16	T 11 //5 - 11 - 2			reet Addr						and other transfer				
Agencies Notified	Type Notification		10000		PI, Suit	e 64			压	ra iş				
T EPA	Initial										-			
DEP	Amended				Zip Code									
X DOL	Amendment #		4		, NJ 070	024		1217	Tolo	shone Nur	mber on	0		7 3
DOH DCA	Emergency (in justification) Cancellation	iciualing	N	ame of C	ontact				. Tele	phone Nur	1. 20	10		
LI DOX				FACILIT	TY INFOR	MATION	V		1		1012			-
Name of Facility Where Freegan Building	Abatement is Taking	Place (3)					Type of	Facility (4))	LICE	VS1146	-, 212	i.	
Street Address							☐ St	ubchapter 8 ther (i.e. pri	(Othe	r than K-1	2) ial buildi:	nas h	omes	
								tner (i.e. pri c.)	vale &	COMME	ai bullul	190, 1	0,,,,00	
550 Central Ave							Square		# of	Floors	Blo	ig. Ag	е	
City (5)							10,00		2		50)+		
Orange										a demolie	hod)			
County (6)			C	County Co	de (7)			t Use (Prior						
Essex			(-	STATE US	E ONLY)			doned C			ag			
Name of Monitoring Fin	m Hirad by Building)wner (8)		ASCM N	No.		Name of Abate							
	in threa by building C	2 VVIII (U)		n/a	(4.75.C)		Harmony C							
n/a				11/4		-	Street Address		· ·					
Street Address							360 Palisa							
n/a												C = 111.		_
City, State, Zip Code							City, State, Zip							
n/a							Garfield, N							
7.70.70	poitoring Firm			Telephone	e No.		Telephone No			License	No.			
Project Manager for Mo	onitoring Firm		100	n/a			973460.60	26		01255				
n/a		- 1 11 1			nto (11)		Name of OSH	A Monitor						
Start Date (10)		Scheduled		ipletion D	ate (11)		Harmony (na Inc					
10/16/16		10/31/16					The second secon		9					
Occupancy Status Dur	ing Abatement (Chec	k Only One)				Street Addres							
	acated During Entire			ent			360 Palisa							
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside of Norn	nal Facility H	Hours	O I I			City, State, Zi	p Code						
Other - Describe:						-	Garfield, N	J 07026						
Scope of Work (Check	: All That Apply)						П	Containme	ant with	Negative	Pressill	re		
1 ≥3 sf or ≥3 lf			nova				Full Min	i-Enclosure	aur Miri	i ivegative	110334			
x ≥160 sf or ≥260 lf		X De	molit	ion			C Glo	vehag Proc	edure					
Lontoni							× No	n-Exempted	d (*) ar	d Non-Fri	able Pro	cedur	e	
												Abate	ement	
			ocati									Ту	ре	
Locat	ion of	Used	ormai			Des	scription of	(ACNA)		Amount			-	
Asbestos-Containi			ntena		Asbest	os Conta	aining Material systems insula	(ACIVI)		Specify	20	71	Encapsulate	E
TO BE A	ABATED	35555555	925000	Staff?	(i.e.	tnermai	systems mount cing, VAT, or	auon,		F or LF)	Remova	Repair	aps	Clos
THE STREET	cility		(12)			other m	niscellaneous)				ova	ar	ula	Enclosure
(1	3)			1							_		te	
		Yes	No	N/A							-			-
F.,+.	orior			X		Wind	dow Caulk		1	88 LF	×			
EXIG	Exterior													
												-		
				1										
						T = 11		Nome of	Pogie	tered Land	Hill		-	
Name of Registered V	Vaste Hauler			NJDEP W Hauler ID		Oubic of Wa	Yards ste				700000			
A Company of the Comp	Harmony Contracting					TBD	310	GROV	VS La	andfill				
Harmony Contrac	(033137		112.55	and Data	City, Sta	ite					8000		
City, State					sal Date	Morris		DΔ						
Garfield, NJ						TBD		IVIOTTIS	viiie,	1 ^	Deta			
Completed by.		Title				5	Signature				Date			
		Secr	etan	V		1	Time Ca	Doins			10/7/	10		
Tina Caporino		0001		,			N. W. C.	-						



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

CK# 0469

Date of Notification (1)		,		me of Bu	ilding Owner/G	Operator	(2)							
10/7/16			10 007											
Agencies Notified	Type Notification			reet Addr										
T EPA	Initial Amended		_		Zip Code						1.0			
DEP					st, NJ 0762	7			- 2					
X DOL	Amendment #_ Emergency (in	cluding	1000	ame of Co			-		Telep	ohone Numb	er			
X DOH	justification)		1 0.00	an Coh					,					
DOH DCA	Cancellation		- 11		Y INFORMAT	TION			()()	1 3 20	16	1144		_
Name of Facility Where Residential House		Place (3)		· AOILI			□ Sch	acility (4) ool (K-12)	V	r than K-12)				
Street Address							Other etc.	er (i.e. pri	vate &	commercial				
			5 (20)				Square F	eet	1000000	Floors	100000000000000000000000000000000000000	, Age		
City (5)							2000		2		50-	+		_
Tenafly			C	County Co	de (7)					ng demolishe	d)			
County (6)			(3	STATE US	E ONLY)			ential Ho						_
Bergen Name of Monitoring Fire	m Hired by Building O	wner (8)		ASCM N	No.		e of Abaten							
Name of Monitoring Fire	in thied by building o	, , , , , , , , , , , , , , , , , , ,		n/a		The Stills of	rmony Co	ontractir	ig Inc	;				_
Street Address							et Address	_						
n/a						-) Palisad	MODE CONTRACTOR			_		V. 10-11-11	
City, State, Zip Code							State, Zip							
n/a						0.000	rfield, NJ	07026		License No				
Project Manager for Mo	onitoring Firm		1	Telephon	e No.		phone No.			01255	*			
n/a				n/a			3460.602			01233			-	
Start Date (10)		Scheduled	Com	pletion D	ate (11)		ne of OSHA urmony C		na In	c				
10/19/16		10/25/16	6						ng iii					_
Occupancy Status Dur	ing Abatement (Chec	k Only One)				et Address 0 Palisac							
F. Sit. Clased V	acated During Entire I	Period of Ab	atem	nent		100	, State, Zip							
Ahatement Perfo	rmed Outside of Norm	nal Facility F	Hours				arfield, N							
Other - Describe						G	arrieru, iv	07020						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l			enova emolit				Mini-	Enclosur	e cedure	th Negative F e nd Non-Friat			3	
							Pi Non	LXCITIPLE	1			Abate	ment	
		1000	_ocat									Ту	ре	
Asbestos-Contain TO BE In F	tion of ing Material (ACM) ABATED acility 13)	Used	ntena odial (12)	ely by ance/ Staff?	(i.e. the	rmal syst surfacing,	ng Material ems insulat	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No				On allaine			100 LF	x			
Ext	erior			X			Caulking		-	10 SF	K			
Ext	terior			X	C	nimne	Mastic			10 01	D.			
									-					
				NJDEP \	Naste (Cubic Yar	rds	Name o	f Regi	stered Landf	ill			
Name of Registered Harmony Contra				Hauler II 033137	7 No.	of Waste				andfill.				
City, State						Disposal TBD	Date	City, St Morri						
Garfield, NJ Completed by		Title					ature		+		Date 10/7/	16		
Tina Caporino		Sec	retai	ry		W	na C	yeor	me	2	10///	. 0		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) SOUTH STREET DELANCY LTD Date of Notification (1) Street Address /16 225 MILBURN AVENUE, STE 202 Type Notification Agencies Notified City, State, Zip Code Initial Notification EPA MILBURN, NEW JERSEY 07041 Amended Notification DEP Cancellation Telephone Number DOL Name of Contact On Hold DOH MIKE ESPASA EMERGENCY NOTIFICATION DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) UNITED AIRLINES WAREHOUSE BUILDING Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age # of Floors Square Feet 1 Street Address 13,900 105-119 AVENUE I Current Use (Prior if being demolished) County Code (7) County (6) COMMERCIAL City (5) (STATE USE ONLY) **ESSEX** Name of Abatement Contractor (9) NEWARK ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION ATC GROUP SERVICES Street Address 313 SPOOK ROCK ROAD Street Address 104 EAST 25TH STREET City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 NEW YORK, NEW YORK 10010 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 212-353-8280 PATRICK SISK Name of OSHA Monitor Sched. Completion Date (11) #11480 Expected State Date (10) AMERISCI LABORATORIES INC /16 30 12 / /16 10 10 / Year Day Month Year Month Day Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure Abatement Type >160 SF OR 260 LF Description of Asbestos-Is Location ENCAPSULE ENCLOSURE Amount REPAIR Location of Containing Material (ACM) REMOVAL normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A X 3,600 Sq. Ft. VAT 1st Floor -Office Area X 108 Sq. Ft. Window Caulk Exterior 500 Sq. Ft. Door Caulk Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler GROWS LANDFILL/TULLYSTOWN 40 GLOBAL WASTE INDUSTRIES Hauler ID No. 22147 City, State Disposal Date MORRISVELL, PA 19067/TOLLYSTOWN, PA City, State 10/10-12/30/16 HACKETTSTOW, NJ 07840 Date Signature, Title

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ

						(<u>.</u> 1~ .	_				
2	S	State C	New ASRES	Jersey STOS ABATEME -7 and 12:120-7	ENT						4	
NO CK	OTIFICATIO	to NJA	AC 8:60	-7 and 12:120-7 Building Owne	r/Oper	rator (2)						
NO 01	(Fullous	N.	ame of	Building Owner STREET DELAN	VCY LT	D					\dashv	
		1										
e of Notification (1)		S	street A	BURN AVENUE	, STE	202					\dashv	
9 / Zs Notification		_		. Zin Code								
encies Notification	on	100	City, Sta	RN, NEW JERSE	EY 070	141			765		\dashv	
Amended Notif	ication	1				Telec	phone Numb	per				
DEP Cancellation		1	Name o	of Contact		,l					\dashv	
X DOL On Hold EMERGENCY	NOTIFICAT	ION	MIKE E	SPASA							\neg	
DCA L	F	ACIL	ITY INF	ORMATION	Type 0	of Facility (4)						
Abstement is Taking	Place (3)			t	S	school (K-12)	Other than	K-12)				
ame of Facility Where Abatement is Taking				Ţ		Subchapter 8 (Other (ie. priva	ite & comm	cl. bldg:	s., hom	nes, e	(c.)	
NITED AIRLINES WAREHOUSE BUILDING					X	are Feet	# of Floors			. Age		
NITED AIRLINES WITTE							1	11 1 2 2	_			
Street Address				1- (7)	Curre	nt Use (Prior i	f being dem	olisneo	1)			
105-119 AVENUE I County (6)			Coun	ty Code (7) E USE ONLY)	COM	MERCIAL	- Contrac	tor (9)				
City (5)			(STATE	ASCM No.	Nam	e of Abateme ENVIRONME	INTAL COR	PORAT	TION			4
NEWARK Name of Monitoring Firm Hired by Buildin	g Owner (8)			98	PAR	ENVIRONME						
Name of Monitoring Firm Company ATC GROUP SERVICES					Stre	et Address SPOOK ROC	K ROAD					+
Street Address					-	Otata Zin Co	nde					1
104 EAST 25TH STREET					SLIE	FERN, NEW	YUNK 100	License	a Numb	oer		7
City, State, Zip Code NEW YORK, NE	W YORK 10	010			Tel	ephone Numb	er	1101	. , , ,			
NEW TOTAL	Lieleh	10,10	Number		015	3-369-7500		1101			(1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	
Project Manager for Monitoring Firm	212-3	53-828	ion Dat	e (11)	Na	me of OSHA MERISCI LABO	VIOTILLOI DRATORIE:	SINC		#114	80	
PATRICK SISK	Sched. Con	mplet	1011 Dat		. 4	MERISCI LABO	51011-					_
Expected State Date (10) 10 /16	Month		Day	Yea	10.	reet Address						
Day Teat	11)		mt.	11	reet Address 17 EAST 30Th	STREET					
Occupancy Status During Abatement (Che X Facility Closed/Vacated During	Entire Perior	d of A	bateme	Describe:		ity, State, Zip	Code			-10		
Occupancy Status During / Occupancy Status D	of Normal Fa	acility	Hours					EM YO	RK 10	010		
X Other - Describe:				E Full C	l Contain	ment with Neg	gative Press	ure				
				Mini-	Enclo.							
Scope of Work (Check all that apply)	Renovation	on		Clay	ehad F	procedure					- t T	no
Demolition >3SF OR LF				Non-	Friable	Procedure					ent Ty	E Pe
X >160 SF OR 260 LF	Is Loc	ation	1	Description Containing N	of Asb	(ACM)		ount	鱼	FP	NC	ENCLOSUKE
Location of	normall	ly used	d \	C- Thorn	nal SVS	Lenio		ecify or LF)	REMOVAL	REPAIR	ENCAPSULE	05
Asbestos-containing Material (ACM)	sole	ly by		· Jation S	urfacir	ig, VAI,		,	AL		E	12
TO BE ABATED	Maint/C	justoa f (12)	iai	or other m	iscella	neous)			+	+	1111	+
in Facility (13)	Yes N		A				3,600 S	q. Ft.	X	_	+-	+
	-1100	×	VA-	Γ			108 Sc		×			1
1st Floor -Office Area		-	1,05	ndow Caulk			-		×			1
	\rightarrow	×	_				500 Sc	1. FL.	-1^	1		
Exterior		×	Do	or Caulk					-	+		1
Exterior									-	+	1	
									-	+	+	-
												-
					I t -	Name of F	Registered L	andfill.	TO 10/0	J		
	N.ID!	EP W	aste C	cubic Yards of W	aste	GROWS I	_ANDFILL/	ULLYS	SIOVVI			
Name of Registered Waste Hauler	Haul	ler ID	No.	40								
GLOBAL WASTE INDUSTRIES		2214	7	Disposal Date		City, Stat	e ÆLL, PA 1	9067/T	OLLYS	TOM	N, PA	
*			1	10/10-12/30/16		MORRIS	ACLL, I M		Date	1/2	50/	1
City, State HACKETTSTOW, NJ 07840	Term:			Signa	ature	MXX	\leq			1	1	1-
Completed by (Print of Type)	Title DIRECTO	OR OF	FOPER	RATIONS	/					1	1	
BENJAMIN SANCHEZ	DIRECT	OIX OI			•							

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

00 (1/4	(Purs	uant to	o NJAC	8:60 and 5:16			, V	==		
Date of Notification (1)	X ~					Owner/Operator (2						
2 / 11	/ 16			VERIZ	ON CO	MMUNICATION	S	OCT 13	2016	ì	1000	
gencies Notified Type	e Notification		1	reet Ad			10 %					
☑ EPA ☑ Ir	nitial		1		SON DF			Land 1				
Z DOLLIE	Amended Amendment # <u>5-1</u>	0/7/16			te, Zip Co				, Miles			
	Emergency (inclu					J 08055	· ·	Telephone Numbe	r			-
(NJAC 5:23-8)	ustification)		10000		Contact BAYLO	IR.	17	, 0.00				
	Cancellation					ORMATION	г		_			
Name of Facility Where Abate	ment is Taking P	lace (3	3)	FACIL	LIT IN	ORMATION	Type of Facility (4)	-			
MEDFORD CENTRAL O		1000 (0	-/				☐ School (K-12)	(Other than K 12)				
Street Address	71102						Subchapter 8	vate and commerci	al build	dings,		
4 NELSON DRIVE							homes, etc.)					_
City (5)							Square Feet	# of Floors	Bldg	g. Age	9	
MEDFORD					70 		7000	2) od/		-	
County (6)				County	Code (7)	(STATE USE ONLY)	COMMUNICA	or if being demolish	eu)			
BURLINGTON						N f Ab stown	ent Contractor (9)	KIIONO				
Name of Monitoring Firm Hire	ed by Building Ow	ner (8) A	SCM N	0.		IVIRONMENTAL	. INC.				
USA ENVIRONMENTAL	MANAGEME	NI				Street Address	Will Community					
Street Address	Address 66 ENTERPRISE AVENUE					1123 BEAVE	R STREET					
	36 ENTERPRISE AVENUE State, Zip Code					City, State, Zip C						
PHILADELPHIA, PA 19	153					BRISTOL, PA						
Project Manager for Monitorin			Telep	hone N	lo.	Telephone No.		License No.				
MARK JENKINS			12,000	5-365-		215-788-604		00509				
Start Date (10)	Schedu					Name of OSHA		INC				
10 / 10 / 1	16)_/	13	_ / _	16		NVIRONMENTAL	_, INO				
Occupancy Status During Ab	atement (Check	only o	ne)			Street Address 1123 BEAVF	CTDEET					
☐ Facility Closed/Vacated D	ouring Entire Peri	od of A	Abaten	nent : - Desc	rihe	City, State, Zip C						
	AMPM	1/ <u>5:00</u> F	PM-1:	30AM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BRISTOL, P						
Scope of Work (Check all that								ative Procesure				
		⊠ Rei	novatio	on.		☐ Mini-Er	intainment with Neg nclosure	gative Fressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		De				Gloveh	ag Procedure kempted (*) and No	n-Friable Procedu	re			
		-	1			☐ Non-Ex	kempted () and re		Ab	ateme	ent T	уре
l fine of			Locat Norma			Description	n of		Re	Re	E n	Ī
Location of Asbestos-Containing Mar	terial (ACM)		d Sole intena		Asbe	estos Containing Ne., thermal system	Material (ACM)	Amount (Specify	Removal	Repair	Encapsulate	100000
TO BE ABATE IN Facility	<u>D</u>		todial		(1.0	surfacing, VA	AT, or	SF or LF)	<u>a</u>		ulat	1
(13)			(12)	T NUA		other miscella	neous)				Œ	
		Yes	No	N/A	\/ A T/N/	ASTIC		775 SF				
BASEMENT ENGINE RO						TION DAMPER	CLOTH	4 SF				[
BASEMENT ENGINE RO								90 SF				1
BASEMENT ENGINE RO				10	VAI/IV	IASTIC						1
Generator-Separate				NJDEP	\Maste	Cubic Yards of	Name of Reg	istered Landfill				1
Name of Registered Waste SERVICE TRANSPOR	Hauler RT GROUP, IN	C.		Hauler I	D No.	Waste	MINERVA	LANDFILL				
City, State						Disposal Date	City, State WAYNES	BURG, OH				
NEW CASTLE, DE	ie) Titl	е				Signature	1 10 DI	2 1 1 0	Date	10	1,,	,
Completed By (Print or Typ Patrick T. DeCaro	,	stima	ator			Patrice	k D. D.C.	ero/gl	10/	//	//(0

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

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

# 10	11/	NOTIF	(Purs	suant t	to NJAC	8:60 and 5:16)		7 E C E I	N.	ij	1	
100	UK		133	lame of	Building (Owner/Operator (2))	= (1)				
Date of Notification (1)	11 / 16			VERIZ	ZON CO	MMUNICATIONS	S	OCT 13	2016		-	
Agencies Notified	Type Notification		5	Street A		N/E						
⊠ EPA					SON DF			ASSETTES OF		7 - C		
⊠ DOLWD	Amendment #	4-9/23/1	6			J 08055		a service and the service and	Heta	200	and the second	
☑ DOH □ DCA	☐ Emergency (in	ncluding			f Contact			Telephone Numbe	r			
(NJAC 5:23-8)	justification) Cancellation		1.		BAYLO	R						-
	Cancellation			FACI	LITY INF	ORMATION						
Name of Facility Where	Abstament is Takin	o Place	(3)				Type of Facility					
MEDFORD CENTR	AL OFFICE	8					☐ School (K-	- 8 (Other than K-12)	1372	15		
Street Address	CAL OITTO						Other (i.e.,	private and commerci	al build	ings,		
4 NELSON DRIVE							homes, etc	# of Floors	Bldg	. Age		
City (5)							7000	2				
MEDFORD						VOTATE LIDE ONLY		Prior if being demolish	ed)			
County (6)				Count	y Code (/)	(STATE USE ONLY)		ICATIONS				
BURLINGTON				100111	1-	Name of Abatem						
Name of Monitoring Fin	m Hired by Building	Owner (8) /	ASCM N	NO.	BRISTOL EN	VIRONMENT	AL, INC.			g.	
USA ENVIRONME	NTAL MANAGE	MENT				Street Address						
Street Address						1123 BEAVE	R STREET		-			
8436 ENTERPRIS	E AVENUE					City, State, Zip C	ode					
City, State, Zip Code	DA 404E3					BRISTOL, PA	A 19007					
PHILADELPHIA, I	PA 19153		Tele	phone f	No.	Telephone No.		License No.				
Project Manager for Mo	onitoring Firm			15-365		215-788-604		00509				
MARK JENKINS	Sch	eduled C	cmple	tion Dat	te (11)	Name of OSHA	Monitor	TAL INC				
Start Date (10) 9 / 19		ON	HO	TD			VIRONMEN	IAL, IRO		119.50	_	
Ctatus Dur	ing Abatement (Che	eck only	one)			Street Address	CTREET					
	-tad During Entire t	zeniou oi	Muale	ment	71 -	1123 BEAVE					7.0	
					cribe	City, State, Zip C BRISTOL, P						
Time of Abatement	t:AM	PIVI/ <u>3.00</u>	21 101-1									
Scope of Work (Check	(all that apply)	A S S S S S S S				Full Co	ntainment with	Negative Pressure				
≥3 sf or ≥3 lf		⊠R	enovat	tion		☐ Mini-Er	an Dracedure	550				
≥ 160 sf or ≥260 lf			emoliti	ion		□ Non-E	xempted (*) and	Non-Friable Procedu	re	ateme	ont T	vne
			s Loca	ation								T
Locat	ion of	110	Norm:	ally lely by	Ash	Description estos Containing N	Material (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Ashestos-Containi	ing Material (ACM)	M	ainten	ance/	(i.	e thermal system	is insulation,	(Specify SF or LF)	oval	Ē.	psul	Sure
TO BE A	acility	Cu	stodia (12	Staff?		surfacing, VA other miscella	neous)	0, 0, 2,			ate	1
	3)	Yes	T		1	ouro.				_	-	+
					VAT/N	ASTIC		775 SF		Ш	닏	上
BASEMENT ENGI				1	VIBRA	ATION DAMPER	CLOTH	4 SF				느
BASEMENT ENGI		-	+=	+=		MASTIC		90 SF				1
BASEMENT ENGI	NE ROOM (Unde		1	뉴								
Generator-Sepa	arate Mobilization	11)	ᆜ	-	Waste	Cubic Yards of		Registered Landfill				
Name of Registered	Waste Hauler	INC		Hauler	ID No.	Waste	MINEF	RVA LANDFILL				
SERVICE TRAN	SPURI GROUP,			2099	90	Disposal Date	City, Stat					
City, State	DE.						WAYN	ESBURG, OH				/
NEW CASTLE, I		Title				Signature		n /	9/2=	2/1	6	
Completed By (Print		Estin	nator			Patr	ick I.	O' Cow fil	7/2=	1/	0	
Patrick T. DeCa	10							1/				

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) VERIZON COMMUNICATIONS 11 2 Street Address Agencies Notified Type Notification 4 NELSON DRIVE Initial **⊠** EPA M Amended Ø DOLWD City, State, Zip Code Amendment #3-9/21/16 MEDFORD, NJ 08055 DOH ☐ Emergency (including Telephone Number y ☐ DCA Name of Contact justification) (NJAC 5:23-8) ALEX BAYLOR Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) MEDFORD CENTRAL OFFICE Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 4 NELSON DRIVE Bldg. Age Square Feet # of Floors City (5) 7000 2 MEDFORD County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) COMMUNICATIONS BURLINGTON Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. BRISTOL ENVIRONMENTAL, INC. USA ENVIRONMENTAL MANAGEMENT Street Address Street Address 1123 BEAVER STREET 8436 ENTERPRISE AVENUE City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 PHILADELPHIA, PA 19153 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00509 215-788-6040 215-365-5810 MARK JENKINS Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC 9 / 27 / 16 9 / 19 / 16 Street Address Occupancy Status During Abatement (Check only one) 1123 BEAVR STREET ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/5:00PM-1:30AM BRISTOL, PA 19007 _AM-Time of Abatement: AM-N HCLD - 9AM -Scope of Work (Check all that apply) Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Encapsulate Normally Description of Repair Removal Location of Asbestos Containing Material (ACM) Amount Used Solely by Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Maintenance/ TO BE ABATED SF or LF) surfacing, VAT, or Custodial Staff? IN Facility (12)other miscellaneous) (13)N/A Yes No 775 SF VAT/MASTIC X BASEMENT ENGINE ROOM X VIBRATION DAMPER CLOTH 4 SF X BASEMENT ENGINE ROOM 90 SF M VAT/MASTIC BASEMENT ENGINE ROOM (Under X П Generator-Separate Mobilization) Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. 20990 City, State Disposal Date City, State WAYNESBURG, OH NEW CASTLE, DE Signature Title Completed By (Print or Type)

Estimator

(1)	nak	1	₹O 11	(Pu	rsuar	t to NJA	C 8:60 and 5:16	5)	CETS	0 -/	/		
N	O CR				Name	of Building	Owner/Operator (2	2)	OCT 1	3 2	016		1
Date of Notification (1)	11 /	16					OMMUNICATION						House Co.
	Type Notific	ation			Street	Address			ASSETTO	7	Q4#	- ment	
Agencies Notified ⊠ EPA	⊠ Initial				4 N	ELSON D	DRIVE	Lee	11051	5,15		-	- MILE -
Ø DOLWD	⊠ Amende	d	0165	16.0		State, Zip C							
⊠ DOH	Amendm				0.		NJ 08055		Telephone Numb	0.5			-
DCA (NJAC 5:23-8)	justificat	ion)	ioonig			of Contac			relephone with	Here!			
(143/10 0.20 0)	☐ Cancella	ition				EX BAYL			1		-		7777
					FA	CILITY IN	FORMATION	Type of Facility	/ (A)				
Name of Facility Where A	Abatement is	Taking	Place	(3)				School (K-1					
MEDFORD CENTRA	AL OFFICE							☐ Subchapter	8 (Other than K-12)	طاماء	ومناطنه	7.0	
Street Address								Other (i.e., homes, etc	private and commer	CIBI D	ulloling	35,	
4 NELSON DRIVE								Square Feet	# of Floors	В	ldg. A	ge	
City (5)								7000	2				
MEDFORD					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
County (6)					000	, (COMMUNI	CATIONS				
BURLINGTON	Literal by Ruil	dina O	wner (8)	ASCM	No.	Name of Abateme						
Name of Monitoring Firm USA ENVIRONMEN	TAL MANA	GEME	NT.	,			BRISTOL EN	VIRONMENTA	LL, INC.				
	I AL ITIAIN	CLITT					Street Address		0.5				
Street Address 8436 ENTERPRISE	AVENUE						1123 BEAVE						
City, State, Zip Code	7.12.110		100				City, State, Zip Co						
PHILADELPHIA, PA	19153						BRISTOL, PA	19007	1: 610				
Project Manager for Moni	toring Firm				phone		Telephone No.		License No.				
MARK JENKINS				1	5-365		215-788-6040		00303				
Start Date (10)		Schedu	iled C	omple	tion Da	ite (11)	Name of OSHA M BRISTOL EN		71 INC				
9 / 19 /	16	9	_ /	_ 22	_ / .	16	La constant de la con	VII COTTAINED TO					-
Occupancy Status During	Abatement (Check	only c	ne)			Street Address 1123 BEAVR	CTREET					
T = 11th Classed A/acate	d During Enti	ire Peri	od of /	Abate	ment	oribo							
	Outside of N	ormal t	-acility	noul	2 - 1003	CIDE	City, State, Zip Co BRISTOL, PA						
Time of Abatement:			2.00										
Scope of Work (Check all	that apply)						Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		[⊠ Re	novati	on		☐ Mini-Enc ☐ Glovebag	Procedure					
≥ 160 sf or ≥ 260 lf		[_] Der	molitic	on		☐ Non-Exe	mpted (*) and N	on-Friable Procedure				
-		T	ls	Locat	ion					Ab	ateme		
Location	of			iorma d Sole			Description o stos Containing Ma	f terial (ACM)	Amount	Ren	Repair	Enc	Enclosure
Ashestos-Containing N	/laterial (ACN	ħ)		ntena		(i.e	thermal systems i	nsulation,	(Specify	Removal	air	apsı	uso
TO BE ABA	v V		Cust	odial ((12)	Staff?		surfacing, VAT, other miscellane	ous)	SF or LF)	=		Encapsulate	Гe
(13)		-	Yes	No	N/A		Other misositation	540,					
			Tes 🛛			VAT/MA	STIC		775 SF	\boxtimes			
BASEMENT ENGINE							TON DAMPER C	LOTH	4 SF	\boxtimes			
BASEMENT ENGINE		-			П	VAT/MA			90 SF	\boxtimes			
BASEMENT ENGINE		-		<u> </u>		VATITO	(0110						
Generator-Separate	Mobilizati	on)			JDEP \	Naste	Cubic Yards of	Name of Regi	stered Landfill				
Name of Registered Waste	e Hauler	INC.			auler II		Waste	MINERVA	LANDFILL				
SERVICE TRANSPORT GROUP, INC.)	Disposal Date	City, State					
City, State								1	BURG, OH				
NEW CASTLE, DE		1					Signeture	0 0	O / Date	than 10	/	/	
Completed By (Print or Ty	pe)	Title	.: 4	0.5			Palue	1 1/14	aco / 8	9/	15,	1/6	
Patrick T. DeCaro		Est	timat	OI.	A 17141 CO.		Javuc		17		-/		

NO CK		(F	วินารแล	ant to NJ	AC 8:60 and 5:1	The second secon	OCT	1 3	201	6	-
Date of Notification (1) 2 / 11 /	16				ng Owner/Operator		4020				2
Agencies Notified EPA DOLWD Agencies Notified Type Notified Initial			4	et Address NELSON	DRIVE	-			d 10		- 40 A.
□ DOLWD □ Amender □ Amender	nent # <u>1-2/2</u>	25/16	0.750	State, Zip	NJ 08055	2					
□ DCA □ Emerger		ing		ne of Conta			Telephone Nur	mber	N.		
(NJAC 5:23-8) justificat				LEX BAY			· C				
- Darice na	11011				NFORMATION						
Name of Facility Where Abatement is	Takino Pla	ce (3)				Type of Facility	(4)				
MEDFORD CENTRAL OFFICE	, , , , ,	,				School (K-1)		27			
Street Address						Other (i.e., p	8 (Other than K-1 private and comme	2) ercial	build	ings,	
4 NELSON DRIVE						homes, etc.)				
City (5)		27/2027				Square Feet	# of Floors		Bldg.	Age	
MEDFORD					25 21/130	7000	2 rior if being demol	inhad	\		S. News
County (6)			Cor	inty Code (7)(STATE USE ONLY)	COMMUNIC		isneu)		
BURLINGTON			1 1 0 0 1		Name of Abateme						
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCh	NO.		VIRONMENTA					
USA ENVIRONMENTAL MANA	GEMENI				Street Address		-,				
Street Address					1123 BEAVE	RSTREET					
8436 ENTERPRISE AVENUE					City, State, Zip Co						
City, State, Zip Code PHILADELPHIA, PA 19153					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
MARK JENKINS		2	15-36	5-5810	215-788-6040		00509				
Start Date (10)	cheduled				Name of OSHA M						
ON HOLD		/	/			VIRONMENTAL	_, INC				
Occupancy Status During Abatement (C	Check only	one)			Street Address	ATREET					
T Facility Closed Vacated During Entire	e Period of	Abate	ment	a siba	1123 BEAVR						
✓ Abatement Performed Outside of No Time of Abatement:AM	rmal Facili PM/ <u>5:00</u>	ty Hou DPM- <u>1</u>	rs - Des :30AM	scribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)					Full Conta	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf		enovat			☐ Glovebag	Procedure					
≥160 sf or ≥260 lf					☐ Non-Exer	npted (*) and Non	-Friable Procedur	_			
		Locat		-	Description of				atem	T	-
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Asbes	tos Containing Mat	erial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED		intena todial		(i.e.	, thermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	oval	=	psu	osur
IN Facility (13)	040	(12)			other miscellaneo	us)				late	6
(13)	Yes	No	N/A					-			
BASEMENT ENGINE ROOM	×			VAT/MA		0711	775 SF				
BASEMENT ENGINE ROOM	\boxtimes			VIBRAT	ION DAMPER CL	JOIN	4 SF	\boxtimes			
BASEMENT ENGINE ROOM (Unde	r 🗵			VAT/MA	STIC		90 SF				
Generator-Separate Mobilization	n) 🗆					Name of Registe	red Lendfill	Ш			
lame of Registered Waste Hauler SERVICE TRANSPORT GROUP,		Ha	JDEP V auler ID 20990	No.	Cubic Yards of Waste	MINERVA LA					
City, State			20330		Disposal Date	City, State					
NEW CASTLE, DE					Signature	WAYNESBU	RG, OH				_
ompleted By (Print or Type)	Fitle Estimat				Julature 1	Da Dea		12	c-/	16	

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

CR #055 500 2016

	U0 (1/4	_				1020 0.00 0.112		LUK &	700			
Date of Notification (1)	"	16		1		Iding Owner/Opera		ASSEST	750	77.17	P _a nu	
/				-	treet Addres					Please Court		, CZ
Agencies Notified DEPA 46 48	Type Notifica	etion		5	4 NELSO							
Ø DOLWD 44/7	☐ Amended			C	ity, State, Z							
Ø DOK 4687	Amendme		. marine m		MEDFOR	D, NJ 08055						
☐ DCA (NJAC 5:23-8)	☐ Emergend		neing	N	ame of Con	tact		Telephone I	vumbe	er		
(16320 5.20-5)	☐ Cancellati	ion		_	ALEX BA	YLOR		<u> </u>		,		
		20-2-2			FACILITY	INFORMATION		*K				
Name of Facility Where	Abatement is T	aking F	Place (3)			Type of Fac					
MEDFORD CENTR	AL OFFICE						Subchar	K-12) oter 8 (Other than F	(-12)			
Street Address								e., private and com		albui	lding:	s,
4 HELSON DRIVE							Square Fee			Bld	g. Ag	e
City (5)							7600	2			55	-
MEDFORD			-		ounty Code	(7)(STATE USE ONL	Y) Current Use	(Prior if being dem	olishe	(d)		
County (6) BURLINGTON					, 5000	92 fd		HICATIONS				
Name of Monitoring Firm	Hired by Buildin	ng Owr	ner (8)	ASC	Chh No.	Name of Abate	ment Contractor	(9)				
USA ENVIRONMEN	TAL MANAG	EMEN	T			BRISTOL E	HVIRONMEN	TAL, IKC.				
Street Address						Street Address						
8436 ENTERPRISE	AVENUE					1123 BEAV	ER STREET			70-70-		
City, State, Zip Code						City, State, Zip						
PHILADELPHIA, PA	19153					BRISTOL, F	A 19007					-
Project Manager for Monit	oring Firm		14	elephor		Telephone No.	. 6	License No.				
MARK JENKINS					55-5810	215-788-604 Name of OSHA		00509				
Start Date (10)	-				Date (11)		KVIRONMEKT	AL INC				
2/25/_					16_	Street Address	(enconemization	AL, 1110				-
Occupancy Status During	Abatement (Che	eck onl	y one)			1123 BEAVE	STREET					
☐ Facility Closed/Vacated Abatement Performed C	During Entire F	erioo i	oi Adzi Ilitv Ko	ement urs - De	escribe	City, State, Zip C				-		
	AM	PM/5:0	OPM-	1:30AF	/i	BRISTOL, PA						
cope of Work (Check all ti	ier ethis)					Full Corp Mini-End Mini-End	itainment with Ne	egative Pressure				
] ≥3 sf or ≥3 lf § ≥160 sf or ≥260 lf			lenova Jemolit	ion		☐ Gloveba	g Procedure	±3				
1 5 100 St 01 5500 II			200 EVE			☐ Non-Exe	empted (*) and N	on-Friable Procedu	-			_
			s Loca Norma			Bttl			-	oaten	1	Ť
Location of	torial (ACEE)	Us	ed Sol		Asbes	Description of stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Ma TO BE ABATE	D (NOIN)		aintena stodial		(i.€.	, thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	BAOU	air	apsı	nsoi
(N Facility		1	(12)		_	other miscellane	ous)	5, 5, 5,	-		late	6
(13)		Yes	No	N/A		V						L
SEMENT ENGINE RO	OM	×	□.		VAT/MA	STIC		775 SF	Ø			
SEMENT ENGINE RO		Ø			VIBRATI	ON DAMPER C	LOTH	4 SF	Ø			
SEMENT ENGINE RO	OM (Under	×			VAT/MAS	STIC		90 SF	Ø			
Generator-Separate M	obilization)											
ne of Registered Waste H	auler			IDEP V		Cubic Yards of Waste	Name of Regis					
ERVICE TRANSPORT	GROUP, INC	: .	1	uler ID 20990		**************************************	MINERVAL	ANDFILL				
State						Disposal Date	City, State					
EW CASTLE, DE							WAYNESBI					
pleted By (Print or Type)	Title					Signature	0 1010	Date	11/1	,		
trick T. DeCaro	Es	timat	or			Patrick "	P. D'Caro	1-d 14	1//	b		

B41 00 16009

02/04 D&S RESTORATIO 18/85/2015 08:44AM 9733458850 State of NJ Notification of Asbestos Abatement 2016 (Pursuant to NJAC 8:60 and 12:120) DAS Proj. 4: 16-305 Name of Building Owner/Operator (2) Date of Notification (1) 01/0 //0 /5 // 1 /6 scott dillinger Type Nothication Agencies Notified Street Address ☐ EPA Initial Amended O DEP City, State, Zip Code Amendment #: DOL. ELIZABETH NJ 07208 **Emergency** (including Telephone Number Name of Contact X DOH Justilloadlon) ☐ DCA scott dillinger Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) | School (K - 12) Subchapter 8 (Other than K-12) scott dillinger Other (Private/Commercial Street Address Bidgs./Homes, atc. Bidg. Age Square Feet | # of Floors County Code (7) County (B) City (5) Current Use (Prior if being demolished) (State use only) UNION ELIZABETH Name of Abalement Contractor (8) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Stepel Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Menager for Monitoring Pirm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. 10/24/16 10/06/16 20 California Avenue Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zp Code Abatement performed outside of normal facility hours-Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (chack all that apply) Mini-enclosure 11 E< 10 ts E< **Renovation** Glovebag procedure Non-Exempted (*) and Non-triable procedure Demolition 2180 at or ≥260 if E is location normally used solely E n Location of by maintenance/custodial Amount n Description of asbestos-containing m B O asbestos-containing (Specify SF or sjaff(12) 0 D material (ACM) material (acm) to be â V D abated in facility (19) N/A Ves No 2541 ft X PIPE INSULATION BASEMENT Name of Registered Landill CHOIC Yards Of Waste NJDEP Hauter IDS Hecletered Waste Hauter TULLYTOWN, RESOURCE RECOVERY D& S RESTORATION, INC. 13506 3 yds Disposal Data City, State City, State TULLYTOWN, PA 10/07/16 PATERSON, NJ 07503 Date Signature Completed by (Print or Type) 10/05/2016

PRESIDENT

On not use this form for aspectos licensure exampted activities.

BOGDAN JOLDZIC

Ch 6801 D&S Proj. #: 16-305

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

n.	C	E		\mathbb{V}		
M	007	1	3	2016)	
200	00					

					A STATE OF THE PARTY OF THE PAR			1	
	Name of Building Owner	Operator (2)					CONTRACTOR OF THE PARTY.		g _a graves
e of Notification (1)				04/J1	1055	LICENSING	<u> </u>	0	-
10 / 0 5 / 1 6 oncies Notified Type Notification	scott dillinger Street Address				The state of the s	FICENOIM	Carried Co.	no see man	merci.
ncies Notified Type Notification	Sileer Address								
Amended	City, State, Zip Code								
Amendment #:	ELIZABETH, NJ	07208			Telephone	Number	T		
DOL Emergency (including	Name of Contact				Telepriorie	_			
DOH (including justification)							-		=
☐ DCA ☐ Cancellation	scott dillinger		MATION						
	FAC	ILITY INFORM	VIATION	T	Type of Facility (4)			
ame of facility where abatement is takin	ng place (3)				School	(K - 12)	han K-	-12)	
arrie of facility where an					Subcha	pter 8 (Other to Private/Comme	ercial	/	
scott dillinger					Bldgs./h	lomes, etc.		dg. Ag	70
Street Address					Square Feet	# of Floors	Die	Jy. A	30
	2 1 (0)		County Co	ode (7)	Current Use (Pr	ior if being de	molish	ed)	
City (5)	County (6)		(State use	only)	Current Use (Pi	IOI II Dellig de		150	
	UNION		_ I I Nia	e of Ahatemen	t Contractor (9)				
ELIZABETH Name of Monitoring Firm Hired by Bldg.		ASCM No.	. Nam	a c DECTOL	RATION, INC.				
vame of Mornioring 1 mm - m - y			D Stre	et Address	CATION				
Street Address				0 California A	Ave.	100			
Street Address				State, Zip Cod					
City, State, Zip Code				Paterson, NJ ()7503	License Nu	mber		
	Phone Nu	mber	Tele	ephone Numbe	r	011			
Project Manager for Monitoring Firm	Flione iva			973-345-802					
	Sched. Completion Date	(11)	Na	me of OSHA M D & S Restor	ation, Inc.				
Start Date (10)				eet Address					
10/06/16	10/24/16			20 California	Avenue				_
- During Abatement ((Check only one)			y, State, Zip Co					
☐ Facility closed/vacated during er ☐ Abatement performed outside of	ntire heliou of abatem				07503			-	
Abatement Delionned outcome	AND SECTION AND ADDRESS OF THE PARTY OF THE			Daterson NJ	07503	· /- agotivo r	oressu	re	
Describe:	TIPS			1 attrious	= " 0 taipmor	TO WINDERSON TO			
Describe:NORMAL HO	OURS			Taterson, Ta	Full Containmen	nt w/negative i			
Other-Describe: NORMAL HO Scope of Work (check all that apply)	OURS			1 accison, s	Full Containmer Mini-enclosure	dure		proced	dure
Other-Describe: NORMAL HO Scope of Work (check all that apply) >3 sf or >3 lf	OURS Renovation			Tatorson,	Full Containmer	dure	riable p		- 1
Describe: NORMAL HO Other-Describe: NORMAL HO Scope of Work (check all that apply) ≥ 3 sf or >3 lf Accord or >260 lf	Renovation Demolition	solely			Full Containmer Mini-enclosure Glovebag proce Non-Exempted	edure (*) and Non-f		P e p	E n c
Describe:NORMAL HO Scope of Work (check all that apply) ≥ 3 sf or >3 lf ≥160 sf or ≥260 lf Location of	Renovation Demolition Is location normally used by maintenance/custodial	De	escription of ast		Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec	edure (*) and Non-f	riable p	e	n c a
Describe:NORMAL HO Scope of Work (check all that apply) ≥ 3 sf or >3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be	Purs Renovation Demolition Is location normally used by maintenance/custodial staff(12)	De ma	escription of astaterial (ACM)		Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec	edure (*) and Non-f	riable p	e p	n c
Describe:NORMAL HO Scope of Work (check all that apply) ≥ 3 sf or >3 lf ≥160 sf or ≥260 lf Location of asbestos-containing	Renovation Demolition Is location normally used by maintenance/custodial staff(12)	De ma	aterial (ACM)	pestos-containin	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec	edure (*) and Non-f	riable p R e m o v	e p	n c a
Describe:NORMAL HO Scope of Work (check all that apply) Normal Ho Scope of Work (check all that apply) Normal Ho Normal Ho	Purs Renovation Demolition Is location normally used by maintenance/custodial staff(12)	De ma	escription of astaterial (ACM)	pestos-containin	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec	edure (*) and Non-f	riable p	e p	n c a
Describe:NORMAL HO Scope of Work (check all that apply) ≥ 3 sf or >3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be	Purs Renovation Demolition Is location normally used by maintenance/custodial staff(12)	De ma	aterial (ACM)	pestos-containin	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec	edure (*) and Non-f	riable p	e p	n c a
Describe:NORMAL HO Scope of Work (check all that apply) Normal Ho Scope of Work (check all that apply) Normal Ho Normal Ho	Purs Renovation Demolition Is location normally used by maintenance/custodial staff(12)	De ma	aterial (ACM)	pestos-containin	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec	edure (*) and Non-f	riable p	e p	n c a
Describe:NORMAL HO Scope of Work (check all that apply) Normal Ho Scope of Work (check all that apply) Normal Ho Normal Ho	Purs Renovation Demolition Is location normally used by maintenance/custodial staff(12)	N/A PIPE	aterial (ACM)	oestos-containir	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec LF) 254 1 ft	edure I (*) and Non-f nt ify SF or	riable r R e m o v e	e p	n c a
Describe: NORMAL HO Scope of Work (check all that apply) >3 sf or >3 lf	Renovation Demolition Is location normally used by maintenance/custodial staff(12) Yes No	N/A PIPE	aterial (ACM)	oestos-containir	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec LF) 254 1 ft	edure I (*) and Non-f nt ify SF or	riable r R e m o v e	e p	n c
Describe:NORMAL HO Scope of Work (check all that apply) Sope of work (check all that apply) >3 sf or >3 lf Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT Descriptored Waste Hauler	Renovation Demolition Is location normally used by maintenance/custodial staff(12) Yes No No NJDEP Hauler ID#	N/A PIPE Cubic Ya 3 yds	aterial (ACM)	Name of Reg	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec LF) 254 1 ft Stered Landfill WN, RESOURC	edure I (*) and Non-f nt ify SF or	riable r R e m o v e	e p	n c
Describe:NORMAL HO Scope of Work (check all that apply) Sope of work (check all that apply) >3 sf or >3 lf ≥160 sf or ≥260 lf Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT Registered Waste Hauler D & S RESTORATION, INC.	Renovation Demolition Is location normally used by maintenance/custodial staff(12) Yes No NJDEP Hauler ID# 13506	N/A PIPE Cubic Ya 3 yds Sposal Date	aterial (ACM)	oestos-containir	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec LF) 254 1 ft Stered Landfill WN, RESOURC	edure (*) and Non-f int ify SF or	riable r R e m o v e M	e p	n c
Describe:NORMAL HO Scope of Work (check all that apply) Sope of work (check all that apply) >3 sf or >3 lf Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT Descriptored Waste Hauler	Renovation Demolition Is location normally used by maintenance/custodial staff(12) Yes No NJDEP Hauler ID# 13506	N/A PIPE Cubic Y: 3 yds sposal Date	aterial (ACM)	Name of Reg	Full Containmer Mini-enclosure Glovebag proce Non-Exempted Amou (Spec LF) 254 1 ft Stered Landfill WN, RESOURC	edure (*) and Non-f ify SF or EE RECOVE	riable r R e m o v e M	e p a i r	n c

State of New Jersey

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

N()	UK						- /-	10-6/1				-	
Date of Notification (1)	19 / 1	16				Owner/Operato vertsity - Of			Construction	16			
Agencies Notified EPA	Type Notificatio ☑ Initial	n		Street A	ddress Elm Dr			G					
☑ DOLWD				City, Sta	ate, Zip Co	de				27		11	
□ DHSS	Amendment	V. (170 V) 1 3 (170 V)	6	Princ	eton, NJ	08544			111111111111111111111111111111111111111				
DCA	☐ Emergency justification)		1	Name o	f Contact				Telephone Numb	er			
(NJAC 5:23-8)	☐ Cancellation			Robe	ert Ortege	0			1				
		,				ORMATION				åB.			
	At the second in Tale	ing Dings /	31	FACI	ILII I IIVI	OKWATION	_	Type of Facility (4	1)				
Name of Facility Where								School (K-12)					
Princeton Universi	ity- Engineerin	g Quadra	ingie	3			\dashv	Subchapter 8	(Other than K-12)				
Street Address								Other (i.e., pri	vate and commerc	cial buil	dings	,	
Olden St							-	Square Feet	# of Floors	Bld	g. Ag	e	
City (5)								Square r eet	# 011 10010		5	528	
Princeton				T	0 1 (7)	OTATE LICE ON	1.10	Current Hea / Pric	or if being demolis	hed)			-
County (6)				Count	y Code (/)(STATE USE ON	-1)	Current Ose (Fine	of it being derions	1100)			
MERCER								10					
Name of Monitoring Firm		g Owner (8	3)	ASCM N	10.			ent Contractor (9)	INC				
Cardno ATC Asso	ciates Inc.							VIRONMENTAL	., INC.		-		-
Street Address						Street Addres							
Bromley Corporat	e Center-Three	e Terri La	ne			200.000.000.000.000		R STREET					
City, State, Zip Code						City, State, Z							
Burlington, NJ 080	016					BRISTOL	, PA	19007					
Project Manager for Mo	nitoring Firm		Tele	ephone N	No.	Telephone N	Ο.		License No.				
Michael Keehn			6	09-386-	8800	215-788-6			00509				
Start Date (10)	Sc	heduled Co	omple	etion Dat	e (11)	Name of OSI							
10 / 3	/16	11 /	7	/ _	16	BRISTOL	EN	VIRONMENTAL	_, INC.				
Occupancy Status Duri	ng Abatement (Ch	neck only o	ne)			Street Addres	ss						
☐ Facility Closed/Vaca	ited During Entire	Period of A	Abate	ement		1123 BEA	VE	R STREET					
☐ Abatement Performe	ed Outside of Nor	mal Facility	Hou	rs - Desc	cribe	City, State, Z	ip C	ode					
Time of Abatement:	7:00AM-3:30PN	//P	VI	AM		BRISTOL	, PA	19007					
Scope of Work (Check	all that apply)												
Goope of Work (officer						⊠ Full ☐ Mini		tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf		⊠ Re	nova molit			□ Glo	veba	a Procedure					
≥160 sf or ≥260 lf						☐ Non	-Exe	empted (*) and No	n-Friable Procedu			V-522	
		1000	Loca							Ab		ent Ty	ype
Locatio		Lloo	Norm	ally lely by		Descrip	ion o	of	Amount	Re	Repair	Enc	Enclosure
Asbestos-Containin				ance/	Asbe	stos Containin ., thermal syst	g IVI	insulation,	(Specify	Removal	pair	caps	sols
TO BE AI			todia	Staff?	(1.0	surfacing,	VAT	, or	SF or LF)	/al		Encapsulate	ure
(13			(12		-	other misce	llane	eous)				6	
		Yes	No	N/A						57	-		
C402					Floor ti	le and mast	ic		205 SF		Ш		Ш
			П										
			1							П			
				ᆜᆜ									
					15		-						
Name of Registered W	aste Hauler		1	NJDEP		Cubic Yards	of		stered Landfill				
BRISTOL ENVIRO		C.		Hauler I		Waste		G.R.O.W.S	S. NORTH LAND	JHILL			
				1870	0	Disposal Da	te	City, State					
City, State	007					***************************************		MORRISV	ILLE, PA 19067	7			
BRISTOL, PA 190					Signatu	ıre		, [ate	()	·		
Completed By (Print or	Type)	Title Estima	to-			4.		Scaline	12	10/	6/	16	
Brian Scafiro		Estima	LUI			You.	14	xache	701		-		

ASB-41
MAY 11 65/628* Do not use this form for asbestos licensure exempted activities.

WHY OFF SITE FOR TESTING 10/7/16

(Pursuant to NJAC 8:60 and 5:16)

Ck#3094

Date of Notification (1)	_			Na	me of Ruild	ing Owner/Operator	(2)	The second second second		-	9.00	
9 / 19	11	ô				Univertsity - Office		d Constructio	n			
Agencies Notified Type Not	ification		7	Str	eet Address	:						it is a
⊠ EPA /062 ⊠ Initial	moation				00 Elm D			OCT	1 2	2014		1
☑ DOLWD 10 4 8 ☐ Amer	ded				, State, Zip			001	1 0	4011)	
☑ DHSS /055 Amen	dment #		-	B 22		NJ 08544						
☑ DCA /079 ☐ Emer		ncludin	g		me of Conta			Telephone Nun	phor	30	-	4
(NJAC 5:23-8) justific	cation)							a relephone Null	indei	3		
Calica	Hallon				obert Ort			I				
	e - 1070 - 1140 -				ACILITY	INFORMATION						
Name of Facility Where Abatement							Type of Facility	1000				
Princeton University- Engin	eering	Quad	ran	gle			School (K-12) 3 (Other than K-1:	2)			
Street Address								rivate and comme		uildi	ngs,	
Olden St							homes, etc.)					
City (5)							Square Feet	# of Floors	E	Bldg.	Age	
Princeton												
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
MERCER												
Name of Monitoring Firm Hired by B	uilding	Owner	(8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
Cardno ATC Associates Inc.						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Street Address						
Bromley Corporate Center-T	hree T	erri La	ane			1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Te	elephon	e No.	Telephone No.		License No.				
Michael Keehn				609-38	36-8800	215-788-6040)	00509				
Start Date (10)	Sched	duled C	omp	letion [Date (11)	Name of OSHA N	Monitor					
10 / 3 / 16_		10 /		7 _ /	16	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Abatemen	t (Chec	k only r	ne)			Street Address						-1-11-11-
☐ Facility Closed/Vacated During E						1123 BEAVE	R STREET					
Abatement Performed Outside of					escribe	City, State, Zip Co						_
Time of Abatement: 7:00AM-3:3						BRISTOL, PA						
Scope of Work (Check all that apply)						M 5:41 Co-st	tainment with Mana	tive December			2012	
≥3 sf or ≥3 lf		⊠ Re	nova	ation		☐ Mini-Enc	tainment with Nega losure	alive Plessure				
⊠ ≥160 sf or ≥260 lf		☐ De					g Procedure					
						☐ Non-Exe	mpted (*) and Non	-Friable Procedu				
		7665	Loc	ation					At	-	ent T	ype
Location of Asbestos-Containing Material (AC	78.81	10,000,000		lely by	Δeh	Description o estos Containing Ma	877	Amount	Re	Repair	En	E
TO BE ABATED	JIVI)			nance/	(i.e	e., thermal systems i		(Specify	Remova	pair	cap	Enclosure
IN Facility		Cust	todia (12	I Staff?		surfacing, VAT,		SF or LF)	/al		Encapsulate	ure
(13)		Yes	No	-		other miscellane	ous)				ite	
C402			\boxtimes		Floor t	ile and mastic		205 SF				
									10			
Name of Registered Waste Hauler			118		Waste	Cubic Yards of	Name of Registe	ered Landfill				
BRISTOL ENVIRONMENTAL,	INC.			Hauler		Waste	G.R.O.W.S.	NORTH LAND	FILL			
City, State				1870	U	Disposal Date	City, State					
BRISTOL, PA 19007							The second secon	LE, PA 19067				
	Title					Signature	0 1	o Da	te /			
Completed By (Print or Type) Brian Scafiro	11.000.00	timat	0"			Drien 9	Scalin 1-	,2	9/19	//	6	
DITALI SCAIIFO	ES	milat	01			Journ 4	July 1		1	1	07 % :	

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

Date of Notification (1) 10/05/2016				Building Owner Pleasant Boa				CV	4		3	7
Agencies Notified Type Notification EPA Initial	2100 Panther Path						ASB	ESTO	OS (CON	TRC)L &
DEP Amended Amendment Emergency (- 1000000		te, Zip Code Pleasant, NJ	08742							
□ DOH	including	100000		Contact Hopkins/fac	Telephone	Telephone Number						
			FACI	LITY INFORMA	TION							
Name of Facility Where Abatement is Taking High school	g Place (3)					Type of Facility	12)	TIG 1942.20				
Street Address 808 Laura Herbert Drive							r 8 (Other than private & comn		build	ings,	home	s,
City (5) Point Pleasant						Square Feet	# of Floors	;	BI	dg. A	ge	
County (6) Ocean				Code (7) USE ONLY)		Current Use (Pri school	or if being den	nolishe	d)			
Name of Monitoring Firm Hired by Building (Environmental Design, Inc	Owner (8)		ASCN	l No.		of Abatement Con Corporation	ntractor (9)					
Street Address 5434 King Ave						Address McBride Ave						
City, State, Zip Code Pennsauken, NJ 08109					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tate, Zip Code dland Park, N	JJ 07424					
Project Manager for Monitoring Firm Dennis Gober	ň.	11 1212	lephor	ne No. 6-9516		ephone No. License No. 3-225-8400 01104						
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/06/16 10/07/16 Iris Environmental Laboratories, LLC												
Occupancy Status During Abatement (Chec			Street Address									
Facility Closed/Vacated During Entire F	Period of Aba	atemer	nt		st	t						
Abatement Performed Outside of Norm Other – Describe: start 4 pm	al Facility H	ours			110	tate, Zip Code n, NJ 07083						
Scope of Work (Check All That Apply)	_					٦						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	prisoner,	novatio nolitior			×	Mini-Enclosur Glovebag Pro	ent with Negate cedurewrag d (*) and Non-	o/cu	ıt		3	
	le l	cation				- Holl Exollipto	a () and rion	- Hubic		VIV 1. Vo.	ment	
Location of	No	mally			Description	of		-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used S Mainte Custodi (1			e/	(i.e. thern su	nal system rfacing, VA	ritaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous))	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								te	
janitor closet&hallway			Х	F	oipe fittin	gs	14/ea		х			
Name of Registered Waste Hauler		NJE	DEP W	aste Cui	oic Yards	Name of	Registered La	ndfill				
Lilich Corporation		187	iler ID 24	No. of \	Vaste	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/S Landfill					
City, State Woodland Park, New Jersey				Dis	posal Date		te /ille, PA		12			
Completed by Momo Glavatovic	Title vice pre	eside	nt	,	Signature	· At		Date 10/		016		

Print-Form

09/30/2016 15:37	Two Brothers	Contra	ctin	9					FA	()973 9	56 8811			P.0	0210
	4		OTIFI (P	CATION	ate of New OF ABBI to NJAC 8	LETOR .	STARA	Men	T				OT.	-	int Fo
Date of Notification (1) 9/30/2016			T	Namao	ANSIT			7.6		r		SBF	STO)\$ (:gn
Agandas Nolified	Type Notification		+	Street A		AZA	_		-	+	SFF	7	110	EN:	ZIN
EPA DEP DOL	Initial Amended Amendment		_	City, Sta	ARK, NJ	de				+	1		-	1	
DOH DCA	Emergency (justification) Conceitation	-			Contect GEITNE	ER .				Ta	ephone Nur	riber,	7		<u> </u>
Name of Facility Where A HOBOKEN LIGHT Street Address 1 HUDSON PLACE	RAIL TERMINA	o Place (3	1	PAGI	LITY INFO	RMATI	ON	175	School (K-1 Subchapter Other (J.c. s	(2) 8 (Oth	er than K-12 å commerci	2)	linas	hom	
City (5) HOBOKEN									ata.) uare Feet		f Ploors		idg. /		
County (6) HUDSON	1	- ,			Coda (7) USE ONLY)			Cu	rant Usa (Pri	or If be	ing damoliei	ned)			
Name of Monitoring Firm N/A	Hired by Building	Dwner (8)		ASCN	A No.		Nama	of Ai	Setement Cor ROTHERS	CON'	(9) TRACTIN	G IN	<u> </u>		-
Street Address							Street	Add			_		<u>. </u>		
Chy, State, Zip Code							City, 8	Stata,	Zip Code A NJ 075			_			
Project Manager for Mon	toring Pirm			Telapho	na No.		Telepi	none			Lleansa N	٥.			
Start Data (10) 9/30/2016		10/6/20	116	npletton	Date (11)		Name	00	SHA Monitor	NE.	100101				
Cocupancy Status Ouring Facility Closed/Vacs Abeliament Performs Other – Describs:	ted During Entire E	arelad of f		nant I			Streat	Addi							
\$5098 of Work (Check All \$3 st or \$3 lf \$150 st or \$280 lf	That Apply)	42556	anova emoli		**				Full Containm Min-Enclosur Nicvebag Pro- ion-Exempts	edure					3
Location		, h	Locati iormai d Stila	ly		Dat	sartotier	n of			100001111111		Abat	emen	ı
Asbestos-Conteining I TO BE ABA In Facilit (13)	TEO	Mal	ntena odlai 8 (32)	nce/	Asbast (l.s.	lhennai auria:	aining i eystem dng, VA decellas	a Inse		(Amount Specify For LP)	Removal	Roganir	Encapsulate	Endosuse
CONCOURSE	ETWEEN		X	1.00	CLEAR	V UP C	OF RO	OF	DEBRIS			X	_	-	
TRACKS	81							_							
Nume of Registered West	a Hauter		A	JOEP W	aaba	Cubic	V=-J-								_
TWO BROTHERS C			H	8743		of Was			1		arad Landfill NAGEME		.R.0).W.	S .
City, State TOTOWA, NJ						DIS000	al Date	,	City, State		LE, PA				
Completed by VIVECA RAMOS		PRO.	IECT	COOF	RDINATO	8	logatun	0	P		Di	30/20	110		

4	mck.			ICATION		Jersey STOS ABATE :60 and 12:12			DE	G		Pri	nt Form
	e of Notification (1) 6/2016			Name of NJ TRA		wner/Operato	r (2)			UCT '	3	2016	T
	ncies Notified Type Notifie	cation		Street Ad	ddress ENN PL	AZA			ASB	ESTOS	CO	NTRO)L &
×		dment #1		City, State, Zip Code NEWARK, NJ 07105									
×	DOH justific	gency (includi cation) ellation	ng	Name of JOHN	Contact GEITNE	R		1 = 20	Telephone	Number			
				FACII	LITY INFO	RMATION							
	ne of Facility Where Abatement is BOKEN LIGHT RAIL TER		∋ (3)					of Facility (4) School (K-12					
- 535	et Address HUDSON PLACE							Subchapter 8 Other (i.e. pri etc.)			ilding	s, hom	es,
City	(5) DBOKEN						Squa	re Feet	# of Floors		Bldg.	Age	
	nty (6) IDSON			County C	Code (7) JSE ONLY)		Curre	ent Use (Prior	if being dem	nolished)			
Nan N/	ne of Monitoring Firm Hired by Bu A	uilding Owner	(8)	ASCM	1 No.			atement Contr OTHERS C		TING, I	NC.		
Street Address Street Address 11 VREELAND AVENUE													
City	, State, Zip Code							Zip Code J., NJ 07512	2				
Project Manager for Monitoring Firm					ne No.		phone N 3-956-		Licen 004	ise No. 94			
	t Date (10) 80/2016		duled Co 21/2016	mpletion	Date (11)			HA Monitor S (9) ABOV	/E				
Occ	upancy Status During Abatemen	t (Check Only	One)			Stree	et Addre	ess					•
×	Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of Normal Fac	of Abate cility Hou	ement rs		City,	State, Z	Zip Code					
Sco	pe of Work (Check All That Apply	y)											
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov				H Mi	all Containment ini-Enclosure ovebag Proce on-Exempted	edure			uro	
					I		E INC	on-Exempled	() and Non-	1 Hable I	011417	atemer	it
			Is Loca Norm			Description	on of					Туре	
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify other miscellaneous)					Repail	Encapsulate	Enclosure					
		Ye			OL EAR	LUD OF D	005.5	NEDDIC.				6	
	CONCOURSE BETWEE	N	X		CLEAR	N UP OF R	OUF L	PEDRIS			X	-	
	TRACKS 9 & 1										_	-	
											-	-	-
									De eleter - 11	a den			
11.00.00	ne of Registered Waste Hauler O BROTHERS CONTRAC	CTING		NJDEP V Hauler ID 18743		Cubic Yards of Waste 20			Registered La EMANAGE		G.R	.O.W	.S.
	r, State TOWA, NJ		-			Disposal Da 10/21/201		City, State	SVILLE, P	PA			
	npleted by 'ECA RAMOS	Tit Pl		T COO	RDINAT	OR Signatu	ire Lve	cak	ann	Date 10/6/	2016	ò	

INAL ET MAL

Completed By (Print or Type)

Christina Lynch

Operations Manager

Dala

10 rence

[&]quot;Do not use this furm for asbastos licensure exempted activities.

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

Date of Notification (1)					Name of Building Owner/Operator (2) Bayshore Community Hospital											
	October 6, 2016						Daysiii	016	Community 110	spirai		0 1	7 0			
Agencies Notified [X] EPA	Type of Notification [] Initial Notification [] Amended Notification				Street Add	iress	727 N	orth	Beers Street				0 4 0-	_		
[] DEP [x] DOL	Amen	dment #_ gency (inc			City, State, Zip Code Holmdel, NJ 07733											
[x]DOH		cation)	Juding	-	Name of Contact Telephone Number								-	111		
[]	[] Cance	ellation				Louis I)'Amore	9	11		60					
				FACI	LITY IN	FORM	NOITA						1			
Name of Facility Where At Bay	oatement is Taking shore Commur		spital					Ту	pe of Facility (4)	School (k-12)				1-64:37		
Street Address	North Beers S	treet							[x]	Other (i.e., pri- homes, etc.)			al build	ings,		
City		County	(6)		County Coo (STATE U)	Sq	quare feet 500,000 sf	# of Floors	Bldg	ig. Age 50				
Holmdel		Monn	nouth		(011110)	00 01101	'	Cı	urrent Use (Prior if Hospital	being demolishe	ed)		0			
Name of Monitoring Firm)		ASCM No.		Name of	Aba	tement Contractor (9)	Υ					
Env Street Address	vironmental Tac	ctics					Street Ac	ddres		n Contractin	g, Inc.	5.				
	Broad Street						10-50-000000000000000000000000000000000	vicacomore eco	1889 Ro	oute 9, Unit 6	51					
City, State, Zip Code Ma	tawan, NJ 0774	17					City, Sta	te, Zi		iver, New Je	rsey 08'	755-12	271			
Project Manager for Monitoring Firm Telephone Number							Telephor		umber	License	Number	er				
Tom Geiger 732-290-2217 Scheduled Start Date (10) Scheduled Comple					n Date (11))	732-34 Name of		HA Monitor	00624	+	-				
10/6/16			10/20/1							. Analytical						
Occupancy Status During	Abatement (Check of lity Closed/Vacated			d of Abate	ement		Street A	ddres		elton Road						
	tement Performed						City, Sta	ite, Z	ip Code				-107			
[] Oth	er – Describe				- Westley					way, New Jer	sey 088	54				
Scope of Work (Check all	that apply)						[x]		Full Containment	with Negative P	ressure					
[] >3:	of or ≥3 lf		[x]	Renovat	ion		[]	l I	Mini-Enclosure Glovebag Procedu	re						
1	0 sf or ≥260 lf		[]	Demoliti			[]		Non-Exempted (*)		le Procedi	ıre				
											Aba	tement	Туре			
			Is Location	77			Description				R	R	Е	Е		
Location Asbestos-Containing N		N	formally us Solely by				bestos-Containing Material (ACM)			Amount (Specify S)	E	E P	N C	N C		
TO BE ABA	TED	Maint	tenance/Cu	istodial		(i.e.	, thermal	syst	tems	or LF)	M	A	A	L		
in facilit (13)	у		Staff (12)			insu	lation, su VAT, o		ing,		V	I R	PS	S		
(13)			(12)			othe	er miscell		ous)		Α		U L	U R		
		YES	NO	N/A							L		E	E		
Boiler room			X		Firepro	oofing				1000 sf	X					
			-									-				
Name of Registered Waste	Hauler	l N	JDEP Wast	te Hauler l	D No.	Cubic Ya	rds of Was	ste	Name of Register	l red Landfill						
Guardian Co	entracting, Inc.		2	0223	10	15	T on a		T.R.R.F.					-		
City, State Toms River.	New Jersey			Disposi			City, St		n, Pennsylvania							
Completed by (Print or Typ	pe)	Title			Signatur	re	,	/	1		Date					
Nicholas Fernicola Project Manager				er							10/	6/16				

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

77-4-	Degarand
Date	Received
Duce	Trocorroc

DEMOLITION / RENOVATION NOTIFICATION

Operator	r Project #:	Postmark:		Notification	on:	3		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled):	0	П.	IS ASBESTOS PRESENT? (Ye	es/No):	Y	
Ш.	FACILITY INFORMATION (identify owner, removal contr	actor and other o	operator)					
	OWNER NAME: Bayshore Communit	y Hospital						
	Address: 727 North Beers Stre	eet						
	City: Holmdel State	e: NJ		Zip:	07733			
	Contact: Louis D'Amore			Tel:	732-739-5932			
	REMOVAL CONTRACTOR: Guardian C	Contracting, Ir	nc.		NJ License: 00624	1		
	Address: 1889 Route	9, Unit 61						
	City: Toms River State	e: New Je	rsey	Zip:	08755			
	Contact: Nicholas Fe	ernicola		Tel:	732-349-9932			
1,100	OTHER OPERATOR (if different)				NJ License:			
	Address:							
	City: State	e:		Zip:				
	Contact:		Tel:					
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	n E - Emergency R	enovation):	Е			
V.	FACILITY DESCRIPTION (Including building name, num	ber and floor or	room number)					
	Building Name: Bayshore Communi	ty Hospital						
	Address: 727 North Beers Str							
	City: Holmdel Stat	e: NJ		County:	Monmouth			
	Site Location: Boiler Room							
	Programme Control of the Control of	f Floors:	5	Age in Y	ears: 50			
	Present Use: Hospital		Prior Use:	Hospital	1			
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD,	IF APPROPRIA	TE, USED TO DETE	ECT THE PRE	SENCE OF ASBESTOS MATE	RIAL:		
0.273								
	IS MATERIAL ASSUMED TO BE ASBESTOS?					T N 6	2.11.	
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDIN	G:				Asbestos	riable Material	
	Regulated ACM to be removed Cottoner I ACM not removed.		RACM To Be		LOCATION	0.210.000	Γο Be loved	
	Category I ACM not removed Category II ACM not removed		Removed		ā	Cat I	Cat II	
	Pipes (Linear feet):							
	Surface Area (Square feet): 1000 sf	Fire pr	oofing		Boiler room			
	Surface Five (Square 1996).							
	RACM Off Facility Component (Cubic feet):							
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY	Start:	10/6/	16	Complete: 10	/20/16		

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WOI	RK, AND METHOD(S)	TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE:				
	Full enclosure/negative pressure glovebag method to be utilize with a surfactant/water mix. All waste to be double bagged, surfaces where removal took place. All materials to be kept	sealed and affixed with t	he appropriate warning labe	els and placed in a closed/locked co	ntainer for disposal. Encapsulation of all
xii.	WASTE TRANSPORTER #1 Name: Guard	ian Contracting,	Inc.		
	Address: 1889 l	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicho	las Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip;	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R	F.			
	Location: Borde	entown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	NT AGENCY, PLEA		ENCY BELOW AND ATTAC	CH COPY OF ORDER
	Name:		Title:		
	Authority:		Dete Ordered to Be	-i- 0.04(DD/VV):	
	Date of Order (MM/DD/YY):		Date Ordered to Be	gin (IVIIVI/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ns or would cause equ	uipment damage or an ui	nreasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED				R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV. AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THE	REQUIRED TRAININ	IG HAS BEEN ACCOMPLISH	RT M) WILL BE ONSITE DURING ED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Own	ner/Operator)	October 6, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1.//	0.11.6.0016
	Nicholas Fernicola / Project Manager (Printed Name/Title)	_	(Signature of Own	ner/Operator)	October 6, 2016 (Date)