

E C	E		\mathbb{V}	In
0.01	. 4	,	2011	

Date of Notification (1)	44	40					Owner/Operator (2	850	OCT	1	4 2	016	1
	/	16	-		300	WILK DLV	D Orban Kenev	val LLC	id ha		-		1
Agencies Notified EPA	Type Notification	on				Address alsey Str	reet, 2 nd Floor		ASBEST	os c	CON	TRC)L 8
☑ DOLWD	☐ Amended					ate, Zip Co			# #			- A	_
☑ DHSS	Amendmen	_			New								
☐ DCA	☐ Emergency		luding		10000	of Contact			Telephone Numbe	г	-		
(NJAC 5:23-8)	justification Cancellatio	0500			(A. J. W. C. J. C. S. J.	Crum		1					
	Caricellatio	n t									-		
					FAC	ILITY IN	FORMATION	- (F 111 /	4)				_
Name of Facility Where								Type of Facility (4					
Saint Michael's Me	dical Center I	Build	ding E	& F				School (K-12)	(Other than K-12)				
Street Address								Other (i.e., pri	vate and commerci	al bui	ldings	5,	
306 Dr. Martin Luth	ner King Blvd.							homes, etc.)					
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Newark								84,800	7	1	28		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			
Essex								Vacant Hosp	ital Bldg E & F				
Name of Monitoring Firm	n Hired by Buildi	ng O	wner (8	8)	ASCM I	Vo.	Name of Abatem	ent Contractor (9)					
Health and Safety			•		0011	7	Superior Aba						
Street Address						× -	Street Address						
318 12th Street							2 Henderson	Drive					
				1000			City, State, Zip C	ode					-
City, State, Zip Code Hammonton NJ 08	0027						West Caldwe						
	(1) (SEC.)			Tal	ephone I	No	Telephone No.	Jii, 110 01 000	License No.				_
Project Manager for Mo	nitoring Firm			200000000			973-808-1616		00411				
Jim Proctor			1.10	1 3	609) 70		Name of OSHA		00411				_
Start Date (10)	9 9999				etion Da								
10 /25 /	16	_1	1_/	3	0_/_	10	Superior Aba	atement inc	10				
Occupancy Status Durin	ng Abatement (C	heck	only o	ne)			Street Address						
□ Facility Closed/Vaca							2 Henderson	Drive					
☐ Abatement Performe							City, State, Zip C	ode					
Time of Abatement:	AIM	PN	/\/	_PIV	1	AIVI	West Caldwe	ell, NJ 07006					
Scope of Work (Check a	all that apply)												
D > 2 - 4 > 2 14			M Da	201/2	tion			ntainment with Neg	ative Pressure				
			De	molit	ion		☐ Gloveba	ag Procedure					
							☐ Non-Exe	empted (*) and No	n-Friable Procedure	9			
					ation			92		Ab	ateme	ent Ty	уре
The second control of		·	100000	Norm	ally lely by	Asha	Description stos Containing M		Amount	Re	Re	E	En
)	Ma	inten	ance/	(i.e	., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility			Staff?		surfacing, VA7	Γ, or	SF or LF)	/a	20.00	Encapsulate	ure		
(13))		Vas	(12 No		1	other miscellan	eous)				ate	
			Yes	INC		-	. 70.00.00						
Bldgs E/F Sub-bsm	t,Bsmt,Floors	1-5				Pipe/Pi	pe Fitting Insul	ation	5,940 LF		Ш	Ш	Ш
Bldgs E/F Sub-bsmt,Bsmt,Floors1-5 Bldgs E/F Floors 1-5 Bldg F - Floors 1 - 4					\boxtimes	Floor T	ile		9,838 SF				
Bidg F - Floors 1 - 4						Floor T	ile/Mastic		8,428 SF				
Bldg E-Firs. 2,4,5 / F	Bldg F-Firs. 2	&3				Linoleu	ım		1,952 SF			Ш	
Name of Registered Wa	aste Hauler				NJDEP '		Cubic Yards of	Name of Regis					
Service Transport	Group Inc				Hauler I		Waste 200	Minerva E	nterprises				
City, State					3447	111	Disposal Date	City, State					
New Castle, DE							11/30/2016	Waynesbu	rgh, OH				
1000 - 1000 - 1000 1000 1000 1000 1000	Type	Title	a-	*			Signature	/	1 / Da	te			
Completed By (Print or	(ype)			oné			Olgilature	. 1 16	1.//	0-1		11	
Nick Petrovski		1	resid	CIIL			1111	1/4/1/	yu /	U-1	1-	16	

CK#25295

D-1(N-05-0(4)				Mana	of Duilding	0	- (2)					
Date of Notification (1)	/11/16			Name	or Bullaing	Owner/Operato	Richard Me	ene (net	1	1 2	016
Agencies Notified	Type Notificat	ion	-	Street	Address							
□ EPA	Initial			200				1				_
□ DEP	Amended	or m	T	City, S	tate, Zip C	ode		10000		ĒN.	-	_
⊠ DOL	Amendme Emergenc		-	(VAV.)		D	unellen, NJ ()8812	enal le	7 mm) V (200	_
⊠ DOH	justification	n)	' †	Name	of Contact			Telephone Numb	er			
□ DCA	Cancellation	on			Brando	on Acken-Re	altor	_				_
				FAC	ILITY INF	ORMATION						
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facility	(4)				-
, and or reading rivers		esidenti					School (K-1					
Street Address							Subchapter	8 (Other than K-12)				
							Other (i.e., phomes, etc.)	orivate & commercia	al build	lings,		
City (5)							Square Feet	# of Floors	Bi	dg. A	ge	$\overline{}$
0.1, (0)	Du	nellen,	NI				2500	2	-500	80	7.00	
County (6)		nonon,	110	Cour	tv Code (7) (STATE	-	rior if being demolis	hed)			_
	ddlesex			USE	ÓNLY)		1					_
Name of Monitoring Firm	n Hired by Buildi	ng Owner		ASCM	No.	Name of Abate	ment Contractor (9	9)				
(8)	MECS					Ste	vens Environ	mental Service	s, In	c.		_
Street Address				West to		Street Address						
	PO Box	341				Water to the state of the state	PO I	Box 322				
City, State, Zip Code						City, State, Zip						
C:	rosswicks, 1	NJ 0851:	5				Allentow	n, NJ 08501				
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		License Ne:	1900 1 10 10 10 10 10 10 10 10 10 10 10 10			
Bill We	eisgarber		(60	9) 24	0-4070	(609) 2	59-9688	0	0493	3		_
Start Date (10)	S	cheduled C	omple	tion Da	te (11)	Name of OSHA	Monitor					
10/21/16		1	0/26	16			N	IECS				
Occupancy Status Durin	ng Abatement (Check only	one)			Street Address						
▼ Facility Closed/Vaca	ted During Entir	e Period of	Abate	ment			PO I	Box 341				
Abatement Performe	ed Outside of No	rmal Facili	ty Hou	rs		City, State, Zip			- 100			
Other - Describe:							Crosswic	ks, NJ 08515				
Scope of Work (Check	all that apply)					П= =0	1					
₩ >3 of or >3 lf		□R	enovat	ion			ontainment with Ne nclosure	egative Pressure				
≥160 sf or ≥260 lf			emolitic			Glovel	pag Procedure					
						Non-E	xempted (*) and N	on-Friable Procedur	T			-
			Location						"	bate. Typ		1
□ ≥160 sf or ≥260 lf Is Location of Asbestos-Containing Material (ACM) Ma			Sole	y by		Description		20 00	-			\vdash
		1	ntenar ustodia	308/57/01	Asbes	tos Containing Mathematics thermal systems	aterial (ACM)	Amount (Specify			En	т
Scope of Work (Check all that apply)			Staff?		(i.e.,	surfacing, VA	T, or	SF or LF)	l em	Repair	cap	nclo
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility			(12)			other miscellane			Removal	pair	Encapsulate	Enclosure
		Yes	No	N/A					-		ite	o l
Basem	ent	×			Th	ermal Pipe I	nsulation	25 lf	×			
Basement Basement		×				Thermal Pipe		10 lf	×			
<u> </u>	- ~							<u> </u>				
		_			-	24						
Name of Registered Wa	este Hauler		1	JDEP \	Vaste	Cubic Yards	Name of Rec	istered Landfill				
1		T	1	Hauler ID	No.	of Waste			AC11			
Stevens Environ	mental Serv	ices, inc	<u>. </u>	182	292	1 CU		GROWS Lan	dill		_	_
City, State	A 11	3.77				Disposal Date	City, State	/ 10	D 4			
	Allentow					10/26/16	-/-	/ Morrisville,	PA			
Completed By		Title		+ 7 f -		Signature	1 1/	Date	10/1	1/14	5	
Mahlon E. St	evens	P	rojec	t Mar	lager		1		10/1	1/1		

CK# 25292

Date of Notification (1)				Name	of Building	Owr	ner/Operator	(2)						
[/10/16			1401110	or Danamy	,	юнорогалог	Middlebro	ok	00	T 1	Λ	2016	3_
Agencies Notified	Type Notifica	tion		Street	Address									
EPA EPA	Initial												-	=
□ DEP ☑ DOL	Amended Amendme	nt#		City, S	tate, Zip C	ode	D :	NII	00540	-,01111 -	IÕE	E	13_	
<u> </u>	☐ Emergend	y (including					Pri	nceton, NJ		na Niversia				_
☑ DOH □ DCA	justificatio			Name	of Contact		iddlebroo	k	relepric	ne Numbe	31		82	
			-					<u>K</u>					<u>v</u>	\dashv
Name of Facility Manage	Abatamant is T	akina Dlago	(2)	FAC	ILITY INF	ORIVI	ATION	Type of Facilit	v (A)					-
Name of Facility Where		esidentia						School (K-						
Street Address		CSTGCITTIC	41					Subchapte	r 8 (Other t					
0.10017.1001000				144.00				Other (i.e., homes, etc		ommercia	l build	ings,		
City (5)								Square Feet	# of FI	oors	Blo	dg. Ag	ge	\neg
3 (8/2)	Pri	nceton,	NJ					3000		1	_	55-	+/-	_
County (6)					ty Code (7	') (S	TATE	Current Use (F	Prior if being	g demolisi	ned)			
	1ercer	0		ASCM	-	Nlas	as of Abston	ent Contractor (O/			_		_
Name of Monitoring Firm (8)		ing Owner		ASCIVI	NO.	ivai		ens Enviror		Service	s In	C		
, , ,						Stre	et Address	CHS ENVIOL	michitar	301 1100	,		_	=
Oli ect Address	PO Box	341						PO	Box 322	i i				
City, State, Zip Code						City	, State, Zip C			2 - 2 3				
C1	rosswicks, l	NJ 08515	5					Allentov	vn, NJ 0	8501				_
5 5	6700		Christian Control	phone		Tele	ephone No.	0.0600	Licen	se N o.	0400			
			-	A. T. M	0-4070		(609) 25			00	0493			_
AND	S				te (11)	Nar	ne of OSHA N		ÆCS					
	as Abstamant /			16		Stre	eet Address	1,	ALCS					-8
☐ Facility Closed/Vacat				ment		Otre	SEL Address	PO	Box 341					
☐ Abatement Performe						City	, State, Zip C	ode						_
Other - Describe:						1		Crosswic	ks, NJ (08515			No. 2012	_
Scope of Work (Check	all that apply)							z - t	la a a thua Day					
□>3 sf or >3 lf		⋉ Re	enovati	on			Mini-End	itainment with N closure	legative Pre	essure				
≥160 sf or ≥260 lf			emolitic					g Procedure empted (*) and N	lon-Eriable	Procedur	۵			
		lsl	ocatio	on			Non-La	stripted () and t	VOIT-I HADIC	1 1000000		bater	nent	
		N	omally	,		,	S	ž.			-	Тур	e	
Location Asbestos-Containing			l Solel ntenan		Asbes		Description of ontaining Mat		Amo	unt			Е	
TO BE ABA	TED		ustodia Staff?	al	(i.e.,		nal systems i		(Spe	77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Rer	Re	nca	Encl
IN Facilit (13)	у	,	(12)				er miscellane		0, 0,	ш <i>)</i>	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>=</u>		ate	Pe
Basem	ent		×			-	VAT		210) sf	×			\neg
Bascini	CIIC	_	-											\neg
		_							1					
-		_		-		_			1					
Name of Registered Wa	aste Hauler		1	JDEP V	Vaste	Cul	oic Yards	Name of Re	gistered La	ndfill				_
Stevens Environ		rices Inc	1	lauler ID		of \	Waste 5 CU			VS Lan	dfill			
City, State	mental SelV	1003, 1110	<u>- .</u>	102	L74	Dis	posal Date	City, State	1	· C LIMIL				-
Jily, otato	Allentow	n. NJ					0/28/17.	401/	Morr	isville,	PA			
Completed By		Title					Signature	17		Date		0.1-		
Mahlon E. St	evens	P1	rojec	t Mar	nager		111/				10/1	0/16)	

CK T25/4/

		NO				8:60 and 5:16		MEG	E		\mathbb{V}	E
Date of Notification (1)	/10/16			Name	of Building	Owner/Operato	r (2) Kelly	IN				
Agencies Notified	Type Notification			Street	Address			111 11 00	1-1	4 (2016	
EPA DEP DOL	Initial Amended Amendment #		F	City, S	tate, Zip C		Sea Girt, NJ 08	ASEEST	TOS (CON	(TR	= & &
⊠ DOH	Emergency (in justification)	ncluding	-	Name	of Contac		sea OIII, NJ O	Telephone Number		14,000		+
□ DCA	Cancellation		-		(inger Kelly					_	_
				FAC	ILITY INF	ORMATION						_
Name of Facility Where		ig Place identia					Type of Facility School (K-1)					
Street Address	Res	Identia	.1				Subchapter	8 (Other than K-12) private & commercia		ings,		
City (5)							Square Feet	# of Floors	Blo	g. Ag		
	Sea	Girt, N	IJ				2000	_ 2		75-	- /-	_
County (6)	onmouth				ty Code (7 ONLY)	7) (STATE		rior if being demolish	nea)			
				ASCM	No.		ment Contractor (9		o In	_		
Street Address PO Box 341 City, State, Zip Code						Street Address		mental Service	8, 111	U,		=
PO Box 341 City, State, Zip Code Crosswicks, NJ 08515							PO I	Box 322				
PO Box 341 City, State, Zip Code Crosswicks, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber						City, State, Zip	Code Allentow	n, NJ 08501				
		T		phone	No.	Telephone No.		License Ne.		8		
Crosswicks, NJ 0851: Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) Scheduled C					0-4070		259-9688	0	0493			_
Bill Weisgarber Start Date (10) Scheduled C 10/24/16 1					te (11)	Name of OSHA		IECS				
Occupancy Status Duri	1/4/: one)	10		Street Address						_		
▼ Facility Closed/Vaca	ted During Entire P	eriod of	Abate					Box 341				
		al Facility	y Hou	rs		City, State, Zip		NIT 00515				
-							Crosswici	ks, NJ 08515				-
Abatement Performed Outside of Normal Facility H Other - Describe: 8 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renc				on n		Mini-E Glove	bag Procedure	egative Pressure	e e			
			ocatio			A	(/		1	bater Typ		
Location	of	Used	ormally Solel	y by		Description			-	1 9 1		\dashv
Asbestos-Containing TO BE ABA IN Facili (13)	itenan ustodia Staff? (12)			tos Containing M , thermal systems surfacing, VA other miscellan	s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A							n	
Basement						Duct Insul		40 lf	×			
1st floor			×		Duct insulation 40 lf ×				X			
						(Wrap and	Cut)					_
Nome of Desistered VA	1 1	JDEP	Maste	Cubic Yards	Name of Rec	jistered Landfill			HA SEE			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.					0 No. 292	of Waste		GROWS Lan	dfill	3		
Çity , State	Allentown,	4				Disposal Date 11/4/17	City, State	Morrisville,	PA			
Completed By	Ti	le		4 N 1 -		Signature	11-1/	Date	10/1	0/1/		
Mahlon E. St	ievens	PI	ojec	t iviai	nager				10/1	0/10		_

(K112)27)

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

				N	-f D. II-li-	0	- (2)	1171	0.07	1	, ,	0046	\neg
Date of Notification (1)	/11/16			Name	of Bullaing	Owner/Operator	Thoft	1111	001	-	4 (2016	_
Agencies Notified	Type Notification			Street	Address			1					
EPA DEP	Initial							1	SEEST	25 (101	ITR(
	Amended			City, S	tate, Zip C				(=-		- 1	-	
⊠ DOL	Amendment #_ Emergency (inc	cluding				Pı	rinceton, NJ	08542					_
⊠ DOH	justification)			Name	of Contact			Telepho	ne Numbe	г			
□ DCA	Cancellation		_		K	irsten Thoft							
	I.			FAC	ILITY INF	ORMATION							-
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Facilit	y (4)					
		lentia					School (K-	12)					
Street Address							Subchapte	r 8 (Other ti	han K-12)	h. ild	000		
Vocabilitation (Committee Committee							Other (i.e., homes, etc.		ommerciai	Dulla	ngs,		
City (5)							Square Feet	# of FI	oors	Blo	g. Ag	je	\neg
7 (7)	Prince	ton. 1	ŊJ				2000		2		75-	H/ - _	_
County (6)				Coun	ty Code (7) (STATE	Current Use (Prior if being	g demolish	ed)			\neg
	/Iercer				ONLY)								_
Name of Monitoring Firm	n Hired by Building C	wner		ASCM	No.	Name of Abate	ment Contractor	(9)					
(8)	NA					Ste	vens Environ	mental S	Services	, In	c.		
Street Address						Street Address							
94753474375157517941173943004794475579944							PO	Box 322	!				
City, State, Zip Code					_	City, State, Zip							
							Allentov	vn, NJ 0	8501				_
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		Licens	se Ne .				
			(60	9) 25	9-9688	(609) 2	.59-9688		00	1493			_
Start Date (10)	Sched	duled Co	omple	tion Da	te (11)	Name of OSHA							
10/27/16		11	1/30/	16			1	MECS					_
Occupancy Status Duri	ng Abatement (Che	ck only	one)			Street Address		ezer komzete					
▼ Facility Closed/Vaca	ted During Entire Pe	riod of	Abate	ment			PO	Box 341					
☐ Abatement Performe	ed Outside of Norma	Facility	/ Hour	rs		City, State, Zip							
Other - Describe:	8					<u> </u>	Crosswic	ks, NJ (08515				_
Scope of Work (Check	all that apply)					· ·							
D-2-52#		ПР	novati	on			ontainment with N	legative Pre	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		De				Glove	bag Procedure		_				
250						Non-E	xempted (*) and	Non-Friable	Procedure		1 4		-
			ocation ally							Α	bate:		
Location	of	Used	Sole	y by		Description					-		
Asbestos-Containing		- Ann 6150	itenan istodia			tos Containing M thermal systems		Amo (Spe	1707.75	ת		E	m
TO BE ABA			Staff?	41	(1.6.	surfacing, VA	T, or	SF or		Remova	Repair	Encapsulate	Enclosure
(13)	*		(12)			other miscellan	eous)			oval	air	sula	Sure
		Yes	No	N/A								é	LD
						Siding		210	n ef	×			
Exterior]			X								-	_	-
<u>Exterior (</u>	Jarage		×			Siding		400) sg	×			
Name of Registered W	aste Hauler		100	JDEP		Cubic Yards	Name of Re	egistered La	ındfill				
Stevens Environ	mental Service	s. Inc	. +	lauler II	290.	of Waste 8 CU		-GROV	WS Lan	dfill			
City; State		,	- -	10.	-/-	Disposal Date	City, State				51		
5.17, 5.1010	Allentown, l	NJ	82.			11/30/16	KN/	Morr	isville,	PA			
Completed By	Title		-			Signature	1 1/	/	Date				
Mahlon E. St	1.00		ojec	t Mai	nager	114	1 //			0/1	1/10	5	

ASB-41

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

Completed by (Print or Type)	Fitle President	TBD	Signature		Bethlehem, PA		Date 10/11/2	016	-		
Rebco City, State PO Box 4238 Clifton, NJ	21636	Disposal D	00 cyds	. 4016	IESE PA Bethlehe City, State				-	-	MINISTER S.
Registered Waste Hauler	NJDEP Haule	rID# I Ci	ibic Yards of W	Vaste 1	Name of Registered L	andfill					
				-0.0							
MaintenanceShop Bldg.		X	Entire Bldg.	. Stand	I-By During Demo	200 cyd		e			
asbestos-containing	ls location normal by maintenance/c staff(12)		1		bestos-containing	Amount (Specify S LF)	For	R e m o v	R e p a i	Encap	E n c L
	Renovation 160 sf or <u>></u> 260 If				ull Containment w/nega ini-enclosure	ative pressure [Non-Exem	Gloveb				dure
Scope of Work (check all that apply) Demolition				-11	Clifton, NJ 07014						
Occupancy Status During Abatement Facility closed/vacated during at Abatement performed outside of Describe:	entire period of ab	atement.			590 River Rd. City, State, Zip Code						
10/25/2016	11/11/2016				Paragon Contract	ing, Inc.					
Scheduled Start Date (10)	Sched. Compl			-	Name of OSHA Monito			and the same			
Project Manager for Monitoring Firm Jason Hooper		Phone Numb			Telephone Number (973) 614-1600		License 00748	Numb	er		
Manasquan, NJ 08736					Clifton, NJ 07014	1					
City, State, Zip Code				_	590 River Rd. City, State, Zip Code						
Street Address 1805 Atlantic Ave.					Street Address						
Brinkerhoff Env. Services					Paragon Contracti	72.00					
Paramus, NJ 07652 Name of Monitoring Firm Hired by E	Bergen Bldg. Owner (8)		ASCM No.	_	Name of Abatement (Vacant Build		5			
City (5)	County (6)			100000000000000000000000000000000000000	nty Code (7) te use only)	1,200 sf Current Use (F	02 Prior if bein	a den	85	ed)	
230 E. Ridgewood Ave.						Square Feet	# of Floo		BI	dg. A	ge
Street Address				2,32		Other	(Private/C	omme			
Maintenance Shop Bldg.							napter 8 (C		han K	-12)	
Name of facility where abatement is	s taking place (3)					Type of Facility	(4) ol (K - 12)				
		FAC	ILITY INFORM	MOITAN	٨						
DCA Cancella	Jasor Jasor	Hooper						-			
DOH Emergency justification)	(includ Name of	The second secon				Telepho	ne Numbe	r	Description of the last of the		
DOL Amendment #	Parat	nus, NJ 076	52								
DEP Initial Amendr	Annual Control of the	. Ridgewoo te, Zip Code	d Ave.				LIC	EIVS	11/13		
Agencies Notified Type Notificat	Street A					1 5	SDESTO	5 U.	JIXII	1ÜL	C
1 10 / 1 1 / 1 16	Berge		Medical Cent								
Date of Notification (1)	II Name o	f Buildina Ow	ner/Operator (2	2/			OCT	4 ×	20	16	
Paragon Job#	_	L Notifi (Pursua	ication of As int to NJAC	besto 8:60-	s Abatement 7 and 12:120-7)		E C				
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	n ~	100000					w Jersey		T P P P	П	7\//	P	
Ch 44	19	NO.					ESTOS ABAT 0 8:60 and 5:16			<u> </u>	W	<u>E</u>	
Date of Notification (1)				1	Name o	of Building	Owner/Operator (2	2)	00T 1		2010		
10 /	12 /	16			Meg	a Land	Wall, Mega La	and Wall II,	Mega Land III L	LĈ/	#163	0-21	121
Agencies Notified	Type Notificat	ion				Address							
⊠ EPA					429	Market S	treet		ASBESTOS	COI	TRO	JL 8	×
□ DOLWD □	Amended				City, St	ate, Zip Ci	ode		LIULI	- 110			-
☑ DHSS	Amendmer		_		Sado	dle Brook	k, NJ 07763						
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ng		Name o	of Contact			Telephone Numbe	г	- 2 - 11		
(10/10 0.20-0)	☐ Cancellation				Lisa	Frantz				_			
					FAC	ILITY INI	FORMATION						
Name of Facility Where A	Abatement is Ta	aking Pla	ce (3))				Type of Facilit	y (4)				
Commercial Proper								☐ School (K-					
Street Address								Subchapte	r 8 (Other than K-12) private and commerci	al bui	Idina		
1919 Route 35								homes, etc		ai Dui	idirig	٥,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Wall								85000	1.5	4	-0		
County (6)					Count	v Code (7)	(STATE USE ONLY)	Current Use (I	Prior if being demolished	ed)		(a) (7) (b)	
Monmouth							•	Vacant					
Name of Monitoring Firm	Hired by Buildi	ing Owne	er (8)	I	ASCM I	No.	Name of Abateme	ent Contractor (9)				
Environmental Cor						001	Asbestos an	d Mold Servi	ces, Corp.				
Street Address							Street Address						
120 North Warren S	Street						3859 Sylon B	Boulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08608							Hainesport, I	NJ 08036	-				
Project Manager for Mon	itoring Firm		Т	Tele	phone I	No.	Telephone No.		License No.				
Ronald Jones				60	9-392	4200	609-702-0400)	00862				
Start Date (10)		cheduled					Name of OSHA N						
					_ / -	16	EMSL-Analyt	ical, Inc.					
Occupancy Status During					~1507000		Street Address						
☐ Facility Closed/Vacate						oribo	200 U.S. Rou						
Abatement Performed							City, State, Zip C						
				-		10702520	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	ll that apply)						☐ Full Con	tainment with N	legative Pressure				
≥3 sf or ≥3 lf			Reno				Mini-End	closure					
≥160 sf or ≥260 lf			Demo	olitio	n			g Procedure	Non-Friable Procedure				
			ls Lo	ocati	ion		2 11011 2.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	atem	ent T	vpe
Location	of		No	rmal	lly		Description of	of		-			1
Asbestos-Containing		1 1 3	Jsed S Maint		-		stos Containing Ma		Amount	em	Repair	nca	nclo
TO BE AB					Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	ity		(12)			other miscellane		0. 0. 2. /	_		late	œ.
		Ye	es	No	N/A							8858	
Front Loby & Variou	Loby & Various Rooms \square \square \boxtimes Mirror & Glass Panel Mastic 2500 SF \boxtimes \square												
Roof					\boxtimes	Flashin	g		10,000 SF	\boxtimes			
Roof] [Cemen	t Shingles		800 SF	\boxtimes			
Warehouse Boiler					\boxtimes	Paper (Gasket & Insulat	tion	1 SF & 20 SF				
Name of Registered Wa	ste Hauler			1 22	JDEP \	473F1 (147 F44	Cubic Yards of	Name of Re	gistered Landfill				
To Be Determined				Н	lauler II) No.	Waste 5	GROWS	Landfill				
City, State							Disposal Date City, State						
							11/24/16	Morrisvi	risville, PA 19067				
Completed By (Print or 1	Гуре)												
Kimberly A Trumb	etti	Offic	e Co	orc	dinato	r	LXI	1	1	n - 1	1-1	10	

ASB-41 MAY 11

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

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Date of Notification (1)	10 1			Name of Building Owner/Operator (2)	ID) E U	5 E	U W		.Ini					
10/07/2016				David Guralchuk		N= X		dure ement Type ep Enca psula te						
Agencies Notified	Type of Notific	ation		Street Address	THE OF		4 20	D	1					
() EPA	(X) Initial I	Notification		600 Ridgewood Rd.										
(X) NJDEP (X) NJ DOL	() Ameno	led dment#		City, State, Zip Code	710-10	LIGÊN	SING	10-5	20					
(X) DOH () DCA		ency (includin	ng	Maplewood, NJ 07040										
	() Cance	VI VIS 2 000		Name of Contact David Guralchuk	Tel_Numb	er								
		Ę	FACIL	ITY INFORMATION										
Name of Facility Where Abatemer	nt is Taking Place	(3)		Type of Facility (4)										
United Methodist Chur	ch			() School (K-12) () Subchapter 8 (other than K-12)										
Street Address 600 Ridgewood Rd.				(X) Other (i.e. private & commercial		etc.								
City (5)	County (6)	County Code	(7)	Sq. Feet: $5,000 \# of Floors 3$	Bldg. Age	80_								
Maplewood	Essex	(State Use On		Current Use (if being demolished):										
Name of Monitoring Firm Hired by	/ Blda. Owner (8)	ASCM No.		Name of Contractor (9)										
N/A		N/A		Industrial Safety & Environm	nental Solutio	ns, In	c.							
Street Address				Street Address										
N/A				3300 Hudson Avenue										
City. State. Zip Code N/A				City State, Zip Code Union City, NJ 07087										
Project Manager for Monitoring Fi	irm Telephone	Number		<u>Telephone Number</u> <u>License Nu</u> (201)325-0055										
				(201)323 0003										
Scheduled Start Date (10) 10/07/2016	(11) 10/09/20	Completion Date)16	e	Name of OSHA Monitor ISES, Inc.										
Occupancy Status During Abatem	nent (Check only	one)		Street Address										
() Facility Closed/Vacated Dur () Abatement Performed Outs	ring Entire Period	of Abatement		3300 Hudson Avenue										
(X) Other - Describe: Basement is not occupied		1 0		City. State. Zip Code Union City, NJ 07087										
Source of Work (Check all that an	anly) () Demolition												
(X) Minor Project (< 25 SF		1.53		() Full Containment with	n Negative Press	SUITE								
() Small Project (>25 <16 () Large Project (>160 SF	30 SF or >10 <	260 LF ACM)		(X) Mini-Enclosure (X) Glove-bag Procedure () Non-Exempted (*) a	e and Wrap and	Cut Pro	ocedur lure	е						
Location of Asbestos-	Is Location N	ormally Used		Description of ACM	Amount			ent Type	e					
Containing Material (ACM) To be Abated in Facility (13)	Solely by Ma Custodial S	intenance or	(i.e	thermal systems insulation, surfacing, VAT, or other miscellaneous.)	(Specify SF or LF)	Rem	Rep		En					
2	YES N					oval	air		clo sur e					
Basement boiler room	X		Pip	e insulation	~ 8 LF	X			1					
				n omer markete.										

Name of Reg. Waste Hauler Atlas Disposal Options, Is	nc. NJDEP Waste Hau	ler ID #	Cubic Yards of Waste ~ 1	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
ity State 11 East Blackwell Street, Dover, NJ 07801		Disp. Date 10/07/2016		City, State Pen Argyl, PA 18072
Completed by (Print or Type) Title		Signature	2	Date 10/07/2016
David Camacho Project Supervis				10/07/2010



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b (5)												of Floors	8	ildg. A	4ପୁ ବ		
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	Firm Pired by Build	ing Owne	er (8)	TAS	OM No.	100			ent Co	ntactor	(9)						
treet Address			_			15	Street A	deress	#283								
					<u>. </u>	10	City, St	ile, Zip	Code								
Jity, State, Zip Code						V	Vayne,	NJ 074				License No.	_				-
Project Manager for			1			9	73-63	8-1777				100000000000000000000000000000000000000			_		_
Start Date (10)						16	Enviro	vision (nc_						
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Facility Closed	Vacated During En	tire Parlo dormal Fr	a or ar	-tours	The Portuge.	ribat	City. S	tate, Zip	Code								•
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≥ 130 sf or ≥ 200	2 19			APPLIE OF			X	Non-6	zempl	8 (7) 08	rd Nor	1-Priatole Prox	-	CONTRACTOR OF THE PARTY OF	-	nt Ty	-
Asbestos-Com	aining Material (AC E <u>ABATED</u> N Facility	5(M)	N Used Mai	ormali Sole ntensi odial S	y by	Asbei (i.e	etos Co them	ntaining nel syste facing.	Materi ms Insi /AT, or	pistica.	1)	(Specif)	y	Removal	Repair	Encapsulate	
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Master bedroom				-	_	1				-				X			
Exterior siding			-		To To	11802116	o Status										
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Wayne, NJ 074	70		(n					-	nê A	LLULIYE	WALL .		1-				•
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* Do not use this form for ashestas livensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT Check#2611 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 11 / 16 Thomas Papathomas Agencies Notified Type Notification Street Address ☐ EPA X Initial DOLWD. ☐ Amended City, State, Zip Code X DHSS Amendment # Madison, NJ 07940 □ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Thomas Papathomas FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet City (5) # of Floors Bidg. Age Madison, NJ 07940 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 22 / 16 10 / Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation Mini-Enclosure > 160 sf or >260 lf Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Repair Used Solely by Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes N/A No X 7 LF Basement Pipe insulation П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Tente 10/11/16 N.Jevtic Owner Wenad

State of New Jersey

Cancellation

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

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e of Notification (1)			Name	of Buil	ding Owner	Operator (2	()				ve		
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(N.IAC 5:23-8)	justification)	- 1						-	no-	_br wress		U	
,	□ Cancellation □ Ca			n Matl						-			
			FA	ACILIT	Y INFOR	MATION	Type	of Facility (4)				
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illingboro, NJ 08046			Co	unty Co	de (7) (STAT	E USE ONLY) Curr	ent Use (Pric	or if being de	1110113110	,0,		
County (6)													3
urlington Name of Monitoring Firm	Hirad by Building Own	er (8)	IASC	M No.	Nat	me of Abate	ment Co	ontractor (9)					
name of Monitoring Firm	I mod by building bir	¥ 4			Gr.	Tech LLC							
						eet Address							
Street Address					576	Valley Ro	1 #283						
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Project Manager for Mor	nitoring Firm	1	Ciopiia						01107				
					97	3-638-177	7		01127				
	0-5-401	ad Com	nletint	Date		3-638-177 ame of OSH	7 A Monit	or	01127				
Start Date (10)	Schedul	ed Com	pletior	Date	(11) Na	ame of OSH	A Monit	90 40 70	01127				
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* Do not use this form for asbestos licensure exempted activities.

MAY 11

(VK, L	1990				o NJAC 8					E	PI		W	7 [7
Date of Notification (1)					Building C			(2)	TIEV.	E	<u>U5 12</u>	5 1			-	1
Agencies Notified	Type Notification			Street Ad	ldress					0	OT 4	4	004			
☐ EPA	× Initial			0:1 01.1	7: 0	4.			12 -	U	CT 1	4	201	0		
DEP X DOL	Amended Amendment	±			te, Zip Cod ood, NJ					Fuglisher Little	~~~	100	10.100	-	ellereri 5	
	Emergency (i			Name of					1		phone N	Numb	er	t tur	14	
DOH DCA	justification) Cancellation								h-1-2-1		-	rate di	ente inschilität	Capraca fal		
			FACILITY INFORMATION											_		
Name of Facility Where	Abatement is Taking	Place (3)							700	20						
Street Address									hool (K-12 bchapter		r than K	(-12)				
Stroot / tour soo								∑ Ott	ner (i.e. pr	ivate &	comme	ercial I	ouildi	ngs,	nome	s,
City (5)	4							Square	-	# of	Floors		Ble	dg. Ag	ge	-
Lakewood								1500		1						
County (6) Ocean						\(\daggregath\)		Current	Use (Prio	r if beir	ng demo	olished	i)			
Name of Monitoring Firm	Owner (8)		ASCM	No.				ment Con								
Street Address						1	Address	OVE CC	URT							
City, State, Zip Code								State, Zip								
Oity, Gtate, Zip Gode									D, NJ 08	3701						
Project Manager for Mor	nitoring Firm			Telephone No.				Telephone No. License No. 732-668-9078 1200								
01-15-1-(10)		Cabadula	d Con	anlation I	Doto (11)		732-668-9078 1200 Name of OSHA Monitor									
Start Date (10) 10/26/16		10/26/1		Completion Date (11)					PROFE	SSIO	NALS					
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)	Stre				Address	01/5 00	DT						
	cated During Entire F							State, Zip	OVE CC	JURI						
Other - Describe:							LAK	EWOO	D, NJ 08	3701						
Scope of Work (Check /	All That Apply)	ATOMICS:					-									
23 sf or ≥3 lf			enova						Containme Enclosure		Negativ	ve Pre	essur	е		
≥160 sf or ≥260 lf		× D	emon	UOII				Glove	ebag Proc	edure	. N	-1-1-1-	D		2	
		T					Ľ	≦ Non-	Exempted	(*) an	a Non-F	паріе			ment	
Locatio	n of		Locat Norma			De	scription	n of				1		Ту	ре	
Asbestos-Containing	g Material (ACM)		d Sole intena			tos Con	taining I	Material (A			mount		71		Ē	ш
TO BE AS		6-32	odial		(1.e.	surfa	cing, VA	AT, or	on,		Specify or LF)		Remova	Repair	caps	Enclosure
(13			(12)			other	miscella	neous)					oval	air	Encapsulate	sure
		Yes	No	N/A											· CD	
Exter	ior						siding			1:	500sf		X			
Name of Registered Wa	11/2	NJDEP V Hauler ID		Cubic of Wa	Yards este		Name of	Registe	ered Lar	ndfill						
NEWARK CARTING				4509		0.000	7 yards IESI		.7)	-	Diff					
City, State NEWARK, NJ						Dispo 10/2	sal Date 6/16	9	City, Stat BETHL		/ РА					
Completed by		Title				1	Signatur	е				Date		6		
JOSEPH PERLSTEIN OWNE												10/	10/1	0		

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

1 -	Name of Building (Dumar/Oner	ator (2)				- 1			
Date of Notification (1) October 8, 2016	Name of Building	Michae		0	300	48	1			
[] DEP [] Amend	Notification led Notification lment # ency (including ation)	Name of Contact	City, State, Zip Code Yonkers, NY 10710 Name of Contact Michael Ryan OCT 1 4 20							
	F	ACILITY INFORM	TATION		901			Ì	Product of P	
Name of Facility Where Abatement is Taking P Residence		ACIDIT IN OIL		Type of Facility (4)	School (k-12) Subchapter 8 (other	OS COI DENSIP	NTRC VG -12)	11.8	L. C.	
Street Address			[X			Other (i.e., private & commercial buildings, homes, etc.)				
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors 1	Bldg. A	Age 60			
Lavallette	Ocean			Current Use (Prior if b Residence						
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM No.	Name of	Abatement Contractor (9		Inc.				
Street Address			Street A		ute 9, Unit 61					
City, State, Zip Code			City, Sta	te, Zip Code Toms Ri	ver, New Jerse	ey 0875	55-12	71		
Project Manager for Monitoring Firm	Telephone Num	ber	Telephone Number License Number 732-349-9932 00624							
Scheduled Start Date (10) 10/19/16	10/20/16	pletion Date (11)			. Analytical					
	only one) During Entire Period of Dutside of Normal Facility		Street A City, Sta	1056 Ste	elton Road way, New Jerse	y 0885	4			
Scope of Work (Check all that apply) $ \begin{bmatrix} $		novation	[[[x	Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	re		e	No.		
						Abate	ment T	ype		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	dial (i.	Descripti sbestos-Co Material (. e., thermal sulation, s VAT, ther miscel	ontaining ACM) I systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior	X	Asbestos sid	ing		1200 sf	X				
		8								
		I DN COL	Vanda of W.	ste Name of Registe	red I andfill					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H 2022	23 3	Yards of Wa	T.R.R.F.	ICG Dandilli					
City, State Toms River, New Jersey	Disposal Date 0/21/16 Signature		town, Pennsylvania		Date					
Completed by (Print or Type) Nicholas Fernicola		7.6			10/0)8/16				

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



DEMOLITION / RENOVATION NOTIFICATION

Operator	Project #:	Postmark:		Notificati	on:		
	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled):	0	П.	IS ASBESTOS PRESENT? (Yes/No):	Y
Π.	FACILITY INFORMATION (identify owner, removal contract	tor and other o	perator)				
	OWNER NAME: Michael Ryan						
	Address:						
2 2	City: Yonkers State:	NY		Zip:	10710		
	Contact: Michael Ryan	fit		Tel:	917-567-9645		
	REMOVAL CONTRACTOR: Guardian Co.	ntracting, Ir	nc.		NJ License: 006.	24	
	Address: 1889 Route 9	9, Unit 61					
	City: Toms River State:	New Je	rsey	Zip:	08755		
	Contact: Nicholas Fer	nicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State:	3		Zip:			
	City.	2) <u>20-10 — Lenis Regeneralis</u>		Tel:			
	Contact:	D. D evetic	n E - Emergency	Renovation):	D		
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo			rediovation).			
V.	FACILITY DESCRIPTION (Including building name, numb	er and noor or	Toom number)				
	Building Name: Residence						
	Address: 2 Virginia Avenue						
	City: Lavallette State	: New J	ersey	County	Ocean		
	Site Location: Exterior				10		
	Building Size: 1200 sf # of	Floors:	1	Age in			
	Present Use: Residence		Prior Use:	Reside			
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, I	F APPROPRIA	ATE, USED TO DE	TECT THE PF	RESENCE OF ASBESTOS MA	TERIAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?	2				Nonf	friable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	Ĵ:					s Materia To Be
	1. Regulated ACM to be removed		RACM To Be		LOCATION	75773374	noved
	Category I ACM not removed Category II ACM not removed		Removed			Cat I	Cat I
	Pipes (Linear feet):						
	\$C.\$\(\delta\) (\$\delta\) (\$\delta\)	Ashe	stos siding		Exterior		
	Surface Area (Square feet): 1200 sf	1300	oron premie		A CONTRACTOR OF THE CONTRACTOR		
	RACM Off Facility Component (Cubic feet):			W.			
						10/2016	

	NOTIFICATION	N OF DEMOLIT	ION AND RENOVAT	ION (continued)	D
х.	DESCRIPTION OF PLANNED DEMOLITION C			espirating [DCT 1 4 2016
xi.	DESCRIPTION OF WORK PRACTICES AND EAND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed.	be roped off with caution ta	pe and warning signs. Plastic sheeting	ng will be placed on the gr	round below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	ardian Contracting,	Inc.		
		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.F.	R.R.F.			
	Location: Box	rdentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 101	494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	MENT AGENCY, PLEA	ASE IDENTIFY THE AGENCY	BELOW AND ATTA	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MI	M/DD/YY):	
xv.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):		C		
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe cond	itions or would cause ed	quipment damage or an unreasor	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOI ASBESTOS MATERIAL BECOMES CRUMBI			BESTOS IS FOUND	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND A AVAILABLE FOR INSPECTION DURING NO	EVIDENCE THAT TH	E REQUIRED TRAINING HAS	S BEEN ACCOMPLIS	PART M) WILL BE ONSITE DURING THED BY THIS PERSON WILL BE

October 8, 2016 Nicholas Fernicola / Project Manager

(Printed Name/Title)

(Signature of Owner/Operator)

(Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title)

xviii.

(Signature of Owner/Operator)

October 8, 2016 (Date)

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

1)		Name	of Building O	wner/Operate	or (2)	1. U 0.37%	3	2	. 11	F	2				
te of Notification (1) October 10, 2016					Walters	Resid	ential, LLC	INE		04	0		0		
gencies Notified Type of Notification X] EPA [X] Initial Notif		ti:	Street	Address	500 Bar	negat	Blvd. Nor	th			della Taran				
DEP [] Amended N	t #		City,	State, Zip Cod	e Barnega	at, NJ			QCT 1	4 20	16				
X] DOL [] Emergency justification X] DOH [] Cancellation	n)	,	Name	e of Contact Victor				Telephone L AS	Number BESTOS ()	- CNIA	71.5		-		
] DCA		TA	CHIT	Y INFORM	IATION		1700		LICENSING						
Name of Facility Where Abatement is Taking Place Residence	: (3)	r.e.	CILIT	1 IIVI OIG		Туре	of Facility (4) [] [x]	School Subcha Other	apter 8 (other t (i.e., private &	han k-1	2) ercial b	uildings	2		
Street Address							6	homes	, etc.)	Bldg. A			\dashv		
City	ounty (6)	10	Cour (STA	ity Code (7) ATE USE ONI	.Y)		re feet 1500 sf ent Use (Prior		1		60				
Suri City	cean				Name of		Resid	lence or (9)					-		
Name of Monitoring Firm Hired by Building Own N/A		ASC	M No.	Street A		Guar	dian Cor	ntracting, In	c.						
Street Address						Cado		, Unit 61	0075	5 127	1				
City, State, Zip Code	City, State, Zip Code					City, State, Zip Code Toms River, New Jersey 0875 Telephone Number License Number					5-12/	1			
Project Manager for Monitoring Firm	0.000	phone Num		Nate (11)	732-349-9932 00624										
Scheduled Start Date (10) 10/21/16	1	eduled Com 0/24/16	ipietion L	vate (11)	E.M.S.L. Analytical Street Address 1056 Stelton Road										
Occupancy Status During Abatement (Check onl [X] Facility Closed/Vacated D [] Abatement Performed Ou	THE THIE PARTY	re Period of ormal Facili	Abatementy Hours	ent	City, S	tate, Zip	Code		New Jersey	0885	4				
Scope of Work (Check all that apply)					[Full Contains Mini-Encloss		Negative Press	ure					
>3 sf or ≥3 lf	[7	enovation		[[x	j	Glovebag Pro	ocedure	Non-Friable P	rocedui	re				
[x] ≥160 sf or ≥260 lf	[x] I	emolition	n							ement T	ype			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Location rmally use Solely by nance/Cus Staff (12)	todial		Descrip Asbestos-C Material (i.e., therm insulation, VA' other mise	Contair (ACM nal syst , surfac T, or	ning f) ems ing,		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 C S L F F			
	YES	NO	N/A	Asbestos	siding	<u> </u>			1500	X			L		
Exterior house X				ASUESIUS						-	-	-	+		
				1				-		+			1		
1 Winds Timber	l N	JDEP Wast	e Hauler	D No. Cu	bic Yards of	Waste	Name of T.R.F	Registered	Landfill						
Name of Registered Waste Hauler Guardian Contracting, Inc.		20)223	al Date	3 Cir	ty, State									
City, State Toms River, New Jersey				5/16 Signature	<u>T</u>	allytov	wn, Pennsy	/Ivania		Da 10	te)/10/1	6			
Completed by (Print or Type) Nicholas Fernicola *Do not use				C L	linanghana	oromn	ted activitie	2S.							

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



DEMOLITION / RENOVATION NOTIFICATION

Operator F	Project #: Po	ostmark:		Notificati	on:	and the second s	
L.	TYPE OF NOTIFICATION (O - Original R - Revised C - Car	ncelled):	0	П.	IS ASBESTOS PRESENT? (Yes/	No):	Y
2. 200	FACILITY INFORMATION (identify owner, removal contractor		erator)				
Ш.	OWNER NAME: Walters Resider		**		55		
	Address: 500 Barnegat Blvd. Nort	th					
	City: Barnegat State:	New Jers	sey	Zip:	08005		
	Contact: Victor		<u> </u>	Tel:	609-607-9500		
	REMOVAL CONTRACTOR: Guardian Contr	racting, Inc	3.		NJ License: 00624		
	Address: 1889 Route 9, U				•		
	Tidd 600.	New Jer	sey	Zip:	08755		
	Ni shalon Formi			Tel:	732-349-9932		
	Contact: Nicholas Perind OTHER OPERATOR (if different)				NJ License:		
	Address:						
	1 0			Zip:			
	City.			Tel:			
	Contact: TYPE OF OPERATION (D - Demo O - Ordered Demo R	Denomina	F - Emergency Re	novation):	D		
IV.	1112010101						
V.	FACILITY DESCRIPTION (Including building name, number a	and noor or r					
	Building Name: Residence						
	Address: 213 N 21 st Street			- Ct-	: Ocean		
	City: Surf City State:	New Je	rsey	County	, Occan		
	Site Location: Exterior				Years: 60		
	Building Size: 1500 sf # of Flo	oors:	1	Age in			
	Present Use: Residence		Prior Use:	Reside		TAT.	
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	APPROPRIA'	TE, USED TO DETE	CT THE PE	(ESENCE OF ASDESTOS MATER	drus.	
	IS MATERIAL ASSUMED TO BE ASBESTOS?					Nonfi	
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be removed		RACM To Be		LOCATION	127/0/2012	Materia Γο Be ioved
	Category I ACM not removed Category II ACM not removed	,	Removed	4		Cat I	Cat I
	Pipes (Linear feet):						
	Surface Area (Square feet): 1500 sf	Asbest	tos siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/21	1/16	Complete: 10	/24/16	

			7107 T. 170 E.
NOTITIC ATTON	OF DEMOTITION	AND RENOVATION	(continued
NULLER ALITY	THE DESCRIPTION OF THE PERSON	ANDRENOVATION	COMMITTEE.

X.	DESCRIPTION OF PLANNED DEMOLITION OF	RENOVATION WOI	RK, AND METHOD(S) TO I	BE USED	OCT 1.4 2016
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:	IGINEERING CONTR	OLS TO BE USED TO PRE		ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution taped in double 6 mil. Bags, s	e and warning signs. Plastic shee ealed and labeled and placed in a	ting will be placed on the g locked container for dispos	round below and the asbestos will be sal.
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting,	Inc.		
	Address: 1889	Route 9, Unit 61		-γ	
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	olas Fernicola		32	
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	lentown Road		T	2
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732)1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEAS	SE IDENTIFY THE AGENC	Y BELOW AND ATTA	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (N	/M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
e e	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condit	ions or would cause equ	nipment damage or an unreas	onable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE	OWED IN THE EVEN D, PULVERIZED, OR	NT THAT UNEXPECTED A REDUCED TO POWDER	SBESTOS IS FOUND	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT THE	REQUIRED TRAINING HA	AS BEEN ACCOMPLIS	PART M) WILL BE ONSITE DURING SHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)		(Signature of Owner/O	perator)	October 10, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	N IS CORRECT.		1 1	
LCS VIII	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/O	perator)	October 10, 2016 (Date)
	V				

(K. 5.159	(1			UNG 6.00		(0)						
Date of Notification (1) 10/11/16		Ma	ırtin Je	nsen Pri	er/Operator ivate Hom	(2) e		OCT 1 4	2016			4
Agencies Notified Type Notification		Stre	eet Addre	ess								
EPA Initial Amended Amendment #_		City	, State,	Zip Code vkin NJ	08050			EESTOS JOH LOEMUM			43.F.V.	
Emergency (inc	uding		me of Co				- [-	Telephone Numb	jer			
DOH justification) DCA Cancellation			artin				1					_
	(0)		FACILIT	Y INFORI	MATION	Type of	Facility (4)					_
lame of Facility Where Abatement is Taking P Martin Jensen Private Home Street Address	lace (3)					Sch Sub	nool (K-12)	Other than K-12) ate & commercial	buildin	gs, ho	mes,	
City (5)						etc Square	.)	# of Floors	Bld	g. Age		
Mannhawkin NJ 08050						1000+ 1 35+						
County (6) Ocean		Co	ounty Co	de (7) E ONLY)		Current Use (Prior if being demolished) House						_
Name of Monitoring Firm Hired by Building Ow N/A	/ner (8)		ASCM N	10.	Per	naco Inc	S	actor (9)				_
Street Address						t Address Box 329						
City, State, Zip Code					City, We	City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm		Te	elephone	e No.		Telephone No. License No. 856-753-9800 00727						
Start Date (10)	Scheduled (Comp	oletion D	ate (11)	1	Name of OSHA Monitor Same						
10/24/16 Occupancy Status During Abatement (Check					Stre	Street Address						
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Aba	ateme	ent		City	, State, Zip	Code				5.77	
Scope of Work (Check All That Apply)							8					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Beautoria	novati				Mini	-Enclosure	nt with Negative I edure (*) and Non-Fria			9	
	1					Nor	-Exempted	() and Norm na	DIC 1 10	Abate	ment	
	100000000000000000000000000000000000000	ocatio			Descript	5			-	Ту	pe	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenar	y by nce/	Asbest (i.e.	tos Containin thermal syst surfacing, other misce	g Material ems insula VAT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A					4000.05				-
Exterior siding			Х		Exterior	siding		1000 SF	X			
												F
		~							GII			
Name of Registered Waste Hauler		1 7	JDEP V		Cubic Yar	ds		Registered Land	HII			
United Roll Off		2.7	lauler ID 2459	INU.	3	Date	G.R.O.	te				
City, State Elm NJ			V 455 655 650		10/28/16 Morrisville PA 19067 Signature Date							
Completed by Anthony T Perna	Title Presid	itle Sign President Sign							10/12	/16		_

CK #25294

Date of Notification (1) 9/21/16	Name	of Building	Owner/Operator	(2) ETS	NERS	1			-	
Agencies Notified Type Notification	1.	Street	Address		Rosedale Ro	4.71		804	6	
☐ DEP ☐ Initial ☐ Amended Amendment:		City, St	tate, Zip C		inceton, NJ 0	UCI	4	ZUI	0	pripato."
DOHjustification)		Name	of Contact		mecton, 143 0	Telepho: Nimbe	۷۲			\exists
☐ DCA ☐ Cancellation			E	Bill Lehman		ASB		and the second	E	- North
		FAC	ILITY INF	ORMATION	Tune of Engility	/A)				_
Name of Facility Where Abatement is Taki	ng Place (3) <u>ım Librar</u>	у			Type of Facility School (K-1)					
Street Address Rose	edale Rd.				Other (i.e., phomes, etc.	rivate & commercial)	build			
City (5)	NIT 004	E / 1			Square Feet 10000	# of Floors	Blo	g. Ag 55+		
County (6)	n, NJ 08:	Coun	ity Code (7	7) (STATE	-	rior if being demolish	ned)	33.		=
Mercer Name of Monitoring Firm Hired by Building	I ASCM	-	Name of Abaten	nent Contractor (9	9)				=	
(8) MECS	7,000				mental Service	s, In	С		_	
Street Address	Street Address				DO I	222 222				
PO Box 34	41			City, State, Zip 0		Box 322				_
City, State, Zip Code Crosswicks, NJ	08515		F35	Oity, State, Zip C	Allentow	n, NJ 08501				_
Project Manager for Monitoring Firm	Te	elephone		Telephone No.	50.0600	License Ne.	0402			
Bill Weisgarber		609) 24		(609) 2: Name of OSHA	59-9688 Monitor		0493			_
Start Date (10) Sch 10/3/16	eduled Comp 10/3	pietion Da 31/16	ite (11)	Name of OSHA		IECS				_
Occupancy Status During Abatement (Ch	eck only one	e)		Street Address		Day 241				
☐ Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Aba	atement		City, State, Zip (30x 341				=
Other - Describe:	iai i dollity i i			——————————————————————————————————————	Crosswicks, NJ 08515					
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov			☐ Mini-Er	ontainment with Ne nclosure pag Procedure exempted (*) and N	egative Pressure on-Friable Procedur	e e			
-	Is Loca Norm						A	bater Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used So Mainter Custo Stat (12	olely by nance/ odial ff?		Description of tos Containing Ma, thermal systems surfacing, VAI other miscellane	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor	 	(Т	hermal Pipe	Fittings	350	×			
Basement	,	c		VAT		225 sf	X			
Lobby					ray-on	940 sf	×			_
				I Cubia Vanda	I Name of Pos	gistered Landfill				
Name of Registered Waste Hauler Stavens Environmental Services Inc. 1920				Cubic Yards of Waste 8 CU	Name of Re	GROWS Lan	dfill			
Stevens Environmental Services, Inc. 18292			272	Disposal Date	City, State	/				
Allentown, NJ				10/31/16	1/20/	/ Morrisville,	PA			
Completed By Mahlon E. Stevens Project			nager	Signature	11 1/	Date	10/1	1/16	5	_

CK#25268

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 2:50 and 5:16)

Nõ	(°K				6	3.00 and 27.27	2 2000 2 2000		l V		= [,	-
Date of Notification (1)	21/16		N .	ame of	f Building	Owner/Operator (ETS					
Agencies Notified	Type Notification		S	treet A	ddress		Rosedale Rd	OCT 1 4	20	16		
MA EPA □ DEP MA DOL	Amended Amendment #_		-	ity, Sta	ite, Zip Co	ode Pri	nceton, NJ 08	3541			<u>.</u>].	
⊠ DOH	Emergency (independent of justification) Cancellation	cluding	1	lame o	f Contact		Telephone Number					
☐ DCA	Caricellation		_			ill Lehman						=
		Di	200	FACI	LITY INFO	ORMATION	Type of Facility	(4)	-			-
Name of Facility Where	Abatement is Taking Brighan	n Libr	ary				School (K-12					
Street Address	Rosed	ale R	d.			_	Other (i.e., property) homes, etc.)	rivate & commercial				
City (5)	Princeton						Square Feet 10000	# of Floors	Bld	g. Ag 55+		
County (6)		, 143 0	0341		y Code (7) (STATE		ior if being demolish	ed)			
Name of Monitoring Fire	Mercer Thired by Building Control	Owner	_ A	SCM N	-	Name of Abatem	nent Contractor (9)	, T			
(8)	MECS						ens Environi	nental Services	s, Inc	<i>.</i>		-
Street Address	PO Box 34	1				Street Address	PO E	322				_
City, State, Zip Code	Crosswicks, NJ	08515				City, State, Zip C	ode Allentow	n, NJ 08501				_
Project Manager for Mo				hone N	Vo.	Telephone No.		License No.	100			
	eisgarber		_		3-4070	(609) 2:)493			_
Start Date (10)	Sche	duled C	omplet)/31/		e (11)	Name of OSHA Monitor MECS						
10/3/16 Occupancy Status Dur	ring Abatement (Che	ck only	one)			Street Address	DO I	30x 341				
☐ Facility Closed/Vac	ated During Entire Pe	eriod of	Abater	nent		City, State, Zip C		50X 341				=
Abatement Perform Other - Describe:	5pm to 2 am	ai Facility	y Hour	5		City, State, Zip C		ks, NJ 08515				_
Scope of Work (Check	(all that apply)					☐ Full Co	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	novati molitio	on n		Gloveb	nclosure pag Procedure remoted (*) and N	on-Friable Procedur	e			
		ls l	ocatio	n		IX I VOIT E	tomptoe () and			bater		
Locatio	s of		ormally i Solely			Description of	of ·			Тур	е — Т	
Asbestos-Containing	g Material (ACM)	Mair	ntenan ustodia	ce/	Asbes	stos Containing Ma , thermal systems	aterial (ACM)	Amount (Specify	Z	T	Enc	m m
TO BE AB	lity		Staff? (12)		(10.	surfacing, VAT	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Other missenance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>a</u>	7	late	IГе
1st F	loor		X		Т	hermal Pipe	Fittings	250	×			
1st F			×			VAT		225 sf	X			
1001												
							- /5					
Name of Registered V		ac Inc	1 +	JDEP Hauler II	O No.	Cubic Yards of Waste 4 CU	Name of Reg	istered Landfill GROWS Lan	dfill			
Stevens Enviro		- 2000	<u>- .</u>	18.	292	Disposal Date	City, State]				
	Allentown,					10/31/16, Signature/	HA	/ Morrisville,	rA			
Completed By Mahlon E. S	Stevens		rojec	t Mai	nager	Jighang d			9/2	2/16		_

ASB-41 MAR 00 * 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)

Check 9794

	Date of Notification (1)	001	10 2011	, Nar	ne of	Building Owner/O	/3		AL	DE G	E	- W	E	
Ti.vy	Agencies Notified	Type Notificat	0, 2010		eet Ad	Lenny	Liu	IRS:	Cart	Structi	らつ			
	□ EPA	★ Initial		ter Hogs	3 1973	3808	5 F	Fleet	Aus	OCT	1 4	20	6	14
100000	□ DEP	Amende Amenda		City	, Stat	e, Zip Code	1	CIL	1	17 070	180		*	
	DOL	☐ Emerger	ncy (including	Nar	me of	South P	lain	hie la	//	Telephone Nun		THO	ROL	8
	D DCA	justificati Cancella			L	enny Cu	251			700	1	· IKII		
	Name of Facility Where	Abatement is T	aking Place (3)	I	FACIL	ITY INFORMATION	ON	Type of F	acility (4)		51171		
	Single		y Du	llin	5				ool (K-12	`				
	Street Address		/	725)		4.	□ - Subo	er (i.e. pr	8 (Other than K-12 tvate & commercial	2) al build	lings,	home	s,
	City (5)	Son	NJ		08	3830		Square Fe	eet	# of Floors	В	ldg. A	ge 57-	-
	County (6)	loson				Code (7) ISE ONLY)		Current U	. 3	rifbeing demolish	ned)	115		
	Name of Monitoring Firm	n Hired by Build	ing Owner (8)	1	ASCM	No.	Name	of Abatem	ent Cont	A B	9 . 6	. ,		
ne	Street Address	enna	legics			MA	Street	Address	156	hnoleg	169	9 8	In	6
241	P.O.	Box .	337				P	0. B	OX	337				
L	City, State, Zip Code	+44	N ₂	0	8	533	City, S	State, Zip C	ode	ZUA +a	0	0.5	13	
NE	Project Manager for Mo	rif g Firm		1.5	ephon	Market Harmon and the color	We she s	hone No.	77	License N	0.	10		
-	Start Date (10)	chenk	Scheduled	6Comple		758-3365 Date (11)		758~		5 0		71	- Cream	
j	10 -24	1-160	10	- 25		16		EPC-		nnologies	I	nc		
300	Occupancy Status Durin	ng Abatement (0	Check Only One	2)				Address	2	337				
マラ	Facility Closed/Vac	cated During En ned Outside of I	tire Period of Al Normal Facility	oatemen Hours	t .			State, Zip C		,	-			
>	☐ Other – Describe:						N	ew Eg	ypt	TU	280	5.3	3	
5	Scope of Work (Check A	All That Apply)						7 Full Co	_tainma	ent with Negative F	Process		0	ì
20	2 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7.0		enovation emolition				☐ Mini-Er Gloveb	nclosure ag Proc					
		40	•	otion				Non-E	kempted	(*) and Non-Friat	JIE PIO	Abate		
	Locatio	n of	N	_ocation ormally		De	scription	n of			-	Ту	ре	
ż	Asbestos-Containing TO BE AB	g Material (ACN	1) Mair	Solely b	/	Asbestos Cont (i.e. thermal				Amount (Specify	Re	70	Enc	En
	In Fac	ility	Custo	odial Staf (12)	ff?		cing, VA			SF or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)		Yes	No	N/A						<u>a</u>		ate	(e)
	Basemer	1+	X			Pipe I	<u>1954</u>	lation	n "	120 LF	X			
								***********			+-			
		W									-			
	Name of Registered Wa	este Hauler		NJD	EP W	/aste Cubic	Yards	N	ame of	Registered Landfil	1			
		chnolog	ies		ier ID 700	00	0		Nast	e Manage	nc_1	t o	F P	A
	City State	_	N2	ς		11	sal Date		ity, State Norn	isuille I	PA			
	New E	2Ah!	Title	. ^			Signatur				ate	.10	~1.	(
	Steve Scho	en her	the	side	1 1		26	ELP D	Che	h	10	10		9

CK#3008

Data - 6 M - 65 - 15 - 163					#-CS-MAPINE_	E P E	11 1/1/	E !	-	
Date of Notification (1)			of Building Owne			E U E				
Agencies Notified Type Notification		Street	Address	100	0474					
EPA D Initial		100				OCT 1	4 2018	i	mar	
DEP Amended	.e.	1 71	ate, Zip Code	: 10						
Emergency	(including	(G)	+ Brunsu	W. C.	Memse	Sy	A. P. T	Li.		Ē
DOH justification) DCA Cancellation			OD 4			Telenhons	- Manager	-	egi ja en en News	
			CILITY INFORMA	TION				-	_	-
Name of Facility Where Abatement is Takin	7				Type of Facility	(4)				
Street Address	tence				School (K	-12) er 8 (Other than	v 400			
					Other (i.e.	private & comm	ercial buil	dings	, hom	28,
City (5)				1	etc.) Square Feet	# of Floors	a page	Bidg. /	Ace	
Cost Brunswick				A vote of the control	2000	12	No. of Street,	7	5+	
County (6)			Code (7) USE ONLY)	i	- /	nor if being dem	(bsneila			
M. dd (a Se x Name of Monitoring Firm Hired by Building	Owner (81	1	M No.	Mama	of Abatement C	<u>, q</u>				
, Z	Omnor (O)	1,400	, , , , , , , , , , , , , , , , , , ,	8	Insulation Co					
Street Address				7	Address					
07 014 7 0					lontrose Rd					
City, State, Zip Code ·				4	tale, Zip Code Neck, New J	omay 37772				
Project Manager for Monitoring Firm		Telepho	re No.	1	ose No.	Licens				
~ ~ ~				2	294 1757	0002				
Start Date (10)	Scheduled C		Date (11)	Name	of OSHA Monito	r				
Occupancy Status During Abatement (Chec	10 (25)	16		04	637					
Facility Closed/Vacated During Entire F		t		Street	Address					
Abatement Performed Outside of Norm	al Facility Hou	aneni TS		City, S	tate, Zip Code					
Other – Describe:	-tpm									
Scope of Work (Check All That Apply)	V			h	r					- Contract
≥3 sfor ≥3 lf ≥160 sfor ≥260 lf	Renov			×	Full Containm Mini-Enclosur	eni wilh Negalis	re Pressu	æ		At Light replay
				F	Glovebag Pro	cedure				e di agrippione
	is Loca	ໜ້າຕາ			1 Non-Exemple	d (*) and Non-F	riable Pro		e ement	
Location of	Norm	aliy	D	escription	αf	Control of the Contro	handher		pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainten	ance/	Asbestos Cor	ntaining M	laterial (ACM) s insulation,	Amount (Specify	77	and the second	E P	191
in Facility (13)	Custodiai (12)		surfa	acing, VA	T, or	SF or LF)	Removal	Repair	caps	nelo
(13)	V I	1	oiner	miscellan	eous)		IBAG	alr	Encapsulate	Enclosure
h	Yes No	N/A	1 1		1		an laboration	-	0	_
Dasemont	4	IX	duct	inso	10+100	751F	X	- Children	e belleviate a	an all and a
		1					_			
	Appendix App						-			
Name of Registered Waste Hauler	Commence Com	NUDEP W	facto Cubic	e Yards	87	De date - 45	100		- Contraction	A dense and
Ace Insulation Co Inc	j	Hauler ID			GROW	Registered Lan	UNI			Malingan
City, State		2086	Diar	sal Date						
Colt Neck, New Jersey			1 , 7-	5al Liate	City, State Tullytov					Paper of the the
Completed by	Title		18	Signature	1		Date /	1		of the party of the case
Bree McGuire	Secretary	Treasu	rer	77	uf	The same and the s	10/10/	16		Prill Dr. or Fallen

State of New Jersey - Notification of Asbestos Abatement Check # 12416 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ October 7, 2016 Agencies Notified Notification Type 1 ENVIRONMENTAL HEALTH & SAFETY DEPT. ■Initial Notification **D**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification #3 – DCA new start and completion dates City, State, Zip Code UCI 1 4 2016 X DOL PISCATAWAY, NJ 08854 ■ Emergency (including ☑ DEP- No Longer REQUIRED Telephone Number Name of Contact justification) X DOH MICHAEL SMITH, ENV. □ Cancelled LICENSING **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) SCHOOL DENTAL MEDICINE, BLDG# 7253 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County Code (7) City (5) County Current Use (prior if being demolished): ACADEMIC NEWARK (6) (State Use Only) **ESSEX** Name of Monitoring Firm Hired by Bldg. ASCM No. Name of Contractor (9) Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 10/21/16 11/21/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD X Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ■ Mini-Enclosure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ × > 160 sf or > 260 lf ■ Demolition ☐ Glovebag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Used Description of Asbestos Containing Material Location of Asbestos-Containing Amount (Specify SF or Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, Remove Repair Encap Enclose surfacing, VAT, or other miscell.) Staff? (12) YES NO NA C-Level X 14000 SF VAT Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 15 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill Rd. 11/21/2016 NJDEP # 12561 Morrisville, Pa 19067 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 215-736-1700 NJ DEP # 4509 Completed by (Print or Type) Date Raymond C. Pedalino October 07, 2016 SENIOR PROJECT MANAGER RAYMOND C. PEDALINO

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

GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ September 30, 2016 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. □Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X Amended Notification #2 -**DEPA** City, State, Zip Code new start and completion dates DCA PISCATAWAY, NJ 08854 X DOL ■ Emergency (including Telephone Number Name of Contact X DEP- No Longer REQUIRED iustification) MICHAEL SMITH, ENV. X DOH □ Cancelled MISESTOS CONTROL & **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) SCHOOL DENTAL MEDICINE, BLDG# 7253 ■Subchapter 8 (other than K-12) ■ Other (i.e. private & commercial buildings, homes, etc.) Street Address RBHS NEWARK CAMPUS # of Floors: 4 Bldg. Age: 60+ years Sq. Feet: N/A County Code (7) County Current Use (prior if being demolished): ACADEMIC (State Use Only) NEWARK **ESSEX** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. ASCM No. 0098 Owner (8) GREENWOOD ABATEMENT CONSULTANTS, INC. ATC Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 **BRIAN KEARNY** 973-492-0477 00840 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 10/31/16 10/07/16 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ■ Mini-Enclosure **X**Renovation > 3 sf or > 3 lf ☐ Glovebag Procedure / Wrap & Cut ☐ Demolition X > 160 sf or > 260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose SF or LF) VAT, or other miscell.) Staff? (12) YES X 14000 VAT X C-Level SF Name of Registered Landfill 15 CY Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill Rd. 10/31/2016 NJDEP # 12561 Morrisville, Pa 19067 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 215-736-1700 NJ DEP # 4509 Date Completed by (Print or Type) September 30, 2016 Raymond C. Pedalino SENIOR PROJECT MANAGER RAYMOND C. PEDALINO

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) September 21, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS Amended Notification #1-DCA new start & completion dates City, State, Zip Code X DOL PISCATAWAY, NJ 08854 ■ Emergency (including ☑ DEP- No Longer REQUIRED Name of Contact justification) X DOH MICHAEL SMITH, ENV. □Cancelled ASBESTOS CONTROL A **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL DENTAL MEDICINE, BLDG# 7253 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK **ESSEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 09/30/16 10/31/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ■ Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf ■ Demolition ☐ Glovebag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO YES C-Level X VAT 14000 SF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill Cubic Yards of Waste: 40 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 10/31/2016 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT September 21, 2016 Raymand C. Pedalino MANAGER

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

GAC Project # 060-16			(1 41	Shall to 11.0.PA.	C. 0.00-7 and 12.120-7)					
Date of Notification (1)					Name of Building Owne	er/Operator	(2)				
Septe	mber 9,	2016			RUTGERS, THE	STATE U	NIVERS	SITY O	F N.I		
Agencies Notified		Notification			Street Address			(8)	TE E		
Fire		⊠Initial	Notific	ation	ENVIRONMENTAL	L HEALT	H & SA	FETY	DEPT.		
©EPA		☐ Amend	ded No	tification#	27 ROAD 1, BLDG						5.
DDCA		☐ Emerc	encv	(including	City, State, Zip Code	1000, 2	111100	10110	- dati e		1
⊠ DOL			cation)		PISCATAWAY, N.	1 08854	n	T-1	1 001	_	
DEP- No Longer REQUI	RED	Cance			Name of Contact	7 00004			Number	6 —	1111
⊠ DOH		= Cance	iicu		MICHAEL SMITH,	FNV	TOIC	priorie	<u> adilibei</u>	-	10000
1					HEALTH & SAFET		1 7 55			-	
				FACILITY IN	IFORMATION	PERSON	ASS		8 00km		-
Name of Facility Where Abate	ment is Ta	king Place (3)		THOILITT IN	Type of Facility (4)		Commission of the Commission o		ENSING		
SCHOOL DENTAL MI	EDICINE	BLDG#	7253		School (K-12)						
Street Address					Subchapter 8 (other the	an K-12)					
RBHS NEWARK CAN	DITE				Other (i.e. private & co	ommercial b	ildinas h		۱ م		
INDIO INTENANA CAIR	IFUS				Sg. Feet: N/A	# of Floors	· A Ric	la Age	· 60+ v	oore.	
<u>City (5)</u>	County (6	5)	Coun	ty Code (7)	<u> </u>	11 01 1 10010	5. 4 <u>DIC</u>	ig. Age	. 001 3	reals	
NEWARK	ES	SSEX	(State	Use Only)	Current Use (prior if beir	na demolish	ed): AC	ADEMIC	•		
						ng dominion	ouj. 710	AD LINI	5		
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCN	No.	Name of Contractor (9)						
ATC			009								
					GREENWOOD ABA	TEMENT	CONSL	JLTAN	TS, INC	j.	
Street Address					Street Address						
3 TERRI LANE											
					268 MAIN STREET						
City, State, Zip Code	120272700000				City State, ZipCode						
BURLINGTON, NJ					BUTLER, NJ 07405						
Project Manager for Monitoring	Firm	Telephone N			Telephone Number		Licen	se Numb	oer		
BRIAN KEARNY		609-386-	8800								
Scheduled Start Date (10)		C-1-1116			973-492-0477		0084	40			
09/23/16		Scheduled C	ompletio	on Date (11)	Name of OSHA Monitor						
03/23/10	E .	10/24/16			ENVIROVISION, IN	c					
Occupancy Status During Ab	atement (Check only or	ne)		Street Address	0.					
Facility Closed/Vacated Du	uring Entir	e Period of Al	natemer	nt	Olicel Address						
Abatement Performed Out	tside of No	omal Facility	Hours -	.,	20-21 WARGARAW	ROAD					
Describe		onnai r domity	10013		City, State, Zip Code						
XOther - Describe:											
Schedule: 5PM - 5AM (24	HOURS	& WEEKE	VDS A	S NEEDED)	FAIRT ATOM ALL						
200					FAIRLAWN, NJ						
Scope of Work (Check all that a	apply)										
						Full Conta	inment wi	th Nega	tive Pres	sure	
□ ≥ 3 sf or ≥ 3 lf				⊠ Renovation		Mini-Enclo		-			
≥ 160 sf or ≥	260 lf			Demolition		Glovebag		e / Wran	& Cut		
					X	Non-Exem				rocedu	ire
Location of Asbestos-Containin		cation Normall	y Used		estos Containing Material	Amo			nent Type		-
Material (ACM) in Facility (13)		y by Maint./Cu	stodial		al systems insulation, surfaci		cify SF	7.75			
	Staff? YES		NA	VAT, or other miss	cell.)	or LF	-)	Remove	Repair E	encap E	nciose
0.1		1363									
C-Level	X		VAT		140	00 SF	X				
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste:	15 CY	Name	of Regie	tered Lar	dfill	
See Hauler Below #1 & 2	:	See Below			Cubic Faids Of Waste.	1001			North L		
Hauler #1) Greenwood Abaten	ent Conce	Itante Inc.	Rutla- B	JI 07405		Diazzata					
NJDEP # 12561			James, I	CUP100		Disposal [10/24/20			City, State 100 New		
Hauler #2) Newark Carting, In	c., Newar	k, NJ 04509				10124120	10		Rd. Morri		
NJ DEP # 4509		501			1	Sing-	- 4		9067	-11	A17.0
						7.00	The second second	2	215-736-1	700	
Completed by (Print or Type) Title					Signature		Date				
RAYMOND C. PEDALINO SENIOR PROJECT					Raymand C. Per	11.	-	eptem	ber 9,	2016	
	YMOND C. PEDALINO SENIOR PROJECT MANAGER										

1 111100 ------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 **OSS Holding** 10-08-16 Street Address Type Notification Agencies Notified 1 4 2016 965 Ball Ave. Initial **EPA** City, State, Zip Code Amended DEP ASBESTOS Union, NJ 07083 Amendment # DOL Emergency (including Telephone Number Name of Contact justification) DOH Ralph Sanders Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Commercial Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1 925 Ball Ave. etc.) # of Floors Bldg. Age Square Feet City (5) Union Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Union Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Delfa Contracting LLC. N/A Street Address Street Address 522 7th St. City, State, Zip Code City, State, Zip Code Union City NJ 07087 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01206 201 216-9603 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Delfa Contracting LLC 10-18-16 Street Address Occupancy Status During Abatement (Check Only One) 522 7th St. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Union City NJ 07087 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure

≥160 st or ≥260 lt		emoliu	on			Slovebag Prod Ion-Exempted		ble Pro	cedur	e	
	1000	Location			Description of					ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	ly by nce/		Description of stos Containing Mater at thermal systems insurfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							0	
1st floor & 2nd Floor		х			VAT		650 SF	X			
2											
Name of Registered Waste Hauler Delfa Contracting LLC		1 700	JDEP V lauler ID 3524	No.	Cubic Yards of Waste 8	7.000 (A) (A)	Registered Landfi wn Resource F		ery F	acili	ty
City, State Union City, NJ					Disposal Date	City, Stat					

Title

Proj. Manager.

Signature

Date

10-08-16

Jaime Delgado

Completed by

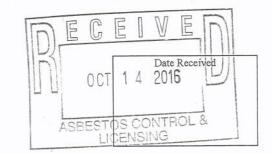
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Eric Plackis FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 8 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Brick Industries Inc. Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01196 (732)899-7499 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥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) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, TO BE ABATED (Specify Repair Custodial Staff? SF or LF) In Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste GROWS Inc. Brick Industries Inc. 21602 City, State Disposal Date City, State PA Brick, New Jersey Date Signature Completed by Title Eric Plackis President

State of New Jersey

		071516		ate of New Jersey								
CV 2500	N			OF ASBESTOS A to NJAC 8:60 and			BE	P P	П	1.77 E		Principal Contract Co
42500		2.20					<u> 110), E</u>	GE	11	W		7
Date of Notification (1)	-	P		Building Owner/C	perator	(2)	linil				711	111
Agencies Notified Type Notification		9	Street Ad	1101	1 1		 	GT 1 A	-		-111	111
			Jueet At	duless				GF 1 4	201	5	11	2
EPA Initial DEP Amended		-	City_Sta	te, Zip Code '			<u> </u>	-			100	1
DOL Amendment #			In	IC WAV	eni	AU C	770	POS C	ONT	ROLE	-	
Emergency (in justification)	cluding	1	Name of	Contact	011	70-	Telep	hone Num	ber		Che Strings.	er-d
DCA Cancellation			Eric Pl	ackis								
			FACI	LITY INFORMATI	ION		-					
Name of Facility Where Abatement is Taking	Place (3))				Type of Facil	lity (4)					
						School						
Street Address						Subchar (i	pter 8 (Other i.e. private &	than K-12 commercia) I build	linas.	nome	s.
						etc.)						7.
City (5)		The second				Square Feet	# of F	loors	В	dg. Ag	je	
TAIL PLAVE	/			AND TO		2115		2		34		
County (6)	^			Code (7) JSE ONLY)		Current Use		g demolish	ed)			
MUMMOUL	11			W = 513, -0.5			one	2,				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	l No.	200000000000000000000000000000000000000	of Abatement k Industries		9)				
~					7.51.4.00.00	Address	1110.					
Street Address						. Box 915						
City Chata Zin Code					40.000	State, Zip Code	<u> </u>					-
City, State, Zip Code						k, New Jers						
Drainet Manager for Manitaring Firm		- 17	Геlерhог	ne No		hone No.		License No)			
Project Manager for Monitoring Firm			elepitol	ne ivo.		2)899-7499	- 1	01196				
Start Date (10)	Schedule	d Com	nletion l	Date (11)		of OSHA Mon	1			- 11/2		.5739
Start Date (10)	10/1	8/1) _	Bato (11)	1101110							
Occupancy Status During Abatement (Check	Only On	0 / 1 e)	0		Street	Address						
			ant									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	I Facility	Hours	CIIL		City, S	State, Zip Code	9					
Other – Describe:												
Scope of Work (Check All That Apply)	,											
≥3 sf or ≥3 lf	N R	enovat	ion			Full Conta	inment with I	Negative P	ressui	re		
≥160 sf or ≥260 lf		emoliti			F	Mini-Enclo	osure					
					F		Procedure npted (*) and	Non-Friabi	e Pro	cedure	9	
	1-	1 41	50							Abate		
	1	Location Iormall		De	scription	n of				Ту	oe .	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by			Material (ACM)) Am	nount			Ш	
TO BE ABATED	(5)	intenar odial S				ns insulation,		pecify	Rer	Re	пса	incl
In Facility (13)		(12)			icing, V/ miscella		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
N	Yes	No	N/A						=		ate	e e
	165	140	IN/A	0.00	1.11		1		12			
				DIX I	SUL	ation	100	LT	8			_
				, ,								
									1500			
Name of Registered Waste Hauler		N	JDEP W	Vaste Cubic	Yards	Name	e of Register	ed Landfill				
		Н	auler ID			The second	OWS Inc.					
Brick Industries Inc.		2	1602	-		1					31648	
City, State				Dispo	sal Date		State					
Brick, New Jersey				110	117	116 PA		Da	to	1	1	
Completed by	Title	ident			Signatur	MAN		Da	10	10	111	
Eric Plackis	ries	ideill				VIII			10	10	1 ()	

			State of N					The same of				
Ch30487	NOT	TFICATION (Pursua	nt to NJA	C 8:60 a	nd 12:12	0)) EGI		\mathbb{V}		
Date of Notification (1) October 10, 2010	5		Name of I	Building O	wner/Oper Baysid) rine Construcți	OCT	000	2016	104/18	
[] DEP [] Amen [] Amen [] Emerg [] instiff.	on Notificate ded Notifi dment #_ gency (incompation)	ication	Street Add City, State	e, Zip Code			NJ 08758	ASBESTO LIU	S CC ENSI		J & JC	
I I DCA	llation		Ivalite of v	Adam				opnone riamos				
		FAG	CILITY IN	FORM	ATION		4			500		
Name of Facility Where Abatement is Taking Residence	Place (3)	in .				Туре		School (k-12)		L 10)		
Street Address							[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			ıl buildi	ngs,
City	County	(6)	County Co (STATE U		7		are feet 1200 sf	# of Floors	Bldg	Age 6	0	
Toms River	Ocean	1				Сип	rent Use (Prior if b Residenc		Y			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM No).	Name of	Abater	ment Contractor (9 Guardian) Contracting,	Inc.			
Street Address					Street Ad	ldress	1889 Ro	ute 9, Unit 61				
City, State, Zip Code		(*)			City, Stat	te, Zip		ver, New Jerse	y 087	55-12	271	
Project Manager for Monitoring Firm		Telephone Number	r .		Telephor 732-34			License N 00624	umber			
Scheduled Start Date (10) 10/20/16		Scheduled Comple 10/21/16	tion Date (11	1)	Name of	OSHA	A Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated		Entire Period of Ab	atement		Street Ac	idress	1056 Ste	lton Road				
Abatement Performed (Outside o	f Normal Facility H	Iours		City, Sta	te, Zip		ay, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]		Full Containment w Mini-Enclosure	rith Negative Pres	sure			
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		[] Renov			[] [x]	5	Glovebag Procedure Non-Exempted (*)		rocedu	re		
									Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	N	Is Location formally used Solely by tenance/Custodia Staff (12) NO N/A		Ash N (i.e. inst	Description Destos-Con Material (A , thermal ulation, su VAT, or er miscell	ntainin ACM) syster irfacin or	ms ng,	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		Х	Asbes	tos sidir	ıg			1200 sf	X			
Name of Registered Waste Hauler	N	JDEP Waste Haule	er ID No.	Cubic Ya	ards of Was	ite	Name of Registere	ed Landfill			L	
Guardian Contracting, Inc. City, State		20223 Disp	osal Date	3	City, St	tate	T.R.R.F.					
Toms River, New Jersey	Title		24/16				Pennsylvania	/	D-4-			
Completed by (Print or Type) Nicholas Fernicola	Signatu	ire	1		-	1	Date 10/	10/16				

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



DEMOLITION / RENOVATION NOTIFICATION

Operat	tor Project #:	Postmark:	Notificati	on:		
L	TYPE OF NOTIFICATION (O - Original R - Revised Control of the property of the	ancelled): O	П.	IS ASBESTOS PRESENT? (Ye	es/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contractor	r and other operator)	7	12:		
	OWNER NAME: Bayside Marine Constru	iction				
	Address: 11 Birdsall Street			*		
	City: Waretown State:	NJ	Zip:	08758		
	Contact: Adam		Tel:	609-709-2750		
	REMOVAL CONTRACTOR: Guardian Cont	racting, Inc.		NJ License: 00624	4	
	Address: 1889 Route 9,	Unit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Ferni	cola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)			NJ License:		
	Address:			92		
	City: State:	92	Zip:			
	Contact:	-	Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovation E - Emergency F	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number	and floor or room number)				
	Building Name: Residence					
	Address: 1861 Skiff Court					
	City: Toms River State:	New Jersey	County:	Ocean		
	Site Location: Exterior					
	Building Size: 1200 sf # of Flo	ors: 1	Age in Y	ears: 60		
	Present Use: Residence	Prior Use:	Residen	ce		
VI	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIATE, USED TO DET	ECT THE PRE	SENCE OF ASBESTOS MATER	RIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Noni	friable
VII.		RACM			Asbestos	s Material To Be
	Regulated ACM to be removed Category I ACM not removed	To Be		LOCATION		noved
	3. Category II ACM not removed	Removed			Cat I	Cat II
	Pipes (Linear feet):	9				
	Surface Area (Square feet): 1200 sf	Asbestos siding		Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 10/20	0/16	Complete: 10	/21/16	

	NOTIFICATION	OF DEMOLITION	ON AND RENOVAT	ON (continued)							
х.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WOR	RK, AND METHOD(S) TO BI	USED DE C	EIVE						
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution tape	e and warning signs. Plastic sheetir	ASBEST	OS CONTROL &						
xii.	WASTE TRANSPORTER #1 Name: Guard	dian Contracting,	Inc.	1/1							
	Address: 1889	Route 9, Unit 61									
=	City: Toms River	State:	New Jersey	Zip: 08	755						
	Contact Person: Nicho	olas Fernicola									
	WASTE TRANSPORTER #2 Name:										
	Address:	22									
	City:	State:	*	Zip:							
	Contact Person:										
xiii.	WASTE DISPOSAL SITE Name: T.R.I	R.F.									
	Location: Bord	entown Road	5.								
	City: Tullytown	State:	Pennsylvania	Zip: 19	007						
	Telephone: 215-943-9732		Permit #: 101	494							
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLEAS	SE IDENTIFY THE AGENCY	BELOW AND ATTACH C	OPY OF ORDER						
	Name:		Title:								
	Authority:										
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MI	M/DD/YY):	*						
xv.	FOR EMERGENCY RENOVATIONS			<u> </u>							
	Date and Hour of Emergency (MM/DD/YY):										
	Description of the Sudden, Unexpected Event:										
	Explanation of how the event caused unsafe condition	ons or would cause equ	nipment damage or an unreason	able financial burden:							
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER										
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)										
1	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	rator)	October 10, 2016 (Date)						
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1							
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	rator)	October 10, 2016 (Date)						

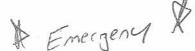
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			'I Ma	man of S	- deline	Owner/Operator	2)	1150	<u> </u>			111
Date of Notification (1)			146	M.	< .	INENE	HICK	ĘΥ			H	
10/11/11	Type Notification		Sta	eet Ad			11	OCT	1 4 2	116		+
Agency Notified			.					ULI	1 4 4	010		1
D EPA	☑ Initial ☐ Amended		Ci	ly, State	e, Zip C	ode .					1 0	1
II DEP	Amendment #			-	=NA	FLY	NJ. ICH	0767 OT	OS COL	VIRU	LO	4
	☐ Emergency (including institication)	3	Na	me of	Contact		i_	Telephone Nurr	ber	. 04		1
DCA DCA	☐ Cancellation		-	MS	5. HI	CICEY						-
			F			RMATION						_
Name of Facility Where	Abatement is Taking Place	e (3)			-		Type of Facility	(4)				1
	. HICKEY	72	-,		20		School (K-12))				
Street Address	. HICK					1	Subchapter 8	(Other than K-12 vate & commercia	.) al building	s.		
Sileet Mulitess	- 13 _{11 12}						homes, etc.)					
Ca. D			-	-,		.,		# of Floors	Bidg. A	Age	0	
City (5)	INFLY	- 1		70			1,850.	- 2	1	340	0	
701			10	ounty C	ode (7)	(STATE USE	Current Use (Pr	ior if being demoi	ished)			
County (6)	ENGEN			NLY)		* * *		510ENCE				
	m Hired by Building Owner	A	SCM N	lo.		Name of Abates	nent Contractor (S	9)				
(g)				31		Best Re	moval In	с				
Street Address						Street Address					2	
Officer Light care				- 6			th River	St				_
City, State, Zip Code						City, State, Zip						
						Hackens	ack, N.J	. 07601			_	_
Project Manager for Mo	miloring Firm	Tek	ephone	No.		Telephone No.	<u> </u>	License No.				
						201-329		00388				_
Start Date (10)	Scheduled Co			(11)		Name of OSHA	Monitor	ontol				
10/21/1	- 1	22	16	20,000	-	Omega Street Address	Environm	entar				
Occupancy Status Dur	ing Abatement (Check only	y one)	10	5			uyler St					
☐ Facility Closed/Vaca	ted During Entire Period o	f Abate	ment			City, State, Zip				51		
Abatement Performs	Outside of Normal Facility: 00 AM TO S: 00	VII	rs - 4	* (Α,	S. Ha	ckensack	,N.J. 0	7606			
Scope of Work (Check								Negative Pressu				
	an amorphy)		,	Renn	vation	G Full	Contaminant was Enclosure	I Mediana i ica				
2 2 3 sf or ≥ 3 ff 12 ≥ 160 sf or ≥ 260 ff				⊒ Dem		OFE	whose Penceditate	d Non-Friable Pr	cedare			
22.00						U Not	-Exemples (_) as	ET MOST-LITTERS I V.	-	Abat		nt
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Asbestos-Contais	ing Material (ACM) ABATED		ustodia		Asbe	stos Containing l thermal system	s insulation,	(Specifi	1	Removal	Encapsulate	100
	acity .		Staff?	53		surfacing, VA	T, or	SForLF	1	TOVA PAIR	in the	Enclosure
	13)		(12)	32		QUIET HESCHAR	, accus,			-	9	
	1611 	Yes	No	N/A						1,-	-	-
BASEME	N				THER	ual system.	WSULATION	115	-F	X	-	-
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Best Rem	oval Inc	ID	No.			Waste	Minerv	a Enterp	rises	I , ϵ	LC	
			1/	109		3CYS Disposal Date						_
City, State	. h NT T 03	601				10/24/16		sburg, 0	h,446	588		
	ick , N.J. 07	001				Signature	/ Hayne	224269	Date	i	i	
Completed by	_	imo	- ~ -				Dis vous	0	10	1111	116	0
J.Maioran	O EST	imat	TOT	- 6	harden F	icensure exemple			./	ं		

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Date of Notification (1) 10/10/16					Building One Olson		Operator	(2)		7	1 G	E		W	E	R
Agencies Notified EPA DEP DOL	Type Notification Initial				ddress ite, Zip Cod wood, NJ		79				cot	-1	4-2	2016		
☑ DOH DCA	Emergency (in justification) Cancellation		1	Name of	f Contact ne Olson		3.7			Fele	phone !		oer.)L &	
Name of Facility Where A	Abatement is Taking	Place (3)	FACI	LITY INFO	RMAT	ION	Туре	of Facility (
Street Address								×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	er than k k comme	(-12) ercial	build	ings,	home	s,
City (5) Maplewood								Squa 230	are Feet	# of 2	Floors		BI 80	dg. A	ge	
County (6) Essex			(STATÉ U	Code (7) USE ONLY)				ent Use (Pri			olishe	ed)			
Name of Monitoring Firm	Hired by Building O	vner (8)		ASCN	/I No.		ABS	Envi	atement Cor ironmenta			LC				
Street Address City, State, Zip Code							30x 4	ess 83, 4 E G Zip Code	ate D	rive						
Project Manager for Mon		- 13	Telepho	ne No.			wood	d, NJ 074	18	Licens	e No					
Start Date (10)	Schedule		55	Date (11)		973-	764-2	2276 HA Monitor		703						
10/24/16 Occupancy Status Durin		11/15/ Only Or			¥8		Street	Addre	ess							
	ated During Entire Pereception of Norma occupied						City, S	State, 2	Zip Code		18					
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ll That Apply)		Renova Demoliti					M G	ull Containm ini-Enclosure lovebag Pro on-Exempte	e cedure					e	
Location Asbestos-Containing		1	Location Loc	у	Ashast		escription		al (ACM)	Δ	mount			Abate Ty		
TO BE AB In Faci (13)	intenar todial S (12)	staff?		therma surfa	ll system acing, VA miscellar	s insu AT, or	lation,		Specify or LF)		Removal	Repair	Encapsulate	Enclosure		
living ro	No	N/A X		cei	ing pla	ster		4(00 SF		x					
						0.11				D. J.		1511				
Name of Registered Was Freehold Cartage	ste Hauler		Н	JDEP Wauler ID 5939		of Wa			Name of Wester	100						
City, State Freehold NJ				Dispo TBD	osal Date	•	City, Stat Birdsbo		J							
Completed by A. Scott Higgins	ident				Signatur	е	ar	_		Dat 10	e /10/1	6				

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ma	010	NOT	FICA (Purs	TION O	of New Je F ASBEST NJAC 8:60	OS ABAT	EM (20)	ENT	B	E (GEI	V	E		
Date of Notifica	ation (1)		1 5 3 7 9 1	me of BrathanVa	uilding Owr aughn	ner/Operat	tor (2)		0	CT 1 4	2016		リ	
Agencies Notifi	ied Type Notific	cation	Str	reet Add	ress					SBE	STOS CO	NTRO	JL 8		
EPA DEP	Initial Amend	ded dment#			Zip Code	060					LIGENSII	10			=
DOL DOH	Emerg justific	gency (including ation)	Na	ame of C						Tele	enhone Numl	ner			
DCA	L Cance	ellation			TY INFORM										
	ty Where Abatement is	Taking Place (3)						Тур	e of Facility (4						
Residential							-	H	School (K-12 Subchapter	8 (Oth	er than K-12)				
Street Address	5							×	Other (i.e. pretc.)	rivate 8	& commercia	l buildir	ngs, h	omes	,
City (5) Plainfield,	NJ 07060							Squ 458	are Feet	# o	f Floors	Bld 10	g. Ag 1+	е	
County (6)	10 0 7 0 0 0			ounty Co	ode (7) SE ONLY)			Cur	rent Use (Pric	or if bei	ing demolish	ed)	111111111111111111111111111111111111111		
	itoring Firm Hired by Bu	uilding Owner (8)		ASCM	No.	Na G	ree	of Al	nvironment	tractor tal Se	(9) ervices, LL	С			
Street Addres	S					100		Add Virg	ress inia Avenu	е					
City, State, Zi	p Code								Zip Code City, NJ 073	304					
Project Mana	ger for Monitoring Firm		Т	elephon	e No.			none 333	No. -8855		License No 01174	0.			
Start Date (10 10-8-2016		Scheduled 10-8-201		pletion D	ate (11)	1			SHA Monitor s above						
	itatus During Abatemer	nt (Check Only One)				St	reet	Add	ress						
Facility (Closed/Vacated During ent Performed Outside Describe:	Entire Period of Ab	atem	ent		Ci	ity, S	State	, Zip Code						
Scope of Wo	rk (Check All That App	ly)					_	_							
≥3 sf or ≥160 sf	≥3 If or ≥260 If		novat moliti					×	Full Containm Mini-Enclosur Glovebag Pro	e cedur	e			_	
							L		Non-Exempte	ed (*) a	ind Non-Friat		Abate		
Asbestos	Location of s-Containing Material (A TO BE ABATED In Facility	No Used	itenar	ly ly by nce/	Asbesto (i.e. t	Description Descri	ning ster g, V	Mate ns in AT,	or		Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
	(13)	Yes	No	N/A								-		ate	е
	- Basement		X			Pipe Ir	nsu	latic	n		180 LF	Х			
												-	-	-	-
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			- I N	NJDEP V	Vaste	Cubic Ya	ards		Name o	of Regi	stered Landf	ill			
Contract of the contract of th	gistered Waste Hauler vironmental Servic		H	Hauler ID 103488	No.	of Waste					S. North La				
City, State Jersey Cit	ry, NJ					Disposa 10-8-20			City, St Morris		/				
Completed Liliana Se	by	Title Office	Ма	nager		Sig	mati	ure Cl	uiSe	たん	11.	Date 10-7-2	2016		1

Agency Notified County Code (7) (STATE USE Street Address Street Ad											
Date of Notification (1)	,		Nam			(2)	00	T 14	201	6	-
Agency Notified	Type Notification	-	Stre	et Address	3		ASREST	ros co	ONTE	ROL	1 &
DEP DEP DOL	☐ Amended Amendment#	g	C	HATI	fAM, N.	J. 07	928 L	ICENS	ilva		_
DOH DCA					•						
			FA	CILITY IN	FORMATION						
B. Mc C		æ (3)		-		School (K-1: Subchapter Other (i.e. p	2) 8 (Other than K-12 rivate & commerci	2) al buildin	ogs,		
City (5)	1					1800	. 2	39		?	
					(7) (STATE USE	Current Use (F	Prior if being demo	lished)	1		
	irm Hited by Building Owner	F AS	CM No	.,	Name of Abate						
(8)							ıc			-,-	
Stiett Militess							- S+				
City, State, Zip Code					City, State, Zip	Code					
D. i. at Manager for I	familiar Erro	Tolo	phono I	No.							-
					201-329	-7444					_
10-20-16	10-2	-1-10		11)	Omega	Environ	nental				
☐ Facility Closed/Vac ☐ Abatement Perform	cated During Entire Period oned Outside of Normal Faci	of Abaten			280 H City, State, Zip	uyler St	-	7606	20%		
-23 sf or ≥ 3 ff	k all that apply)	_	Track Street		☐ Full	Containment will Enclosure vebag Procedure	th Negative Pressu	ne .			
Asbestos-Conta TO 8	ining Material (ACM) <u>ABATED</u> Facility	No Used Maint Cur S	mally Solely because stodial tal??	y As	bestos Containing l i.e., thermal system surfacing, VA	Material (ACM) as insulation, T, or	(Specify	•		Гуре	
Buc mar		Yes	-		-PARIAL NIK	147.047	75	LF	- X	+	+
PRSEMENT				A I I H	Exernity The Sc	JUN (18 N)	/			1	1
	¥:	-+	+	+			-	4'	++	+	-
Name of Registered Best Re	Waste Haufer noval Inc	IDN		ste Hauler	Cubic Yards of Waste		pistered Landfill a Enterp:	rise	s ,I	LLC	,
City, State	ack N I 07		-	00. 5 .//.	Disposal Date	City, State	abura Ol	h /1.1.1	688		
Completed by	ack , N.J. 07		0		10-21-16 Signature	wayne	sburg, Ol	Date	16-1	6	
R. VELDRAN		imat			s licensure exempte	ian		10	101	0	



State of New Jersey

R Emergeny "				F ASBES NJAC 8:0				CK	5	752		-				
Date of Notification (1) 10/11/16				uilding Ov chnell P						E 6						
Agencies Notified Type Notification		Str	reet Add	ress										11		
										OCT	1 4	20	16_			
DEP Amended				, Zip Code each NJ		2										
DOL Amendment #_ Emergency (incl	uding		ame of C		00000	,			Tele	phone Numb	ier C	UNI	HUL			
DOH justification)		1 117	ame or C	ontact					1010	priorio-traini		ING				
DCA Cancellation				TY INFOR	OITAMS	N			1							
Name of Facility Where Abatement is Taking P	ace (3)		1710				Туре о	f Facility (4)							
Lynne Schnell Private Home					- 1		S	chool (K-12	()	- than 1/ 10\						
Street Address							X O	ubchapter t ther (i.e. pr	ivate &	er than K-12) commercial	buildi	ngs, h	omes			
							et	c.)		Floors		lg. Ag	00000	-		
City (5)							Square 1000-		1	FIUUIS	35		C			
Brant Beach NJ 08008	1.5	TC	ounty Co	nde (7)		-			r if beir	ng demolishe	ed)		-			
County (6) Ocean				SE ONLY)		_				•						
Name of Monitoring Firm Hired by Building Ow	ner (8)	1	ASCM	No.	T	Name	of Abate	ement Con	ntractor (9)							
N/A						Pern	aco In	c.								
Street Address							Address									
							30x 32							_		
City, State, Zip Code					4		tate, Zip t Berlir	NJ 080	91		X6					
Project Manager for Monitoring Firm	111112	To	elephon	e No.			one No 753-98			License No 00727).					
Start Date (15)		d Completion Date (11) Name of OSHA Monitor Same														
10/12/10	0/13/16					2000	Addres	<u> </u>								
Occupancy Status During Abatement (Check C		30	120			Silect	Addies	3								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Aba Facility Ho	ours	ent		_	City, S	State, Zi	p Code								
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Sparrence .	ovati					Min	i-Enclosure	e cedure	n Negative P			Э			
	7. 7.		_								1	Abate	ment			
	Nor	catio mally	/		Des	scription	n of					Ту	ре			
Location of Asbestos-Containing Material (ACM)	Used S Maint	Solely	y by	Asbest	os Cont	aining I	Material	(ACM)	P4 X9	Amount	27	l constant	En	ш		
TO BE ABATED In Facility	Custod	lial S		(i.e.	thermal surfac	cing, VA	AT, or	ition,		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)	(12)			other n	niscella	neous)				oval	air	ulat	sure		
	Yes	No	N/A		•								· O			
garage		x Drywall spackle 1000				000SF	x		70							
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Regist	tered Landfil						
United Roll Off		Н	auler ID 2459		of Wa	ste		G.R.O.	W.S.							
City, State Elm NJ		Disposal Date City, State 10/13/16 Morrisville PA 19067														

Signature

Date

10/12/16

Completed by Anthony T Perna

Title

President

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

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Date of Notification (1) 10/11/16				Building Ov Caro P				1		0	CT	1 4	201	6	1					
Agencies Notified Type Notification		Si	reet Add	dress											-					
EPA Initial									Ā	SBE				OL	2					
DEP Amended	(8)			e, Zip Cod							LICE	INSI	NG							
DOL Amendment Emergency (3.8		NJ 080	08															
DOH justification)	ricidaling	1000	ame of (Contact					Tele	phone	Num	oer								
DOH justification) Cancellation		1	om																	
N. (5 W. M. Ababasantia Takin	Diese (2)		FACIL	ITY INFO	RMATI	ON	Type of	f Facility (4)				-								
Name of Facility Where Abatement is Taking Thomas Caro Private Home	J Place (3)																			
								chool (K-12) ubchapter 8		er than	K-12)		75							
Street Address							x O	ther (i.e. pri	vate 8	comn	nercia	build	ings, l	nome	s,					
City (5)							Square		13000000	Floors	5	1000000	dg. Ag	je						
Holgate NJ 08008							1000-	F	2			35	5+							
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Name of Monitoring Firm Hired by Building N/A	JWHEI (6)		ASCIVI	INO.			aco Inc		(~/											
Street Address						Street	Address	3												
of our Address						POE	329 329	9												
City, State, Zip Code							tate, Zip													
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Project Manager for Monitoring Firm		T	elephon	e No.			one No				ise No).								
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Start Date (10)	Scheduled		pletion D	Date (11)																
10/24/16	10/28/16	5		. 11	- 00	Sam							1132 253							
Occupancy Status During Abatement (Che	k Only One)				Street	Address	5												
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Ab	ateme	tement purs City, State, Zip Code												-					
Abatement Performed Outside of Norr Other – Describe:	nal Facility F	Hours			Code															
Scope of Work (Check All That Apply)							7	v							1					
≥3 sf or ≥3 lf		enovat emoliti						Il Containment with Negative Pressure ni-Enclosure												
≥160 sf or ≥260 lf	L] De	HIOHU	OH				Glo	Glovebag Procedure												
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TO BE ABATED In Facility	Custo	dial S	taff?	(surfa	acing, VA	AT, or			F or LF		Removal	Repair	aps	Enclosure					
(13)		(12)			other	miscella	neous)					val	#	Encapsulate	ure					
	Yes	No	N/A								Ф									
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubi	c Yards		Name of F	Regist	ered L	andfill	1		L						
		Н	auler ID		of W			G.R.O.\												
United Roll Off		22	2459		4															
City, State				Disposal Date City, State 10/28/16 Morrisville PA 19067																
Elm NJ						Signatur		IVIOTTISV	ille P	A 190		1								
Completed by									2000		100	ite 1/12/	16							
Anthony T Perna					10/12/16															

Ch5749																		
Date of Notification (1) 10/10/16				Building O				LC		nn	T	1 4	201	ĥ				
Agencies Notified Type Notification			Street Ad 717 Te	ldress xas Ave	Suite	1000			and letti		30							
EPA Initial Amended				e, Zip Cod		740			AS	SBES		S CC ENSI		IUL.	či.			
Amendment #_ Emergency (inc	cluding			n Tx 770	JU2-2	743		L	Telep	ohone N			100					
DOH justification) Cancellation		F	Paul O			S 7												
Name of Facility Where Abatement is Taking F	Place (3))	FACIL	ITY INFO	RMAT	ION	Type o	of Facility (4	1)									
Missouri Energy Center								chool (K-1		. th 1/	(40)							
Street Address 2129 Bacharach Blvd.							×	ubchapter other (i.e. p	8 (Otnei rivate &	comme	ercial	buildi	ings,	nome	s,			
City (5) Atlantic City NJ 08401							Square N/A	tc.) e Feet	# of I N/A	Floors		Ble N/	dg. A	ge				
County (6)			County C	ode (7)				nt Use (Prio		g demo	olishe	ed)						
Atlantic Name of Monitoring Firm Hired by Building Ov	mer (8)		ASCM			Name		gy center		9) -								
N/A	(0)		,			Pern	aco In	c.						- 1-45-2				
Street Address						PO E	Address 30x 32	9										
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091															
Project Manager for Monitoring Firm		1	Telephone No. Telephone No. 856-753-9800							Licens 00727								
	chedule 0/24/1		Completion Date (11) Name of OSHA Mon															
Occupancy Status During Abatement (Check	Only On	ie)) Street Address															
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A Facility	Abatem Hours	atement Hours City, State, Zip Code															
Scope of Work (Check All That Apply)																		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	tenovat emoliti				<u> </u>	Min Glo	i-Enclosure vebag Prod	e cedure	ve Pressure								
		Location											Abate Ty					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	y by nce/		therma	Description of Containing Material (ACM) Amour ermal systems insulation, surfacing, VAT, or ther miscellaneous)						Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A			••				415				υ				
near small brick building exterior			X		ır	ansite	ріе		2	4 LF		Х						
											-							
Name of Registered Waste Hauler United Roll off	141	Н	JDEP W auler ID 2459		Cubic of Wa	c Yards aste		Name of G.R.O.		red Lar	ndfill							
City, State Elm NJ					Dispo	osal Date 4/16	9	City, Stat				-						
Completed by Anthony T Perna	Title Signature Date 10/10/16									3/								

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) SILNA 0-11-16 Agency Notified Type Notification Q EPA initial City, State, Zip Code D DEP ☐ Amended Amendment # SADDLE - DOL □ Emergency (including Telephone Number Name of Contact DOH justification) ☐ Cancellation SILNA D DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) C School (K-12) ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bidg. Age Square Feet SADDLE RIVER 2 66 YRS Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) RESIDENCE Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 201-329-7444 00388 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 10-22-16 11/24-16 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Renovation Mini-Enclosure @≥35 or≥3# □ ≥ 160 sf or ≥ 260 F - Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

	ion						A	bate Ty		rt		
Location of Asbestos-Containing Material (ACM) TO BE ABATEDIN Facility (13)	Use	Normal ed Sole intenai Custodi Stati? (12)	ly by nce/ al		Description of stos Containing Mon., thermal systems surjacing, VAT other miscellane	aterial (ACM) insulation.	Amount (Specify SF or LF)	Removal	Repair	Enospeulate	Enclosure	
	Yes No N											
1ST + 2ND FLOOR			X	(3)	PED LINOL	eum	135	SF	X			
ROOF SKYLIGHT VENT FLYSHIM	16		X		-ASHING		60	SF	X			П
								**				
F					*							
Name of Registered Waste Hauter Best Removal Inc		No.	Vaste H	auder	Cubic Yards of Waste 2 YDS		stered Landfill a Enterpr	ises	5	, LI	J.C	
City. State Hackensack , N.J. 0	7601				Disposal Date	City. State Wayne	sburg, Oh	,446	88	3		
Completed by Title					Signature ,			Date		. /	,	
RIVELDRAN . Est	ima	tor			R Vela	ran		10-	11-	1/2	2	

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

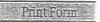
MD 9340 1318-	-X N			OF ASBES NJAC 8:			ENT		NE C	E		\mathbb{V}			
Date of Notification (1) 10/07/2016				Building Outh Cou					7					Applications on a	
Agencies Notified Type Notification EPA Initial			Street Ad 805 Ne	_{dress} wman S	prings	Road		Ц	F 00	1 1	4	201b			
DEP Amended Amendment				e, Zip Cod ., NJ 077				A	ASBES	TOS	COI	VTR	OL 8	ž	
Emergency (DOH DCA Emergency (justification) Cancellation	including		Name of						Telephone	Num	ber				
DCA Cancellation			John H	ISMAN	DMATI	ON						-			
Name of Facility Where Abatement is Taking	g Place (3))			RWATI		Type of Fa	cility (4)							
Charlston Springs Golf Course Ma	ntenanc	e So	uth Res	idence				ol (K-12)							
Street Address 89 Woodville Road, Building # 253	3								(Other than vate & comn			ings,	nome	s,	
City (5) Millstone				-		100	Square Fee N/A	et	# of Floors	3	572	dg. A	ge		
County (6) Monmouth			County C	ode (7) SE ONLY)			Current Us Residen		if being den	nolishe	ed)				
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8)		ASCM 0004	No.		1772 1772 1774	of Abateme Abateme								
Street Address 3 Crosswicks Street							Address osengren	Aven	ue						
City, State, Zip Code Bordentown, NJ 08505						ate, Zip Co va, NJ 07									
Project Manager for Monitoring Firm Michael Hoodak			Telephor 609-84	ne No. 47-2958			one No. 345-8685		Licer 0131	nse No 11).				
Start Date (10) 10/20/2016	Schedule 10/26/2		Completion Date (11) Name of OSHA M D&S Abatement						Σ.						
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	^								
Facility Closed/Vacated During Entire	Period of A	Abaten	nent		Aven	ue									
Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	S		de '512										
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Manager 1	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	le	Locat	tion				14011 2.8	Jinpida	7 3 11 1 1 1 1 1			Abate	ment		
Location of	1	Norma	lly			escription					-	l y	pe		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole intena	ince/				laterial (AC s insulation,		Amount (Specify		_Z		Enc	m	
In Facility	Cus	todial (12)	Staff?	(surfa	acing, VA miscellar	T, or		SF or LF		Remova	Repair	Encapsulate	Enclosure	
(13)	V	No	N/A		outer	Hiscella	leous)				/al	=	late	лге	
1st floor	Yes	X	IN/A		Decor	rative C	eiling		885 SF	=	Х				
1st floor	X			9	inoleur			745 SF	=	X					
Basement	X		Pipe	Insula	ation (V	/rap & Cu	it)	140 LF	=	Х					
1st floor Den Cabinet		Х			-	T & Ma		16 SF X							
Name of Registered Waste Hauler			NJDEP W	/aste	100000000000000000000000000000000000000	Yards	Na	me of F	Registered L	andfill					
D&S Abatement, Inc.		Hauler ID No. 20996 of Waste TBD Waste Manag					ent O	f PA							
City, State Totowa, NJ			Disposal Da TBD						e vn, PA						
Completed by	52.74	anager	Signature				/		Da		2040	-151000			
Oliver Hegedis			1	TUK.	19/07/2016										

Do not use this form for asbestos licensure exempted activities.

State of New Jersey



	NOTII	FICAT Pursu	TION OF	ASBESTO NJAC 8:60	S ABATEN and 12:120	IENT	Che	-ck	# 0)44	9						
Date of Notification (1) 9/21/16				ilding Owner	er/Operator es	(2)	In	E	GE		7 <u>E</u>						
Agencies Notified Type Notification			eet Addr	ess sade Ave	. #8				O O T - 4	4 00	40						
EPA Initial Amended		City	, State,	Zip Code			14.	1	001-1-	- LU	10	1					
DEP Amended Amendment #_ Emergency (includir	ng			Park, NJ	07010			Teleni	none Numb	er	2001	8	-				
DOH justification)	9	Na	me of C	ontact				ASSI	LICEN								
DCA Cancellation		_	FACILIT	TY INFORM	ATION												
Name of Facility Where Abatement is Taking Place Residential House Street Address	e (3)					Scl.	Facility (4) nool (K-12) bchapter 8 ner (i.e. priv	(Other	than K-12)	buildir	ngs, h	omes,					
City (E)						Square	.)	# of F		Bld	g. Ag		-				
City (5) Fort Lee						2000		2		50	+		_				
County (6)			unty Co	ide (7)			Use (Prior ential Ho		demolishe	ea)							
Bergen			ASCM I	A THE CONTRACT OF THE PARTY OF	Name		ment Contr		9)			-	\dashv				
Name of Monitoring Firm Hired by Building Owner	(8)		n/a	NO.			ontractin		•								
n/a Street Address			11/4		Stree	t Address											
n/a						Palisac							_				
City, State, Zip Code						State, Zip	Code J 07026										
n/a		1 7	lanhan	a No		hone No.		- 1	License No).			\neg				
Project Manager for Monitoring Firm		1 200	elephone n/a	e No.	100000000000000000000000000000000000000	3460.60			01255								
n/a Start Date (10) Sche	eduled	Comp	letion D	ate (11)		e of OSHA											
Oldit Bato (1-)	3/16					-	Contractin	ng Inc									
Occupancy Status During Abatement (Check Only	y One)					et Address											
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facother – Describe:	d of Abacility H	ateme ours	nt		City,	State, Zip	30.55										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				Mini	Containme -Enclosure rebag Prod	edure				€					
	le l	ocatio	n l			3.9					Abate	ment pe					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	tos-Containing Material (ACM) TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (12) Asb (i)							(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure				
Exterior									ransite Shingles 1500 SF k								
Basement	Exterior							10	00 LF	K							
Front Porch		-	X		Pipe Inst			10	00 SF	F k							
Front Porch	-	_			10.00												
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic Yard of Waste	S	Name of GROV		ered Landfi ndfill	11							
Harmony Contracting Inc		0	33137		TBD .	ate	City, Sta		254"U								
City, State Garfield, NJ	Title				TBD		Morris			ate							
Completed by Tina Caporino		Signature Date 9/21/16															



r		(F	Pursuant	to NJAC	8:60 and	12:120	0)	Chec	k t	± (24	7	В		
Date of Notification (1) 10/11/16				of Building and Dev						C I	EI	W	E		7
Agencies Notified Type Notification				Address		00	. Ρ			U L	= U	- U	_ =	711	111
■ EPA ■ Initial				Route 46	77	17						-0	0		
DEP Amended Amendment	- 44		The second second	ate, Zip Co				114	0	CT	1 4	90	4	E	71
Emergency		_		eld, NJ (3101-5-5-5									
DOH justification) DCA Cancellation		//.	Name o	of Contact					SBE	ephone STOS	SCC	INTE	OL	2	
Name of Facility Where Abatement is Takir	a Place /	2)	FAC	ILITY INF	ORMATIC	NC	-		40						
Storefront in Shopping Center	ig Flace (3)					Тур	e of Facility (4	1						
Street Address							H	School (K-1) Subchapter		or than	K-15	1			
708 Union Ave							×	Other (i.e. p	rivate	comn	nercia	al build	ings	, hom	es,
City (5)								etc.) iare Feet	# 0	f Floors			Ida /	\	
Middlessex								,000	1	FIOUR	,	45	ldg. A	ige	
County (6)		10	County	Code (7)				rent Use (Pric	r if hei	ng den	nolish		UT.		
Middlessex			(STATE	USE ONLY	2						TOTION	ou)			
Name of Monitoring Firm Hired by Building n/a	Owner (8)	ASCM No. Name of Abatement Contractor (9) n/a Harmony Contracting Inc												
Street Address	VC-1741-0-2-17		n/a			Street			ng Ind	;					
n/a								sade Ave							
City, State, Zip Code	State, Zip Code						City, State, Zip Code								
n/a							NJ 07026								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		1 1	1	Licen	se No)	-		
n/a			n/a			100000		6026		0125					
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)		Name	of OS	SHA Monitor							
10/20/16	10/30/					Harn	nony	/ Contractir	ng Inc	,					
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street .				11000					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Abater	ment					sade Ave							
Abatement Performed Outside of Norm Other – Describe:	nal Facility	/ Hour	S					Zip Code							
Scope of Work (Check All That Apply)						Garf	ield,	NJ 07026							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	MATERIAL PROPERTY.	Renova Demoli				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					9	
		Locat							i					ement	
Location of		Norma d Sole				cription				¥	55		Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/		tos Conta thermal s				100000	nount pecify		R		Enc	ш
In Facility	Cus	todial ((12)		,	surfaci	ng, VA	T, or		SF	or LF)		Remova	Repair	aps	Enclosure
(10)	(13) Yes					other miscellaneous)						val	air	Encapsulate	sure
Ground Floor		x	x VAT 1,250 sf x						K						
						9)			1						
							-		+						-
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Y	ards		Name of R	egister	ed l ar	ndfill				
Harmony Contracting		100	lauler ID	No.	of Waste			GROWS	Ī	ou Lui	i Gilli				
City, State					Disposa	l Date		City, State			1777-127				
Garfield, NJ					TBD			Morrisvi	CO DECEMBER OF	4					=
Completed by	Title	Date													
Tina Caporino	Secr	etary				ne C	7		15		10	/11/1	6		

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DEP Amended Amendment #_ Emergency (inc	sluding		Ha	chold	· N-	JO	7/12	8 Talan									
DOH justification) Cancellation	Juding	1	ame of 0 Eric Pla					rele	ohone Numb)CI							
			FACIL	ITY INFORM	ATION	Type o	of Facility (4)									
Name of Facility Where Abatement is Taking F	Place (3)					☐ S	chool (K-12	2) 8 (Othe	r than K-12) commercial	buildi	ngs, h	omes	s,				
127 Kings Mu	$\frac{1}{2}$						tc.)		Floors		dg. Ag						
City (5) Middle Dun						200	$\hat{\mathcal{D}}$		2	1	63						
County (6) Marine 140		C	ounty C	code (7) SE ONLY)		Curren	nt Use (Prio	r if bein	g demolished	hor	12						
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.			ement Con stries Inc.										
Street Address						et Addres											
Street Address). Box 9											
City, State, Zip Code						State, Zi ck, New	p Code / Jersey (8723									
Project Manager for Monitoring Firm			elephor		(73	phone No 32)899-7	7499		License No 01196								
01151101	(0	1/10	0 111	Oate (11)		et Addres	IA Monitor										
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ent				W. Z										
Abatement Performed Outside of Norma Other – Describe:	l Facility	Hours			City,	, State, Zi	ip Code										
Scope of Work (Check All That Apply)	ix/		ion			☐ Ful	I Containme	ent with	Negative P	ressur	е						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mir	ni-Enclosure evehag Prod	e cedure	d Non-Friabl	e Prod	cedure						
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Cust	lormall d Solel intenar odial S (12)	y by nce/	(i.e. the	Descripting Containing Permal system Surfacing, The	g Material ems insula VAT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
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		KITC	00,0	4			J - C										
		- L	JDEP W	Venta I C	Cubic Yard		Name of	Registe	ered Landfill								
Name of Registered Waste Hauler Brick Industries Inc.		Н	lauler ID 1602	No.	of Waste	4	GROV City, Sta	/S Inc									
City, State Brick, New Jersey					Disposal Da	5/16	PA	i.c									
Completed by Eric Plackis		Signa	ture U	W		Da	te O	11]	6								

11/12/21/1		IOTIFI		ate of Nev				_							, person						
Ch (154044	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Carroad Busel													-							
Date of Notification (1) 10/07/2016				f Building (d Busch	Owner/C	perator)	(2)		IN		· O -	4 /	0.0	116	The state of the s						
Agencies Notified Type Notification			Street A	ddress							101	-1-		110	T						
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Emergency (ir justification) DCA Cancellation	cluding			f Contact					Tele	ephone											
DCA Cancellation				d Busch					7												
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	DRMATI	ON	Тур	e of Facility (4)												
House	- 55%							School (K-1													
Street Address	A A. 152						×	Subchapter Other (i.e. p					linas	home	25						
City (5)							-	etc.)							,						
Allendale							N/A	ıare Feet ∖	# 01 N/A	Floors		1990	ldg. A /A	ge							
County (6) Bergen				Code (7) USE ONLY)				rent Use (Pri use	or if bei	ng dem	olishe	ed)									
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCN	/I No.				patement Cor atement, Ir		(9)											
Street Address						Street	Addr	ess													
City, State, Zip Code								ngren Ave	nue				20.07.		- 2 - 3 - 1						
City, State, Zip Code						20 32 300		NJ 07512													
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. -8685		Licens 0131		+8									
			pletion	Date (11)				SHA Monitor													
10/19/2016 Occupancy Status During Abatement (Check	10/20/2						D&S Abatement, Inc. Street Address														
Facility Closed/Vacated During Entire Pe			ent			- 15-50 Million		ess ngren Avei	nue												
Abatement Performed Outside of Norma Other – Describe: Occupied	I Facility	Hours	GIIL		_			Zip Code NJ 07512													
Scope of Work (Check All That Apply)						1010	wa,	140 07012		-					-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renovat Demoliti				×	I M	ull Containm	е	Negati	ve Pr	essur	е								
						×	N	lovebag Pro-		d Non-F	riable	Proc	cedure	9							
	9.65	Locatio											Abate Ty	ment pe							
Location of Asbestos-Containing Material (ACM)	Use	Normall d Solel	y by	Asbest		scription aining N		al (ACM)	А	mount											
TO BE ABATED In Facility		intenar todial S		(i.e.	thermal	systems				pecify or LF)		Ren	Re	Encapsulate	Enclosure						
(13)		(12)	,			niscellar			O.	01 11)	-	Removal	Repair	sula	osure						
	Yes	No	N/A											te e	w						
Basement	Basement X							and fitting insulation 100 LF X													
Name of Registered Waste Hauler		I N	NJDEP Waste				Peniste	red I ar	odfill												
D&S Abatement, Inc.		H	auler ID 1996		of Was			Waste				PA									
City, State Totowa, NJ					Dispos	sal Date		City, Stat		\											
Completed by Title Signature										_	Date										
Oliver Hegedis	-	-11	U				10/	07/2	016												

bo not use this form for asbestos licensure exempted activities.