0/11/2016 08:18	Two Brothers (ontrac	ting					TAX 9	73.958 8811 E		/ P	007	2700
,K 200	6	N		CATION	ns of Mow Jan OF REBERTO : 08:8 DALK	ETABA E			OCT 1	8 20	016	Prin	F
Date of Nollitication (1) 10/11/2016					Building Owns				SBESTOS		Tylo)L &	
Agencias Notified	Type Notification		1.0	Sirest Ad	drasa DNACHIE F	ROAD			LICEN	DIN	1		
EPA DEP DOL	Amended Amended		- 1	City, State	a, žip Goda ACHIE, NJ								
KOD KOD KOD	Imargency (In justification) Canocilation	cluding		Name of	A CONTRACTOR OF SERVICE AND ADDRESS OF SERVIC				Telephone Num	ber		_	
		-			ITY NFORM						_		
Name of Facility Where A		Place (3))				Тур	e of Facility (4)					
Street Address 70 MOONACHIE R								School (K-12) Subchapter 8 Other (I.e. pr)) (Other than K-12 vate & commercia) il bulld	ings.	emod	š.
Cliy (8) MOONACHIE								elo.) ara Paat	# of Picors		dg. Ag		7.6
County (8) BERGEN				County C (STATE U	oda (7) 35 ONLY)		Cur	rant Usa (Phor	l if being damolish	ad)			
Name of Monitoring Firm DETAIL ASSOCIAT		(B) 16NW		A8GM 00012				atement Contr	meter (9) CONTRACTING	3 IN	<u> </u>		
Street Address 300 GRAND AVEN				1000		Street	Addr			J,	~ .		
City, State, Zip Code ENGLEWOOD, NJ	07631		-	-		City, \$	State,	Zip Cods A, NJ 07512					
Project Manager for Mon	itoring Firm			Telephon 973-98		Telap 973		No. -8700	License N 00494	٥.			
Start Date (10) 10/12/2016		schedule 10/18/2		nalation D	late (11)			TOBA (9) S.	/E	_			
Occupancy Status During	Abatement (Check	Only On	a)			Strag							
Facility Closed/Vac: Abstament Perform Other – Dascribe:	siad During Entire Pe ac Outsida of Norma EXTERIOR	silod of A	noted Hours	nent		City, i	Stata,	Zip Cods					
Beeps of Work (Chack A	I That Apply)		-										-
≥3 af or ≥3 if ≥180 af or ≥280 if			anove smoll			. [in G	Mini-Enclosers Blovebsa Proce	nt with Negative F edure (*) and Non-Frieb				
		ls	Locat	lon					7,200	7	Abata	ment	
Location Asbestos-Containing			iomai d Sois			Descripilo			4	-	Ty	pa	
TO BE AB- In Facility (13)	DETA	Mai Cuat	ntana adial ((12)	ncal Staff?	54	cotaming mal system infacing, V. er miscells	ns Insi AT, or	ulation.	Amount (Specify SF or LF)	Removal	Repair	Encapsulat	Endosure
BELOW GROUND	FLOOR SLAB	Yes	No X	N/A	PXPE	VRAP/C	LEA	N UP	100 LF	×		ā	
***************************************							***************************************			Ť			
	1			-		-				-	\vdash		
Nama of Registered Was			1	NDEP W leuler 10 18743		idic Yards Waata			Registered Candill).R.C).W	9
City, State				10/43	Į DI	118/2016		City, State			-		J.
TOTOWA, NJ													

P-3-

Ch2004	j		ICATION	ate of Ne I OF ASB to NJAC	ESTOS A	BATE) [GE] [7 E		1
Date of Notification (1) 10/11/2016				f Building OUGH O						207.4.5			The second second	
Agencies Notified Type Notification			Street A	ddress	HIE RO	AD			1 ()CT 18	201	6		7
EPA	-			ate, Zip Co NACHIE		074		The second secon	ASBE	STOS CO	ITAC NG	ROL	<u>J</u> &	- The second second
DOH justification Cancellation	nciuaing			f Contact 'ELLEN	LYONS	3	<u> </u>		Tel	enhone Nun	-			
			FACI	LITY INF	ORMATIC	ON			1-			-		
Name of Facility Where Abatement is Taking NEW MUNICIPAL BUILDING	Place (3	3)					_	of Facility	2010					
Street Address 70 MOONACHIE ROAD	***************************************						S X	ubchapte	r 8 (Oth	er than K-12 & commercia		dings,	home	es,
City (5) MOONACHIE						and the same	Square		# 0	f Floors	В	ldg. A	ge	() - (<u></u>
County (6) BERGEN				Code (7) USE ONLY)		Curren	t Use (Pr	ior if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building C DETAIL ASSOCIATES, INC.	wner (8)		ASCN 0001					ement Co THERS		(9) FRACTING	G, IN	С.		
Street Address 300 GRAND AVENUE							Address	S AND AV	'ENUE					
City, State, Zip Code ENGLEWOOD, NJ 07631							State, Zip OWA,	Code NJ 075	12					
Project Manager for Monitoring Firm NADINE BELLO			Telepho 973-98	ne No. 31-4856			none No -956-87			License No 00494).			
	Schedule 10/18/2		mpletion	Date (11)				A Monitor (9) ABC						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address	3						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: EXTERIOR					<u> </u>	City, S	State, Zip	Code						
Scope of Work (Check All That Apply)				1000000										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoli					Mini- Glov	-Enclosur rebag Pro	e cedure	Negative P			e	
	Is	Locat	ion										ement	į.
Location of		Norma ed Sole				cription					-	1 9	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intena todial ((12)	nce/ Staff?		tos Conta thermal s surfac other m	systems ing, VA	s insulat T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										O.	
BELOW GROUND FLOOR SLAB		X		PIF	PE WRA	AP/CL	EAN L	JP	10	00 LF	Х			
Name of Registered Waste Hauler			NJDEP W		Cubic \			Name of	Registe	ered Landfill				
TWO BROTHERS CONTRACTING City, State		13.000	Hauler ID 18743	INO.	6 Disposa	1		WAST		NAGEMEN	NT G	.R.C).W.	S.
TOTOWA, NJ Completed by	Title				10/18/	2016				LE, PA				
VIVECA RAMOS	1.000	JECT	COOF	RDINAT		gnáture	eca	Na	m	Dat 10	e /11/2	2016		

Ch341

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

Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)		OT 1	0 0	016	
	2 / _	16	=		Ken	dall Jone	es		1111 0	CT 1	0 2	010	
· ·	ype Notificat	ion			Street /	Address						700	1 0
	Initial Amended								ASBE	STOS	CON	B)L a
☑ DOH	Amendme	nt#				tate, Zip C				LIULI	4 () 5 1 4		
] Emergenc		uding	1			NJ 08034		Talanhana Nius	nhor			_
(NJAC 5:23-8)	justification					of Contact dall Jone			Telephone Nur	nber			
] Cancellation	on			. A 07-03								
None of Facility Where Abo	tomont in To	aleina I	Dingo (1		FAC	ILITY IN	FORMATION	Type of Facility ('A\			-	
Name of Facility Where Aba Jones Residence	itement is 18	aking i	Place ()				School (K-12					
Street Address	AHAID SOUTH AND SOUTH							Subchapter 8 Other (i.e., pr	Other than K-1	2) ercial bu	ilding	S,	
								homes, etc.)		150			2000
City (5)								Square Feet	# of Floors	The second	dg. Ag	je	
Cherry Hill							VOT. TE	2,400	3		30		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri Residence	or it being demo	iisnea)			
Camden	5 3.0		(0)		100111		No. of Abatana						
Name of Monitoring Firm Hi		S70 = 5		1	ASCM I	NO.	7130700 71301 BINDS - 323000	ent Contractor (9) onmental, LLC					
Mgmt. & Enviro. Cons	suiting Ser	vices					Street Address	Jillientai, LLC				-	_
Street Address PO Box 341							623 Cutler A	venue					
City, State, Zip Code							City, State, Zip C						-
Chesterfield, NJ 0851	5						Maple Shade						
Project Manager for Monitor				Tele	ohone N	No.	Telephone No.		License No.				
Bill Weisgarber	9				9-298-		856-755-0099)	00842				
Start Date (10)	S	chedu	led Cor	nplet	ion Dat	te (11)	Name of OSHA N	Monitor					
10 / 26 / _	1998				_ / _		EMSL Analyt	ical, Inc.					
Occupancy Status During A	batement (C	heck	only on	e)	-		Street Address						
☐ Facility Closed/Vacated I					nent		200 Route 13	0 North					
☐ Abatement Performed O							City, State, Zip C	ode					
Time of Abatement:	AM	PM/		PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all th	at apply)		HI- 51				M	to in our and with Nine	native Dropouse				
≥3 sf or ≥3 lf		[⊠ Ren	ovatio	on		☐ Mini-End		jalive Piessure				
⊠ ≥160 sf or ≥260 lf			Dem				Gloveba	g Procedure empted (*) and No	n Eriabla Brassa	luro			
			la I	ocati			□ Non-Exe	empled () and No	III-FIIADIE FIOCEC		atom	ent Ty	ma
Location of				rmal			Description	of.		-	_		5 52-10
Asbestos-Containing Ma	aterial (ACM))	Used Main				stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE IN Facility	<u>ED</u>		Custo			(i.e	thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	Sur
(13)				(12)			other miscellane		J. J,	-		late	Ø.
			Yes	No	N/A								
Attic				\boxtimes		Vermic	ulite ·		1,200 SF				
			пŤ	\neg	П								
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage				Н	auler II		Waste	Cumberlar	nd County Lar	ndfill			
City, State					15939	,	15 Disposal Date	City, State					
Freehold, NJ							11/2/2016	Newburg,	PA				
Completed By (Print or Type	e)	Title			LA VERTILEA		Signature			Date			
Christina Lynch	-1	1000000	eratio	ns i	Manag	er	Ch 9Ac		>	10/1	2	110	
							10101			10/1	1/	u	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

10201012	NO.	TIFICA (Purs	TION Of suant to	F ASBESTO NJAC 8:60	OS ABATEN and 12:120	MENT)						
ate of Notification (1) 0/11/2016			ame of Bu	uilding Owne	er/Operator	(2)			OCT	1 8	2016	ò
gencies Notified Type Notification		Str	reet Addi	ress				ASE	ESTO	s cc	NTF	O
EPA Initial Amended Amendment #_				Zip Code NJ 0790	1			7,00	LIC	ENS	NG	
DOL Amendment #_ Emergency (in justification) DCA Cancellation	cluding	1,000	ame of C					Telephone Nu	mber			
			FACILI	TY INFORM	ATION	Type of	Facility (4)					
ame of Facility Where Abatement is Taking House	Place (3)					Sc St	thool (K-12)	(Other than K-1	2)			
street Address						Square	c.)	# of Floors	Blo	lg. Ag		#) -
City (5) Summit						N/A		N/A	N/	A		
County (6) Union		C (S	ounty Co	ode (7) SE ONLY) _		House	е	if being demolis	shed)			
Name of Monitoring Firm Hired by Building O'N/A	wner (8)		ASCM	No.	D&5	S Abate	ment Contr ment, Inc					
Street Address					11 F	Ü	ren Avenu	ie				
City, State, Zip Code					Total		07512					
Project Manager for Monitoring Firm		Т	elephon	e No.	973	ohone No -345-86	885	License 01311	No.			
	Schedule 10/25/2		pletion D	ate (11)			A Monitor ement, Inc					
Occupancy Status During Abatement (Check						et Addres Rosena	s ren Aveni	ue				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Occupied	eriod of A al Facility	batem Hours	ent		City,	State, Zi						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti	ion			× Min	i-Enclosure			cedur Abate	e ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normal d Sole intenal todial S (12)	ly ly by nce/	(i.e. th	Descripti s Containing termal syste surfacing, other miscel	g Material ems insula VAT, or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
December	Yes	No X	IN/A		Pipe inst	ulation		35 LF	Х			
Basement												
Name of Registered Waste Hauler D&S Abatement, Inc.		H	NJDEP V Hauler ID 20996	No.	Cubic Yard of Waste TBD	s	Waste	Registered Lan Managemen		\		
City, State Totowa, NJ	5-31-17				Disposal D TBD	ate	City, Stat	wn, PA				
Completed by Ned Joksimovic	Title Proj	ect M	lanager	-	Signa	ture	Sh		Date 10/11	/2016	6	

Print Form

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

MO17469078259

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

011901010201	Ν		CATION	OF ASBE	STOS	ABATE		IT)_[C	E		\mathbb{V}	
Date of Notification (1) 10/11/2016				f Building (ler Bhan		perator	(2))CT	1	8 2	016	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified Type Notification			Street A	ddress	_				14		201	-		010	1
X EPA X Initial Amended			City Sta	ite, Zip Co	de				-	ASBE	STO	5 (MOS	TRO	3 10
× DOL Amendment				City, N.		4				AODL	LIC				
Emergency (in justification) DCA Cancellation	ncluding	1 1		f Contact	500 m				Tel	ephone I	Numbe	er			
DCA Cancellation				ler Bhan					<u>i</u>						
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATI	ON	Tyr	oe of Facility (4)						
House	•	6 :					П	School (K-1							
Street Address							×	Subchapter Other (i.e. p etc.)				uild	ings,	home	es,
City (5) Jersey City							Sq.	uare Feet	# o N//	f Floors A			dg. A /A	ge	
County (6) Hudson				Code (7) USE ONLY)	-			rrent Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building CN/A	wner (8)		ASCN	/I No.				batement Cor atement, In		(9)					
Street Address						Street 11 R		ress engren Aver	nue						
City, State, Zip Code						A Committee of the Comm		Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3		No. -8685		License 01311					
Start Date (10) 10/21/2016	Schedule 10/22/2		pletion I	Date (11)				SHA Monitor atement, In	C.						
Occupancy Status During Abatement (Check	Only On	ie)				Street									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Occupied						City, S	state,	ngren Aver Zip Code	nue						
						Toto	wa,	NJ 07512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	tenovat emoliti				×		Full Containmon Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					е	
=	Is	Location	on											ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	lormall d Solel intenar odial S (12)	y by nce/ staff?		os Cont thermal surfac		Mater s ins T, or	r	(5	mount Specify or LF)	100000000000000000000000000000000000000	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		D:					0.1.5	-				
Basement		X			Pipe	insula	ition	1	1	2 LF		X			
Name of Registered Waste Hauler		NI	JDEP W	laste	Cubic	Varde		Name of	Panieta	ared I and	dfill				
D&S Abatement, Inc.		H	auler ID 1996	ACHERON .	of Was			Waste				Α			
City, State Totowa, NJ		,			Dispos	al Date	1	City, Stat Tullytov		Ą					
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		S	ignature	110	U-			Date 10/1	1/2	016		



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

011000	(Pi	ursuant	to NJAC	8:60 an	d 12:12	0)		To an and a second	7)_[3 (\mathbb{V}	
Date of Notification (1) 10-12-2016		Name o	of Building Yum	Owner/0	Operator	r (2)		Barran com	1	00	T 1	8 %	2010	Anna in the Company of the Company o
Agencies Notified Type Notification		Street A	Address					\dashv	4			0 6	UID	- -
X EPA X Initial Amended									L					
			ate, Zip C						AS	BES		CON		L&
Emergency (including	_		Hills NJ		}							AOUA	<u> </u>	
DOH justification) Cancellation		Name o	f Contact					Te	lephor -	ie Nur	nber	+,		
Cancellation			ILITY INF	ODMATI	ON	_						-		
Name of Facility Where Abatement is Taking Place (3)	FACI	ILIT INF	ORWAT	ON	Тур	e of Facility	(4)				77.500		
Private Dwelling						П	School (K-	12)						
Street Address						×	Subchapter Other (i.e. p	8 (Oth				dings,	home	es,
City (5)						Squ	etc.) uare Feet	# 0	of Floor	'S	E	Bldg. A	ge	
Short Hills NJ 07078						N/A		N/	Ά		1.55	N/A		
County (6) Essex		County	Code (7)	7			rent Use (Pri		ing de	molish	ied)			
Name of Monitoring Firm Hired by Building Owner (8)					- N		ivate Dwel	-	(0)					
Bioterra Solution)	ASCN	vi No.				patement Cor ontracting		r (9)					
Street Address					Street									
1130 W Chestnut Street							734							
City, State, Zip Code Union NJ 07083							Zip Code nd Park NJ	0740						
Project Manager for Monitoring Firm		Telepho	no No		Section 2			0742	10000	N	21			
Rick Eustaquio			94-3762		Teleph 973-		-6298		012	nse N	0.			
			Date (11)			1	SHA Monitor							
10-21-2016 10-24-					Ama	x Co	ontracting	LLC						
Occupancy Status During Abatement (Check Only Or	ne)				Street	Addr	ess				7			
Facility Closed/Vacated During Entire Period of	Abatem	ent			PO E	30X	734							
Abatement Performed Outside of Normal Facility Other – Describe:	y Hours						Zip Code nd Park NJ	0745	0.4					
Scope of Work (Check All That Apply)					VVOC	Julai	iu Park NJ	0742	24					
	Renovat	tion			×	ส -	'ull Contoinm	ant with	- None	tiva D				
	Demoliti						ull Containm Iini-Enclosur		n Nega	tive P	ressu	re		
					×		Slovebag Pro Ion-Exempte			Erich	o Dro	oodur	0	
lo lo	Location	20			-		ion-Exemple	u () ai	IQ INOIT	-i Hab	10	-3011	ement	
	Normall	2000		Dog	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)	ed Solel intenan			tos Cont	aining M	/lateri	ial (ACM)	A	mount	t			т	_
IU DE ADATEU	todial S	1000 E	(i.e.	thermal	systems cing, VA				Specify F or LF		Ren	Re	ncap	Encl
(13)	(12)				niscellar			0.	OI LI	,	Remova	Repair	Encapsulate	Enclosure
Yes	No	N/A									_		ate	е
Basement		х			VAT			1.	40 SF	=	х			
					-326011									
Name of Registered Waste Hauler	N.	JDEP W	'aste	Cubic	Yards		Name of	Registe	ered La	andfill				
Amax Contracting LLC	1000	auler ID 3184	No.	of Was			GROW							
City, State					al Date	P	City, Stat	e		_				
Woodland Park NJ 07424					-2016	1 13	7, - 34	_						
Completed by Title				S	ignature	1/	1			Da	te			
Tome Maslarkov Proje	ct Ma	nager			_ /	11	~	7		10	-12-	2016		

											13.24	FIII	IL FO
CHOTE	56	NO	(Pu	CATION rsuant t	te of New Jersey OF ASBESTOS A to NJAC 8:60 and	ABATER 1 12:120)		E C		V		A-100
Date of Notification (1) 10/12/16					Building Owner/C & Annette Ku				0.07	1 0	004	C	
Agencies Notified	Type Notification		5	Street Ac	ddress				- UU1 	1 0	- 201	0	La
EPA DEP DOL	Initial Amended Amendment				te, Zip Code Beach Twp NJ	08008			ASBESTO LIC	S CO	ONTI ING	ROL	&
DOH DCA	Emergency justification) Cancellation	* 0.0-300 Act 10-10-10-10-10-10-10-10-10-10-10-10-10-1	1 97	Bill	Contact			Te	lephone Nur				
Name of Facility Where A William & Annette A Street Address				FACIL	LITY INFORMATI	OM		-12) er 8 (Oth	ner than K-12	2)			
City (5)							Other (i.e. etc.) Square Feet		& commerci	В	ldg. A		s,
Long Beach Twp N	J 08008			County C	Code (7)		1000+ Current Use (P	rior if be	eing demolish		5+		
Ocean	III- II- Dalldian	O (0)			JSE ONĹY)	Nama	Home of Abatement C						
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCIVI	I NO.	Pern	aco Inc.	UITII acto	1 (8)				
Street Address							Address Box 329						
City, State, Zip Code							tate, Zip Code Berlin NJ 08	3091					
Project Manager for Mor	itoring Firm			Telephor	ne No.	7	none No. 753-9800		License N 00727	o.			
Start Date (10) 10/25/16		Scheduled 10/31/16		pletion [Date (11)	Name Sam	of OSHA Monito 9	or					
Occupancy Status Durin				oot .		Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	nal Facility I	Hours	ent		City, S	tate, Zip Code						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	CHESTORY	enova emoliti			×	Mini-Enclose Glovebag Pi	ure rocedure	th Negative F e nd Non-Friat			e	
		100	.ocati									ement pe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Mair Custo	Sole ntenar	ly by nce/	Asbestos Con (i.e. therma surfa		Material (ACM) s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior S	Siding			×	Exte	erior Si	ding	2	200 SF	x			
											-		
		-		-				-		-	+-	-	-

Date

10/12/16

Name of Registered Landfill

Morrisville PA 19067

G.R.O.W.S.

City, State

Cubic Yards

Disposal Date

Signature

10/31/16

of Waste

5

NJDEP Waste

Hauler ID No. 22459

Title

President

Anthony T Perna

Completed by

United Roll off

City, State

Elm NJ

Name of Registered Waste Hauler

CK + 4080

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OCT 1 8 2016

		(Pt	ırsuan	t to NJAC	C 8:60 and 12:120	0)	II' OCT 1	9 2	016	1	L
Date of Notification (1)			Nan	ne of Buildin	ng Owner/Operator	(2) ONTRAC	Dat .		0.10		
Agencies Notified Type Notification BPA Minitial Amended	on		_		161 R	7 9 L	LICEN	SIN(HC 3	E G	_
DOL Amendmen	(includir	ng	_		PE MK	W.	T 0820				
DOH justification Cancellation			Nam	ne of Conta	_		Telephone Numb	er			
9			FA	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Take PESIDEN Street Address		ce (3)					12) r 8 (Other than K-12 private & commercia		dings	h c	
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County (6) CAPE WAY			Cou	inty Code (E ONLY)	7) (STATE	VI	Prior if being demolis	hed)			
Name of Monitoring Firm Hired by Building (8)	Owner		ASCN	/ No.		o reconstruction of the contract of the contra	5N C				
Street Address					Street Address	S. Sp	RUCE AU	E			
City, State, Zip Code					City, State, Zip C		ADE NIJ		080))	2
Project Manager for Monitoring Firm		_	ephone		Telephone No. 856-77		License No.	14			_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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State of New Jersey

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Christina Lynch		Opera	tions	Manag	ger		(MA	De la		10/	12	16	2	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Date of Notification (1) Name of Building Owner/Operator (2) OCT 18 2016 September 26, 2016 PA of NY & NJ Agency Notified Type Notification Street Address Goethals Bridge, 2777 Goethal Road North BESTOS CONTROL & ☐ Initial ☐ EPA Not required per State Peg. 10-2004 City, State, Zip Code Amended LICENSING Amendment # 02 DOL. Staten Island, NY 10303-8413 Emergency (including Name of Contact Telephone Number justification) **⊠** DOH □ DCA ☐ Cancellation Uday Mehta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Goethals Bridge - New Jersey Side of Bridge ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, 2777 Goethals Road North homes, etc.) City (5) Square Feet # of Floors Bldg. Age Staten Island, NY 10303-8413 440.758 88 +/-1 County (6) County Code (7) (STATE USE Current Use (Pr or if being demolished) ONLY) Middlesex Bridge Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Saban Engineering Group, Inc. N/A B&N&K. Restoration Company, Inc. Street Address Street Address 223 Randolph Avenue 201 Stuvvesant Avneu City, State, Zip Code City, State, Zip Code Lyndhurst, NJ 07071 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Stephen Pharai 201-673-0064 973-478-4681 00120 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor October 07, 2016 December 31, 2016 McCabe Environmental Services, L.L.C. Occupancy Status During Abatement (Check only one) Street Address 464 Valley Brook Avenue ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other - Describe: Non-friable exterior work Lyndhurst, NJ 07071 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure $\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ ☐ Demolition ≥ 160 sf or ≥ 260 If ☐ Glovebag Procedure ⋈ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Remova Enclosure TO BE ABATED (i.e., thermal systems insulation, (Specify Repair Custodial IN Facility surfacing, VAT, or SF or LF) Staff? (13)other miscellaneous) (12)No N/A Bakers Basin 300 In ft Concrete Encased Transite Pipe (Duct Bank) Bakers Basin Two debris piles consisting of transite pipe & concrete 20 yards each Bakers Basin 6 Bearing Plates 12 sq ft Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Grand Central Sanitary Landfill (Non-Friable)
Tullyfown Landfill, Friable (Friable Note: Waste Management will direct truck to specific Grows North Landfill, Friable site for friable materials) Two Brothers Contracting, Inc. 18743 City, State Disposal Date City, State 10/07/2016 -Totowa, NJ 07512-1120 Penn Argyl, PA, Tullytown, PA Morrisville, PA 12/31/2016 Completed by Title Date Signature G. Roger Woodman 10/11/2016 **Project Manager**

State of New Jersey

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CK 30034

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

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State of New Jersey
NOTIFICATION OF ASSESTOR AS

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NEWARK	County (Cou	inty Code	(7)	13,90	00 1				J. Age 52
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ATC GROUP SERVICES	y Build	ng Ow	mer (8)	ASCA	1 No	TO O I WILLIAM	CIAL			}	
Street Address			37		98		Name of	Abatement Cont	ractor	(9)		
104 EAST 25TH STREET					- 00		I. YUY LIVV	INUNIMENTAL C	ORPO	RATIO	NC	
City, State, Zip Code							Journal March	iess				
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	1	VV TOF	KK 100	010			SUFFFRN	NEW YORK 109				
FAIRICK SISK		2	elepho	ne Number			Telephone	Number				
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10 / 10 /16 Month Day /16		Joneu.	12 /	oletion Date (11)		Name of OS	SHA Monitor	1101			
Occupancy Status During Al		Month	12 /	30 Day	/16	- 1	AMERISCI	LABORATORIES			270	
Occupancy Status During Abatemen X Facility Closed/Vacated D	t (Check	only or	ne)						INC		#114	480
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Abatement Performed Out X Other - Describe:	side of N	lormal	Facilit	y Hours - Desi	cribe:		III EAST 3	OTH STREET				
						to	City, State, Z	in Co. I				
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Y > 100 0-	had to the second			-		-11010,		-3e i ressure				
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me of Registered Waste Hauler OBAL WASTE INDUSTRIES V. State CKETTSTOW, NJ 07840 Inpleted by (Print or Type) NJAMIN SANCHEZ	Haule 2	r ID No 2147	Dis	40 sposal Date 10-12/30/16		City.	State	red Landfill ILL/TULLYSTOW A 19067/TOLLYS				

State of New Jersey

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105-119 AVENUE I		1000							X O	ther (ie. r	private & c	unan K	-12)		
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NEWARK	Cou	inty (6	6)			C	, -		13,9		1				g. Age
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State of New Jersey TROL CLOSED, HOLIDAY

NOTIFICATION OF ASBESTOS ABATEMENT

	(Pursu	ant to N.J.A	<u>.C.</u> 8:60 and	12:12	(0)	Ck	#3	10	9	
Date of Notification (1)			Owner / Operato		V/N 705					
Agencies Notified Type Notification	,	Princeton Univ Street Address	versity – Office	of Des	ign and Co	nstruct	ion	/ E	j pro	1
EPA Type Notification		200 Elm Drive								
☐ DEP ☐ Initial		City, State & Zip	Code		The state of the s	OOT 4	0.00		11	111
☐ DOLWD ☐ Amended	L	Princeton, NJ				OCT 1	8 20	9,550	lemane.	7
□ DHSS	All the state of t	Name of Contact					Teleph			er
BCA Cancellat	lion	Bob Ortego			ASE	BESTOS	SOIVI	IUL	. 1	
			FORMATION			LICE	VSING			
Name of Facility Where Abatement is SAYRE HALL	s Taking Place (3)	Type of Facil							
Street Address				N 10	ther than K-	12)				
300 Forrestal Road			Other (i.				ngs, hor	nes,	etc.)	
			Square Feet	#	# of Floors		Bldg. A	ge	*	
City (5)	unty (6) Co	unty Code (7)	20000		4			63		
Plainsboro Me	rcer		Current Use			shed)				
			Offices/cla							
Name of Monitoring Firm Hired by Bu ATC Group Services, LLC	ııldıng Owner (8)	ASCM No	교육에 대한 경찰		and the state of the property of the state of	9)				
Street Address			Street Addres		ental, inc.					
Three Terri Lane			1123 Beave		t					
City, State & Zip Code			City, State &	Zip Cod	е					
Burlington, NJ 08016			Bristol, PA							
Project Manager for Monitoring Firm Mike Keehn		hone Number 386-8800	Telephone N (215)788-60			License 00509	Number			
	eduled Completic	on Date (11)	Name of OSI	HA Moni						
10/11/16 Occupancy Status During Abatement	10/11		Bristol Env		ntal Inc.					
Facility Closed/Vacated Durin			Street Addres		t					
Abatement Performed Outsid	경투하다 (1) [1] 경영 경영 보다 하면서 그렇게 있다고 있다.									
Describe:		The second of th	Bristol, PA							
		o 3:30 pm								
Scope of Work (Check all that apply)					Iull Containm	ont with !	Mogative	Dro	. auto	
≥3 sf or ≥3 lf	\boxtimes	Renovation			ull Containm Ini-Enclosur		vegative	Pies	ssure	!
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Location of		Location	Description			Amount	Ab	atem	ent T	ype
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TO BE ABATED		tenance or	(i.e., thermal s			or or Lr)	교	R	ince	Enc
in Facility	Custo	odial Staff?	insulation, surfac	cing, VA			Remova	Repair	Encapsulate	Enclsoure
(13)	Yes	(12) No N/A	or other miscell	aneous)			<u> </u>	7	late	Гe
Room 111			Floor tile & r	nastic		16 SF		П	П	П
								П		
N			To 11 V 1	1.1	(D : 1	1.1 1511				
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	of Waste	Name	of Registered	a Landiiii				
Bristol Environmental Inc		18706	1	G.R.O	.W.S. Nortl	h Landfi	II			
City, State		1	Disposal Date	City, St					iin e e e	
Bristol, Pa			TBD	Morris	sville, Pa 19	9067				
Completed By (Print or Type)		Title	Signature	2 0	0 1	-	Date			
PATRICK T. DECARO		Project Manager	Patrick 1	1. S	Care /	el	10/1	0/1	6	

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

	120		(Pursuar	nt to NJA	C 8:60 a	nd 12:12	20)	14		EC		3	W	F	B
Date of Notification (1)	20 20:22			Name	of Buildin	g Owner	/Operato	r (2)			L W) <u>L</u>	a []	U		1
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DOH DCA	justification Cancellatio)	5	Name Boliv	of Contac	t				Te	elephone	e Nur	mher			
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Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	of At	atement Co	ontracto	r (9)					
							All S	oluti	ons Cont	tracting	g INC					
Street Address						70-0-00-000	Street		7.7.7	In the second						
City Chata 7ia Cal							24 C	- Committee Committee								
City, State, Zip Code									Zip Code		2015					
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Other - Describe: at					-				NJ 0740)7						
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≥160 sf or ≥260 lf			Demoli	tion			×	Mi	ni-Enclosur	re	····oga		0000			
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Completed by		Title				Si	gnature		/	7	7	Date				-
luis arcila		presi	dent				pr		- /4	M	_ ,	10/	13/2	016		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	1			Name of	Building.	Owner/C	perator	(2).	-	CONTROL &	SOI	BES	SA
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DOH DCA	☐ Cancellation			HA	. MP	TNN	1	2005A	-				-
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Project Manager for Monit	oring Firm			Telephor	ne No.		73	x 300	X75	GO CO	866)	
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Other - Describe:	=						OID	13900	ol_	N.J. 08	957		
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2016-140 B & G proj. #: Check # 8065 Date of Notification (1) Name of Building Owner/Operator (2) 11 10 1/11 14 1/11 16 1 Adam Frej Sr. Type Notification Agencies Notified Street Address OCT 1 8 2016 ☐ EPA X Initial DEP City, State, Zip Code **ASBESTOS CONTROL &** Amendment X DOL South Orange, NJ 07079 Telephone Number Name of Contact X DOH Cancellation ☐ DCA Adam Frei Sr. **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Adam Frej Sr. Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) South Orange, NJ 07079 Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 11/01/2016 11/02/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure ★ Glovebag procedure Demolition | Renovation Non-friable procedure Mini-enclosure >160 sf or >260 lf E Is location normally used solely Е Location of by maintenance/custodial n Amount asbestos-containing n Description of asbestos-containing m D C staff(12) (Specify SF or C material (ACM) material to be 0 a а abated in facility (13) V Yes No N/A p X pipe insulation 6 If electrical closet 1 fitting X X pipe fittings main room Cubic Yards of Waste | Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 11/02/2016 Lincoln Park, NJ Signature Date Completed by (Print or Type) Title Gordana Luna 10/14/2016 Secretary/Treasurer

Gordana Luna

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-152

Check # 8064 Date of Notification (1) Name of Building Owner/Operator (2) 11 10 1/11 14 1/11 16 1 Karen & Sanford Kessel Agencies Notified Type Notification Street Address ☐ EPA OCT 18 2016 Initial ☐ DEP City, State, Zip Code X DOL Amendment Hawthorne, NJ 07506 ASBESTOS CONTROL & X DOH Name of Contact Telephone Number Cancellation ☐ DCA Karen Kessel **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Karen & Sanford Kessel Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Hawthorne, NJ 07506 Passaic residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor B & G Restoration, Inc. 10/27/2016 10/28/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition | Renovation X Full Containment w/negative pressure ≥160 sf or >260 lf ✗ Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing е е Description of asbestos-containing Amount n staff(12) material to be m n p material (ACM) (Specify SF or C abated in facility (13) 0 a C Yes LF) No N/A L D basement boiler insulation 28 sf X basement X pipe fittings 11 fittings X laundry & main room pipe insulation 17 If X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 10/28/2016 Tullytown, PA Completed by (Print or Type) Signature Title Gordana Luna Gordana Luna Secretary/Treasurer 10/14/2016

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-143

Check # 8063 Date of Notification (1) Name of Building Owner/Operator (2) 1 10 1/1 14 1/11 16 1 Kate Brangaccio Agencies Notified Type Notification Street Address ☐ EPA OCT 18 2016 X Initial DEP City, State, Zip Code X DOL Amendment Glen Rock, NJ 07452 ASBESTOS CONTROL & X DOH Name of Contact Telephone Number Cancellation DCA Kate Brangaccio **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Kate Brangaccio Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Glen Rock, NJ 07452 Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 10/24/2016 10/25/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure × >3 sf or >3 If ≥160 sf or >260 lf X Mini-enclosure Non-friable procedure Is location normally used solely Location of by maintenance/custodial E asbestos-containing e е Amount Description of asbestos-containing staff(12) material to be m p C (Specify SF or material (ACM) C abated in facility (13) 0 a Yes No N/A а main rm, bedroom, weight rm & X pipe insulation 157 If X boiler room areas Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ 10/25/2016 Tullytown, PA Completed by (Print or Type) Signature Date Gordana Luna Gordana Luna Secretary/Treasurer 10/14/2016

Check No NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Date of Notification (1 Name of Building Owner/Operator (2) September 26, 2016 PA of NY & NJ OCT 18 2016 Agency Notified Type Notification Street Address Goethals Bridge, 2777 Goethal Road North ☐ EPA ☐ Initial ASBESTOS CONTROL 8 City, State, Zip Code Not required per State Reg. 10-2004 LICENSING X DOL Amendment # 03 Staten Island, NY 10303-8413 □ Emergency (including Name of Contact Telephone Number M DOH justification) ☐ Cancellation □ DCA Uday Mehta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Goethals Bridge - New Jersey Side of Bridge ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, 2777 Goethals Road North homes, etc.) City (5) Square Feet # of Floors Bldg. Age Staten Island, NY 10303-8413 440,758 88 +/-1 County (6) County Code (7) (STATE USE Current Use (Prlor if being demolished) ONLY) Union Bridge Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Saban Engineering Group, Inc. N/A B&N&K. Restoration Company, Inc. Street Address Street Address 201 Stuyvesant Avneu 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Lyndhurst, NJ 07071 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Stephen Pharai 201-673-0064 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 07, 2016 December 31, 2016 McCabe Environmental Services, L.L.C. Occupancy Status During Abatement (Check only one) Street Address 464 Valley Brook Avenue ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: Non-friable exterior work Lyndhurst, NJ 07071 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Mini-Enclosure □ Renovation ☑ Demolition ≥ 160 sf or ≥ 260 If ☐ Glovebag Procedure ⋈ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure TO BE ABATED (i.e., thermal systems insulation, Remova Repair (Specify Custodial IN Facility Staff? surfacing, VAT, or SF or LF) (13)other miscellaneous) (12)No N/A East Bound NJ approach of existing bridge 300 In ft Concrete Encased Transite Pipe (Duct Bank) East Bound NJ approach of existing bridge Two debris piles consisting of transite pipe & concrete 20 yards each East Bound NJ approach of existing bridge 12 sq ft 6 Bearing Plates (coated with asbestos containing paint) Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Grand Central Sanitary Landfill (Non-Friable)
Tullytown Landfill, Friable
(Friable Note: Waste Management will direct truck to specific
Grows North Landfill, Friable site for friable materials) Two Brothers Contracting, Inc. 18743 City, State Disposal Date City, State 10/07/2016 -Totowa, NJ 07512-1120 Penn Argyl, PA, Jullytown, PA Morrisville, PA 12/31/2016 Completed by Title Signature Date G. Roger Woodman Project Manager 10/12/2016

State of New Jersey

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Date of Notification (1) /0/13/16 Agencies Notified Type Notification)F7			of Building Own	91TK		and the second		nc:	<u> </u>	n n
EPA Initial Amended Amendme Emergency DCA Cancellate	y (indudir 1)	PQ .	Name	WEST F of Contact 11A Art	KEN	N.J O	7090	ASBI	EST LI	OS	CO1
Name of Facility Where Abatement is Tak RESIDO CE Street Address	ing Place	(3)	F.A.	CILITY INFORM	ATION	Other file elg.)		-12) roial by	ulding	s hor	mes.
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Name of Monitoring Firm Hired by Building	Owner (i	Sj.	A50	M No	Name A.MA	of Abatement C C Contractin	DINTAL. untractor (9) ig Inc.				
Street Address					Street	Address /reeland Ave	***************************************				
City State Zip Code		*			3 - Land - Land	tate, Zip Code ind Park, NJ	**************************************	***************************************			
Project Manager for Monitoring Firm			Teleph	one No.		one No. 262-5841	License 00156	No.			
Start Date (10) 1 11116 Occupancy Status During Abatement (Che-	1	1/2	npletion 16	Date (11)		of OSHA Monitor Ja Environme	ental Services	****	-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Ahaton	nent		280 F	Address Juyler St					***************************************
Other - Describe	rer racin	ly moun	»			ate. Zip Code ensack, NJ 0	7606				
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empleted by seph Vocaturo	Title Vice F	Presid	ent		ignature	4. Vous	To.	/o /	12/	lh	-

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/13/16 1266 APARTHENT COLP. Agencies Notified Type Notification 2 HORIZON ROLD × Amended City State. Zip Code DOL Amendment # FORT LEE , N.J ASBESTOS CONTROL & Emergency (including DOH LICENSING Telephone Nur Cancellation PETER STOPE JEO PHERD Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House MOLIZON School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes $\overline{\mathbf{x}}$ etc i Square Feet # of Floors Bldg. Age FOLT LEE 18,000 150 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) BERGEN RESIDONTIAL. Name of Monitoring Firm Hired by Building Owner (8) ASCM NO. Name of Abatement Contractor (9) A.MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave. City State Zip Code Midland Park, NJ Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (201)262-5841 00156 Start Date (10 Scheduled Completion Date (11) Name of CSHA Monitor 11/24/16 10/24/16 Omega Environmental Services Juring Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huvler St Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Hackensack, NJ 07606 Scope of Work (Check All That Apply) 23 8f or 23 # Renovation Full Containment with Negative Pressure 2160 st or ≥260 P Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure is Location Abatement Normally Type Location of Used Solely by Description of Ashestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO SE ABATED (i.e. thermal systems insulation, surfacing, VAT, or (Specify SF or LF) Custodial Staff? Removal In Facility Repair (12)other miscellaneous) Yes No NIA PIPE INSULATION 195 LF 95 LF INSULATION Name of Registered Waste Hauler Subst. of Vitaste. Cubic Yards Name of Registered Landfill Haufer ID No. Newark Carting, Inc. IESI PA Bethlehem Landfill Corp. 04509 Disposal Date City, State Newark NJ 10/24/1600 Bethlehem PA Completed by Signati Joseph Vocaturo Vice President 10 3/16

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

CHECK# 9236

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Date of Notification (1)	- Ha		Name	~	ng Owner/C			and the second		E	G	E	
/6/13/16 Agencies Notified Type Notificatio	n		Street	SEO Address	(CDE	ME	NEGATO	S -	31				
EPA DEP DOL Amended Amended Amendme Emergenc justification Cancellate	y (includini 1)	7	E	NGU ON R	EWOOL	200	J.5 CAT)	0763		4 material			8 20
Normand Enable (Affice Abote model Tab	an Olana 1	(9)	and the section of		FORMATI								
Name of Facility Where Abatement is Tak LES IDENCE Street Address Oly (5)		(3)				100000000000000000000000000000000000000	Other (i.e etc.)	er 8 (Other that private & com	merc	aal bui			ies,
ENGLEWOOD							Square Feet / 950	# of Floor	5		3ldg.	Age CO	0.000
Bey 66%)	**************************************	Ī		Gode (7 USE ON			Current Use (F	nor if being der					
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No		Name A.MA	of Abatement C C Contractir	ontractor (9)	/~:	<u> </u>			
Street Address				***************************************			Address /reeland Ave	4					
City State Zip Code					o de la constante de la consta		ate, Zip Code nd Park, NJ					***************************************	***************************************
Project Manager for Monitoring Firm			Telephone No Completion Date (11)				elephone No. License No. 201)262-5841 00156						
/o/22/16		10	Completion Date (11) Nat 0 / 30 / 16 Or				me of OSHA Monitor mega Environmental Services						
Coupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of	Abaler	nent			280 F	kddress luyler St	V0770AM					
Other - Describe	(racroust)	y modii	3				ate Zip Code ensack, NJ (7606					
cope of Work (Check All That Apply) 23 sf or 23 if 2160 st or 2260 if	generally.	Renova Demolit					Mini-Enclosu Glovebag Pro					e	
	4											emen /pe	
Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Gust	id Sole intenar lodial S (12)	ocation ormally De Solely by Itenance/ (i.e. thermal dual Staff? (12) Short of the sole of				iterial (ACM) insulation, . or	Amount (Specify SF or LF)		Removal	Repair	e Cincapsulate	PATISODA E
Basement	Yes	No	NUA /		VAT			5505	F	/		10	
													1900 - 1900 - 190 0
ame of Registered Wasts Hauler		I N.	JDEP W	aste	Cubic Y	arris	Name	Registered Lar	ON STATE				
wark Carting , Inc.		H	auler ID I ISO9		of Waste		1	A Bethlehem		ndfill	Corr)	
v State wark NJ	1 (2 %)	Disposal Date (M).											
ontoleted by seph Vocaturo	Title Vice f	Presid	lent		/0/2 Sigi	C/16			Dai		, ,,, 1		
5B 41 P 08-08.	-L					1	Vorale	w		10/	13]	16.	

(13)	Cus	(12)	Statt?		extracing, VAT, or other miscellaneous		SF or LF)		Repair	ncapsulate	
-	Yes	No	N/A					E	=	Mate	
FLOOR			X		FLOORING		3285F	1-	-		_
Roof			K		FLASHUL		55F	×			
		-			·			~		\dashv	
Name of Registered Weste Mauler Newark Carling, Inc.		1 -	JOEP Was louler ID N 4509	ste 0.	Gubic Yards of Wasta		Registered Landilli Central Sanitary	100			
City, State Newark, N.J. 07105			-		Disposal Data	City, Stel	ь	- dr ()	21311		_
Completed by R. McDonald	Tile Presi	dent			Signature	CO A	gyl, PA 08072	1	5/	16	_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building Owner/Operator (2)											
(October 12, 20	16			Jacobs Demolition & Carting									
Agencies Notified	fied Type of Notification			Street Address					 - 8	13				
[X] EPA	[] Initia	ıl Notifica	ation			POB	ox 9			The second second				
[] DEP		nded Not			City, State, Zip Co	ode		HI)	1 0	2010				
[x] DOL	10020 12	ndment # rgency (ir			,,		squan, NJ 08736	<u> </u> OCT	18	2016)	Lancor!		
Lv J DOIL		fication)	iciuding		Name of Contact									
[X] DOH	Three states are also as the state of the st	ellation			Linda	ici		Telephone Number			-			
[] DCA						LICENSING								
ST - SE 112 117 11		D		FAC	CILITY INFORM	MATION		31 191 191 191 191 191 191 191 191 191 1	m" I continue					
Name of Facility Where Ab	oatement is Taking Iding	Place (3))				Type of Facility (4							
	idilig							School (k-12)		8				
Street Address							[]	Subchapter 8 (or						
231	Ocean Avenu	e					[x]	Other (i.e., priva homes, etc.)	ite & co	mmerc	ial buil	dings,		
		County	y (6)		County Code (7)		Square feet	# of Floors	Blds	g. Age				
Point Pleasant					(STATE USE ONL	Y)	500 sf	1			0			
		Ocea	n					if being demolished)					
Name of Monitoring Firm I	Lirad by Duilding	Oumar (8	`		ASCM No.		Buildi							
N/A		Owller (8)		ASCM No.	Name of	Abatement Contracto		Ima					
Street Address						Street Ad		lian Contracting,	inc.					
								Route 9, Unit 61						
City, State, Zip Code						City, Stat	e, Zip Code	, , , , , , , , , , , , ,						
D :								River, New Jers		755-1	271			
Project Manager for Monito	oring Firm		Telephone	Number			e Number	License N	Jumber					
Scheduled Start Date (10)	T		Scheduled	Completic	on Date (11)	732-349-9932 00624 Name of OSHA Monitor								
10/13/	16		10/14/		on Bate (11)	Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During A					Street Address									
	ity Closed/Vacated						Stelton Road							
	ement Performed (Outside o	f Normal F	acility Ho	City, State, Zip Code									
[] Other	r – Describe							away, New Jerse	ey 088	54				
Scope of Work (Check all th	nat apply)					[v]		697.55	WC/. 350-0			_		
beope or work (Cheek an a	ш арріу)					[x]	Mini-Enclosure	t with Negative Pres	sure					
>3 sf	or ≥3 lf		[]	Renovat	ion	[]	Glovebag Proced	lure						
[x] ≥160	sf or ≥260 lf		[x]	Demolit										
					T			,	-					
									Abate	ement (Гуре			
Location o	£		Is Locatio	55		Description			R	R	Е	E		
Asbestos-Containing Ma		IN	ormally us Solely by			estos-Con Material (A		Amount	Е	Е	N	N		
TO BE ABAT		Maint	enance/Cu			, thermal s		(Specify SF or LF)	М	P	C	C		
in facility		100 M	Staff			lation, sur		Of LI')	0	A	A P	L		
(13)			(12)			VAT, or			V	R	S	S		
					othe	er miscella			Α		U	U		
		YES	NO	N/A					L		L E	R E		
Exterior		-	X	1	Asbestos conta	ining atu	200	200 sf	37		L	E		
Exterior			Λ		Asoesios conta	anning Stud	200	200 SI	X					
Name of Registered Waste H		N.	IDEP Wast			rds of Waste		ered Landfill						
Guardian Con City, State	uracting, Inc.		20)223	2	10:- 0:-	T.R.R.F.							
Toms River, N	New Jersev			Disposa 10/14/		City, Stat	e wn, Pennsylvania	a						
Completed by (Print or Type)	Title		10/14/	Signature	Tullyto	1 Cinisylvalli	а	Date			-		
Nicholas Ferni	icola	Projec	t Manage	er	1	1º-	tel		A-5000000000000000000000000000000000000	2/201	6			
										- Control of the Cont				

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



DEMOLITION / RENOVATION NOTIFICATION

TANDE OF MOTIFICATION (O. O.), I. P. P. I. I. C. C. III.	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O II. IS ASBESTOS PRESENT? (Yes/No):	Y
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)	
OWNER NAME: Jacobs Demolition & Carting	
Address: P O Box 9	
City: Manasquan State: New Jersey Zip: 08736	
Contact: Linda Tel: 732-528-3800	
REMOVAL CONTRACTOR: Guardian Contracting, Inc. NJ License: 00624	
Address: 1889 Route 9, Unit 61	
City: Toms River State: New Jersey Zip: 08755	
Contact: Nicholas Fernicola Tel: 732-349-9932	
OTHER OPERATOR (if different) NJ License:	
Address:	
City: State: Zip:	
Contact: Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation); D	
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)	
Building Name: Building	
Address: 231 Ocean Avenue	
City: Point Pleasant State: New Jersey County: Ocean	
Site Location: Exterior	
Building Size: 500 sf # of Floors: 1 Age in Years: 60	
Present Use: Building Prior Use: Building	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:	
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: Nonf	riable
Asbestos RACM RACM	Material To Be
2. Category I ACM not removed 3. Category II ACM not removed Removed Removed	
Cat I	Cat II
Pipes (Linear feet):	
Surface Area (Square feet): 200 sf Asbestos containing stucco Exterior	
RACM Off Facility Component (Cubic feet):	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED DECLED OF A 2015	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEN AND RENOVATION SITE:	MOLITION
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos w removed full containment procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.	ill be
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.	
	Address: 1889 Route 9, Unit 61	
	City: Toms River State: New Jersey Zip: 08755	
	Contact Person: Nicholas Fernicola	
	WASTE TRANSPORTER #2 Name:	
	Address:	
	City: State: Zip:	
	Contact Person:	
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.	
	Location: Bordentown Road	
	City: Tullytown State: Pennsylvania Zip: 19007	
	Telephone: 215-943-9732 Permit #: 101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER	
	Name: Title:	
	Authority:	
	Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS	
	Date and Hour of Emergency (MM/DD/YY):	
	Description of the Sudden, Unexpected Event:	
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRLASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER	ABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)	DURING ILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title) October 12, 201 (Signature of Owner/Operator) (Date)	.6
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	
	Nicholas Fernicola / Project Manager (Printed Name/Title) October 12, 201 (Signature of Owner/Operator) October 12, 201 (Date)	6

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

56												
Date of Notification (1) October 11, 20	16			Name of Buildin		erator (2) rset Medical Cente	er TE	37	40	11		
Agencies Notified Type of Notified [X] EPA [X] Init	ation al Notifi	cation		Street Address 110 Rehill Avenue								
[x] DOL Am	Amended Notification Amendment # Emergency (including			City, State, Zip C	<u> </u>	T 1	8 20	016				
[] DCA just	justification) Cancellation				Duggall	T.	Telephone Number	FOO 2	·~·	noi r	1	
				Joel Russell								
Name of Facility Where Abatement is Takin Somerset Medica			FA	CILITY INFOR	MATION	Type of Facility (4)	School (k-12)					
Street Address 110 Rehill Avenu	ie					[]	Subchapter 8 (or Other (i.e., priva homes, etc.)		ther than k-12) te & commercial buildings,			
City	Coun	ty (6)		County Code (7) (STATE USE ON	LY)	Square feet 200,000 sf	# of Floors	Bld	g. Age	60		
Somerville	Som	erset			,	Current Use (Prior i	f being demolished)		00		
Name of Monitoring Firm Hired by Building EM & CA	Owner (8)		ASCM No.	Name of	Abatement Contractor	(9)	т.			21-2-3	
Street Address					Street Ad	ldress	an Contracting.	-				
P O Box 872 City, State, Zip Code					City, Sta	1889 R te, Zip Code	oute 9, Unit 61					
Somerville, NJ 08 Project Manager for Monitoring Firm	8876	Telephone	Nīa.la o.a.		Toms River, New Jersey 08755-1271 Telephone Number License Number							
Joel Russell		732-249			III S	732-349-9932 00624						
Scheduled Start Date (10) 10/21/16		Scheduled 10/28/		tion Date (11)	Name of	OSHA Monitor F M S	L. Analytical					
Occupancy Status During Abatement (Check)		New 10 - 6-00	Street Ac	ldress						
[X] Facility Closed/Vacate [] Abatement Performed				OUTS								
Other – Describe					City, Stat	te, Zip Code Piscata	way, New Jerse	y 088	54			
Scope of Work (Check all that apply)					[]		with Negative Pres	sure				
[X] >3 sf or ≥3 lf		[x]	Renova	ation	[] [x]	Mini-Enclosure Glovebag Procedu	ire					
[] ≥160 sf or ≥260 lf		ĺĺ	Demol	ition	[]) and Non-Friable	Procedu	ıre			
						11/2		Abat	ement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	2000	Is Locatio Normally us Solely by tenance/Cu Staff (12)	sed /	(i.dins	Descriptionsbestos-Con Material (A e., thermal st sulation, sur VAT, other miscellar	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R	
Vascular Lab		1	X	Pipe fittings			65 fittings	X	-	Е	E	
Vascular Lab			X	Asbestos pipe	e insulation	1	125 lf	X			-	
Conference soom			X		Hongs		608 20	X	- 57	-	+	
				Pipe Ti	(41. 12)		(Sec) 0-0					
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	NJDEP Wast	e Hauler 0223	ID No. Cubic Y	ards of Wast	Name of Register	red Landfill		1	1	1	
City, State Toms River, New Jersey			Dispos 10/28	sal Date	City, Sta			5- 0 lune lun				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manage		Signature	Tullytt	Wii, reinisyivania		Date 10/	1/20	16		

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



DEMOLITION / RENOVATION NOTIFICATION

Oper	rator Project #:	Postmark:		Notificat	ion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal co	ntractor and other op	perator)				=======================================
	OWNER NAME: Somerset Medical	Center					
	Address: 110 Rehill Avenue	ý					
	City: Somerville S	ate: NJ		Zip:	08876		
	Contact: Joel Russell			Tel:	732-249-3005		
	REMOVAL CONTRACTOR: Guardian	Contracting, Inc	2.		NJ License: 006	524	
	Address: 1889 Rou	te 9, Unit 61					
	City: Toms River St	ate: New Jers	sey	Zip:	08755		
	Contact: Nicholas	Fernicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: St	ate:		Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	E - Emergency Re	novation):	R		
V.	FACILITY DESCRIPTION (Including building name, nu	mber and floor or roo	om number)				
	Building Name: Somerset Medical	Center					
	Address: 110 Rehill Avenue	N.					
	City: Somerville St	ate: NJ		County:	Somerset		
	Site Location: Vascular Lab						
	Building Size: 200,000 sf # 6	of Floors:	6	Age in Y	ears: 60		
	Present Use: Hospital		Prior Use:	Hospital			
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD	, IF APPROPRIATE	, USED TO DETEC			ERIAL:	
2.222	IS MATERIAL ASSUMED TO BE ASBESTOS?			116			
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDIN	1G:					friable s Material
	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION	100000	To Be noved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet): 125 lf	Asbestos	pipe insulation		Vascular Lab	Curr	Jan II
	Surface Area (Square feet): 65 fittings	Pipe fittir	ngs		Vascular Lab		
	RACM Off Facility Component (Cubic feet):						
VIII.) Start:	10/21/1	6	Complete: 1	0/28/16	

(m. 1)	NOTIFICATIO	N OF DEMOLIT	ION AND RENOV	ATION (confi	inued) =	F D D T D
Χ.	DESCRIPTION OF PLANNED DEMOLITION				D	1 3 2016
surfactant	DESCRIPTION OF WORK PRACTICES AND AND RENOVATION SITE: to take place using negative pressure glove-bag method. Privater mix. All waste to be double bagged, sealed and affixed all materials to be kept wet during the entire operation.	or to removal, work area to	be isolated, negative air units	to be put in place. All	asbestos insulation w	ull be saturated with a
xii.	WASTE TRANSPORTER #1 Name: Gu	ardian Contracting,	Inc.			
	Address: 188	39 Route 9, Unit 61				
	City: Toms River	State:	New Jersey		Zip: 08755	
	Contact Person: Nic	cholas Fernicola				
	WASTE TRANSPORTER #2 Name:					
	Address:					
	City:	State:	-	2	Zip:	
	Contact Person:	•				
xiii.	WASTE DISPOSAL SITE Name: T.R	C.R.F.				
	Location: Bor	dentown Road				
	City: Tullytown	State:	Pennsylvania	2	Zip: 19007	
	Telephone: 215-943-9732		Permit #:	101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	IENT AGENCY, PLEA	SE IDENTIFY THE AGE	NCY BELOW AND	ATTACH COPY	OF ORDER
	Name:		Title:			
	Authority:					
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):		
XV.	FOR EMERGENCY RENOVATIONS					
	Date and Hour of Emergency (MM/DD/YY):					
	Description of the Sudden, Unexpected Event:					
	Explanation of how the event caused unsafe condi	tions or would cause equ	tipment damage or an unre	asonable financial b	urden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBLE	LOWED IN THE EVEN ED, PULVERIZED, OR	IT THAT UNEXPECTED REDUCED TO POWDE	ASBESTOS IS FO	UND OR PREVIO	OUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT THE	REQUIRED TRAINING	HAS BEEN ACCO	SUBPART M) W MPLISHED BY T	TLL BE ONSITE DURING HIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	r	(Signature of Owner/	Operator)	<u>C</u>	October 11, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	N IS CORRECT.	/	11		
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/	Operator)	0	ctober 11, 2016 (Date)