

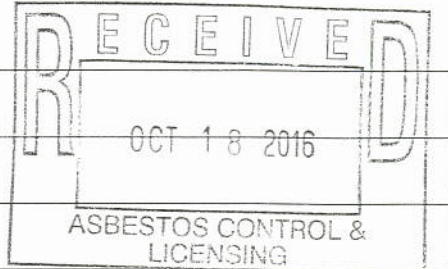
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

RECEIVED
OCT 18 2016
Print Form
ASBESTOS CONTROL & LICENSING

| | | | | | | | | |
|---|---|--|---|---|--|--------------------|--------|---------------|
| Date of Notification (1) 10/11/2016 | | Name of Building Owner/Operator (2) BOROUGH OF MOONACHIE | | ASBESTOS CONTROL & LICENSING | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 70 MOONACHIE ROAD City, State, Zip Code MOONACHIE, NJ 07074 Name of Contact MARYELLEN LYONS Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) NEW MUNICIPAL BUILDING | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 70 MOONACHIE ROAD | | | Square Feet | # of Floors | Bldg. Age | | | |
| City (5) MOONACHIE | | | Current Use (Prior if being demolished) | | | | | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES, INC. | | ASCM No. 00012 | | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC. | | | | |
| Street Address 300 GRAND AVENUE | | Street Address 11 VREELAND AVENUE | | | | | | |
| City, State, Zip Code ENGLEWOOD, NJ 07631 | | City, State, Zip Code TOTOWA, NJ 07512 | | | | | | |
| Project Manager for Monitoring Firm NADINE BELLO | | Telephone No. 973-981-4858 | | Telephone No. 973-866-8700 | License No. 00494 | | | |
| Start Date (10) 10/12/2016 | | Scheduled Completion Date (11) 10/18/2016 | | Name of OSHA Monitor SAME AS (9) ABOVE | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: EXTERIOR | | | | Street Address | | | | |
| | | | | City, State, Zip Code | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥280 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) <u>TO BE ABATED</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulation |
| BELOW GROUND FLOOR SLAB | | X | PIPE WRAP/CLEAN UP | 100 LF | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | | Cubic Yards of Waste 8 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | |
| City, State TOTOWA, NJ | | Disposal Date 10/18/2016 | | City, State MORRISVILLE, PA | | | | |
| Completed by VIVECA RAMOS | | Title PROJECT COORDINATOR | | Signature <i>Viveca Ramos</i> | | Date 10/11/2016 | | |

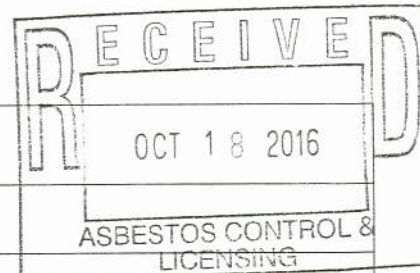
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|---|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/11/2016 | | Name of Building Owner/Operator (2) BOROUGH OF MOONACHIE | | | | | | | |
| Agencies Notified | Type Notification | Street Address 70 MOONACHIE ROAD | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code MOONACHIE, NJ 07074 | | | | | | | |
| | | Name of Contact MARYELLEN LYONS | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) NEW MUNICIPAL BUILDING | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 70 MOONACHIE ROAD | | | | | | | | | |
| City (5) MOONACHIE | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES, INC. | | ASC No. 00012 | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC. | | | | | | |
| Street Address 300 GRAND AVENUE | | Street Address 11 VREELAND AVENUE | | | | | | | |
| City, State, Zip Code ENGLEWOOD, NJ 07631 | | City, State, Zip Code TOTOWA, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm NADINE BELLO | | Telephone No. 973-981-4856 | Telephone No. 973-956-8700 | | | | | | |
| | | License No. 00494 | | | | | | | |
| Start Date (10) 10/12/2016 | Scheduled Completion Date (11) 10/18/2016 | Name of OSHA Monitor SAME AS (9) ABOVE | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: EXTERIOR | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BELOW GROUND FLOOR SLAB | | X | | PIPE WRAP/CLEAN UP | 100 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste 6 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | | | |
| City, State TOTOWA, NJ | | Disposal Date 10/18/2016 | | City, State MORRISVILLE, PA | | | | | |
| Completed by VIVECA RAMOS | | Title PROJECT COORDINATOR | | Signature <i>Viveca Ramos</i> | | Date 10/11/2016 | | | |

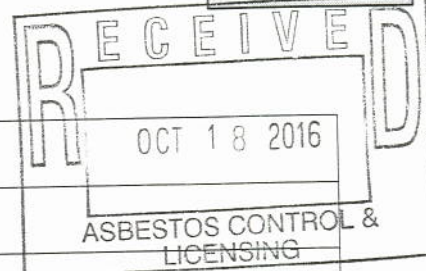
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| | | | | | | | | | |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 12 / 16 | | Name of Building Owner/Operator (2) Kendall Jones | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | | |
| | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | |
| | | Name of Contact Kendall Jones | Telephone Number - | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Jones Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Cherry Hill | | Square Feet 2,400 | # of Floors 3 | | | | | | |
| | | Bldg. Age 80 | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro. Consulting Services | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. 609-298-4070 | Telephone No. 856-755-0099 | | | | | | |
| | | License No. 00842 | | | | | | | |
| Start Date (10) 10 / 26 / 16 | Scheduled Completion Date (11) 11 / 2 / 16 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Attic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vermiculite | 1,200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 15 | Name of Registered Landfill Cumberland County Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date 11/2/2016 | | City, State Newburg, PA | | | | | |
| Completed By (Print or Type) Christina Lynch | | Title Operations Manager | | Signature | | | Date 10/12/16 | | |

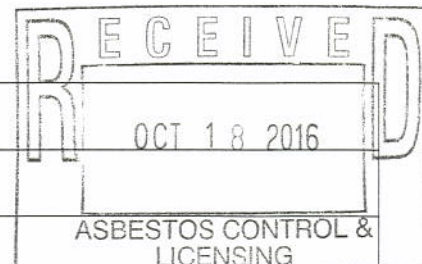
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



| | | | | | | | | | |
|--|--|---|---|---|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 10/11/2016 | | Name of Building Owner/Operator (2) Mary Fischl | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Summit, NJ 07901 | | | | | | | |
| | | Name of Contact Mary Fischl | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Summit | | Bldg. Age N/A | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. 01311 | | | | | | |
| Start Date (10) 10/24/2016 | Scheduled Completion Date (11) 10/25/2016 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe insulation | 35 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management Of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Ned Joksimovic | | Title Project Manager | | Signature | | | Date 10/11/2016 | | |

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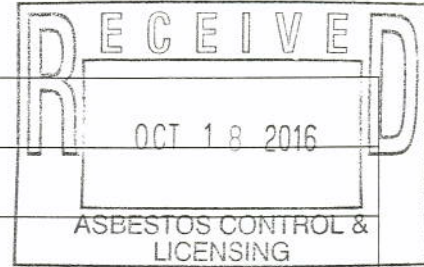
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|--|---|--|---|----------------|---------|--------------------|-------------|-----------|
| Date of Notification (1) 10/11/2016 | | Name of Building Owner/Operator (2) Chander Bhan | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| | | Name of Contact Chander Bhan | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Jersey City | | Bldg. Age N/A | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-345-8685 | | | | | | |
| | | | License No. 01311 | | | | | | |
| Start Date (10) 10/21/2016 | Scheduled Completion Date (11) 10/22/2016 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u> | | Street Address 11 Rosengren Avenue | | | | | | | |
| | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe insulation | 12 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management Of PA | | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature | | | Date 10/11/2016 | | |

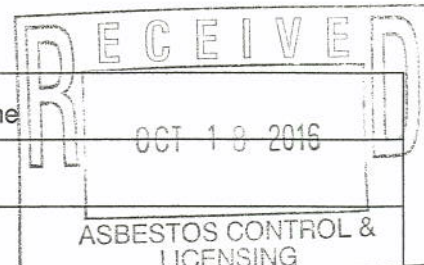
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 10-12-2016 | | Name of Building Owner/Operator (2) Elaine Yum | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Short Hills NJ 07078 | | | | | | | |
| | | Name of Contact Elaine Yum | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Dwelling | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Short Hills NJ 07078 | | Square Feet N/A | # of Floors N/A | | | | | | |
| | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Private Dwelling | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution | | ASCM No. _____ | Name of Abatement Contractor (9) Amax Contracting LLC | | | | | | |
| Street Address 1130 W Chestnut Street | | Street Address PO BOX 734 | | | | | | | |
| City, State, Zip Code Union NJ 07083 | | City, State, Zip Code Woodland Park NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-692-6298 | | | | | | |
| | | License No. 01266 | | | | | | | |
| Start Date (10) 10-21-2016 | Scheduled Completion Date (11) 10-24-2016 | Name of OSHA Monitor Amax Contracting LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____ | | Street Address PO BOX 734 | | | | | | | |
| | | City, State, Zip Code Woodland Park NJ 07424 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | x | VAT | 140 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Amax Contracting LLC | | NJDEP Waste Hauler ID No. 36184 | Cubic Yards of Waste 3 cy | Name of Registered Landfill GROWS | | | | | |
| City, State Woodland Park NJ 07424 | | | Disposal Date 10-29-2016 | City, State | | | | | |
| Completed by Tome Maslarkov | | Title Project Manager | Signature | Date 10-12-2016 | | | | | |

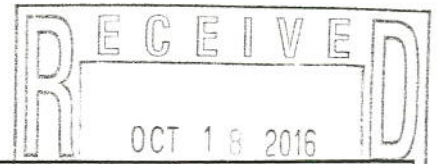
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 10/12/16 | | Name of Building Owner/Operator (2) William & Annette Kustrup Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Long Beach Twp NJ 08008 | | | | | | | |
| | | Name of Contact Bill | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) William & Annette Kustrup Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Long Beach Twp NJ 08008 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address _____ | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 10/25/16 | Scheduled Completion Date (11) 10/31/16 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ | | | | | | | |
| | | City, State, Zip Code _____ | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 2200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 10/31/16 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature | | | Date 10/12/16 | | |

CK + 4080

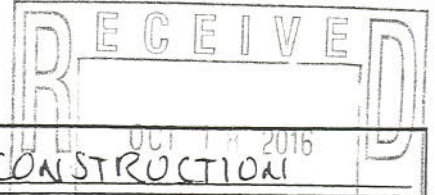
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | |
|--|--|--|---|--|--------|-------------|-----------|
| Date of Notification (1) <u>10-11-16</u> | | Name of Building Owner/Operator (2) <u>D. K. C CONTRACTORS</u> | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>661 RT 9</u> | | | | | |
| | | City, State, Zip Code <u>CAPE MAY N.J 08204</u> | | | | | |
| | | Name of Contact <u>KIEZ</u> | Telephone Number _____ | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | Square Feet <u>1500</u> | # of Floors <u>2</u> | | | | |
| City (5) <u>STONE HARBOR</u> | | Bldg. Age <u>50+</u> | | | | | |
| County (6) <u>CAPE MAY</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>VIA CRUIT</u> | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | Name of Abatement Contractor (9) <u>KLEMCO INC</u> | | | | | |
| Street Address _____ | | Street Address <u>369 S. SPRUCE AVE</u> | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>MAPLE SHADE N.J 08052</u> | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> | | | | |
| Start Date (10) <u>10-21-16</u> | Scheduled Completion Date (11) <u>10-28-16</u> | Name of OSHA Monitor <u>N/A</u> | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ | | | | | |
| | | City, State, Zip Code _____ | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A _____ | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u> | Amount (Specify SF or LF) <u>2750-SF</u> | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | <input checked="" type="checkbox"/> | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler <u>KLEMCO INC</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>3 YDS</u> | Name of Registered Landfill <u>C. M. C. M. V. A</u> | | | |
| City, State <u>MAPLE SHADE N.J</u> | | Disposal Date _____ | City, State <u>WOODBINE</u> | | | | |
| Completed By <u>MICHAEL KLEMM</u> | Title <u>SUP.</u> | Signature <u>[Signature]</u> | Date <u>10-11-16</u> | | | | |

CK 4080

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




| | | | | | | | | | |
|--|--|--|--|--|---|-------------------------|--------|-------------|-----------|
| Date of Notification (1) <u>10-11-16</u> | | Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u> | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>300 77TH ST. ASBESTOS CONTROL &</u> | | | | | | | |
| | | City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u> | | | | | | | |
| | | Name of Contact <u>FRANIC</u> | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) <u>SEA ISLE CITY</u> | | Square Feet <u>1500</u> | # of Floors <u>1</u> | | | | | | |
| County (6) _____ | | Bldg. Age <u>50+</u> | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) <u>VACANT</u> | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. _____ | Name of Abatement Contractor (9) <u>KLEMMCO INC</u> | | | | | | |
| Street Address _____ | | Street Address <u>369 S. SPRUCE AVE</u> | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>MAPLE SHADE N.J 08052</u> | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> | | | | | | |
| Start Date (10) <u>10-24-16</u> | Scheduled Completion Date (11) <u>10-31-16</u> | Name of OSHA Monitor <u>N/A</u> | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ | | | | | | | |
| | | City, State, Zip Code _____ | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) <u>2000 SF</u> | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <u>SIDING</u> | | | <u>X</u> | <u>TRANSITE</u> | | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>KLEMMCO INC.</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste _____ | Name of Registered Landfill <u>C.M.C.M.U.A.</u> | | | | | |
| City, State <u>MAPLE SHADE N.J 08052</u> | | Disposal Date _____ | | City, State <u>WOODBINE N.J</u> | | | | | |
| Completed By <u>MICHAEL KLEMM</u> | Title <u>SUP.</u> | Signature <u>[Signature]</u> | | | | Date <u>10-11-16</u> | | | |

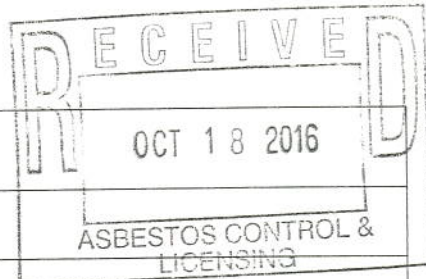
CK # 4080


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

RECEIVED
OCT 18 2016

| | | | | | | | |
|--|---|--|---|--|--------|-------------|-----------|
| Date of Notification (1) 10-11-16 | | Name of Building Owner/Operator (2) EARTHTECH CONTRACTING | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 155 RT 50 | | | | | |
| | | City, State, Zip Code GREENFIELD NJ 08230 | | | | | |
| | | Name of Contact BRUCE | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | | | | |
| City (5) ATLANTIC CITY | Square Feet 1500 | # of Floors 2 | Bldg. Age 50+ | | | | |
| County (6) ATLANTIC | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) VACANT | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) KLEMMCO INC | | | | | |
| Street Address | | Street Address 369 S. SPRUCE AVE | | | | | |
| City, State, Zip Code | | City, State, Zip Code MAPLE SHADE NJ 08052 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-779-0472 | License No. 00444 | | | | |
| Start Date (10) 10-24-16 | Scheduled Completion Date (11) 10-31-16 | Name of OSHA Monitor N/A | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | |
| | | City, State, Zip Code | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 2500 SF | Abatement Type | | | |
| | Yes No N/A | | | Removal | Repair | Encapsulate | Enclosure |
| SIDING | X | TRANSITE | X | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler KLEMMCO INC | | NJDEP Waste Hauler ID No. 17904 | Cubic Yards of Waste 3 | Name of Registered Landfill ACUA | | | |
| City, State MAPLE SHADE NJ | | Disposal Date | City, State PLEASANTVILLE | | | | |
| Completed By MICHAEL KLEMM | Title SUP. | Signature  | Date 10-11-16 | | | | |

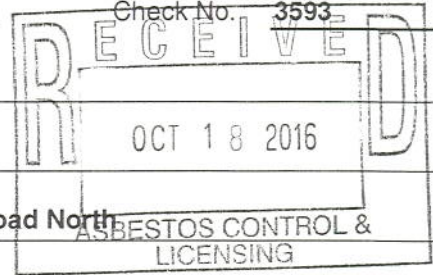
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1) 10 / 12 / 16 | | Name of Building Owner/Operator (2) Orson Taitt | | | | | | | |
|---|---|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | | | | |
| | | City, State, Zip Code Roebling, NJ 08554 | | | | | | | |
| | | Name of Contact Orson Tate | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Taitt Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | | | | | | |
| City (5) Roebling | | Square Feet 1,200 | # of Floors 2 | | | | | | |
| | | Bldg. Age 70 | | | | | | | |
| County (6) Burlington | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro. Consulting Services | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. 609-298-4070 | Telephone No. 856-755-0099 | | | | | | |
| | | License No. 00842 | | | | | | | |
| Start Date (10) 10 / 31 / 16 | Scheduled Completion Date (11) 11 / 11 / 16 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Flue Packing (Glovebag) | 2 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Living Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Asbestos Paper (Glovebag) | 8 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plaster | 1,150 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill Cumberland County Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date 11/11/2016 | | City, State Newburg, PA | | | | | |
| Completed By (Print or Type) Christina Lynch | | Title Operations Manager | | Signature  | | Date 10/21/16 | | | |

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

Check No. 3593



| | | | | | | | | |
|---|--|--|---|---|---------------------------|-------------------------------------|--------|-------------|
| Date of Notification (1) September 26, 2016 | | Name of Building Owner/Operator (2) PA of NY & NJ | | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address Goethals Bridge, 2777 Goethal Road North City, State, Zip Code Staten Island, NY 10303-8413 | | | | | | |
| | | Name of Contact Uday Mehta | Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Goethals Bridge - New Jersey Side of Bridge | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 2777 Goethals Road North | | Square Feet 440,758 | # of Floors 1 | | | | | |
| City (5) Staten Island, NY 10303-8413 | | Bldg. Age 88 +/- | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bridge | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group, Inc. | ASCM No. N/A | Name of Abatement Contractor (9) B&N&K. Restoration Company, Inc. | | | | | | |
| Street Address 201 Stuyvesant Avneu | | Street Address 223 Randolph Avenue | | | | | | |
| City, State, Zip Code Lyndhurst, NJ 07071 | | City, State, Zip Code Clifton, NJ 07011 | | | | | | |
| Project Manager for Monitoring Firm Stephen Pharai | Telephone No. 201-673-0064 | Telephone No. 973-478-4681 | License No. 00120 | | | | | |
| Start Date (10) October 07, 2016 | Scheduled Completion Date (11) December 31, 2016 | Name of OSHA Monitor McCabe Environmental Services, L.L.C. | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Non-friable exterior work | | Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| Bakers Basin | <input checked="" type="checkbox"/> | | | Concrete Encased Transite Pipe (Duct Bank) | 300 In ft | <input checked="" type="checkbox"/> | | |
| Bakers Basin | <input checked="" type="checkbox"/> | | | Two debris piles consisting of transite pipe & concrete | 20 yards each | <input checked="" type="checkbox"/> | | |
| Bakers Basin | <input checked="" type="checkbox"/> | | | 6 Bearing Plates | 12 sq ft | <input checked="" type="checkbox"/> | | |
| Name of Registered Waste Hauler Two Brothers Contracting, Inc. | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste | Name of Registered Landfill <small>Grand Central Sanitary Landfill (Non-Friable) Tullytown Landfill, Friable (Friable Note: Waste Management will direct truck to specific site for friable materials) Grows North Landfill, Friable</small> | | | | |
| City, State Totowa, NJ 07512-1120 | | | Disposal Date 10/07/2016 - 12/31/2016 | City, State Penn Argyl, PA, Tullytown, PA Morrisville, PA | | | | |
| Completed by G. Roger Woodman | Title Project Manager | | Signature | | | Date 10/11/2016 | | |

Date 10/11/16

RECEIVED
OCT 18 2016
ASBESTOS CONTROL & LICENSING

CK30034

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

Date of Notification (1)

10 / 7 /16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

SOUTH STREET DELANCY LTD

Street Address

225 MILBURN AVENUE, STE 202

City, State, Zip Code

MILBURN, NEW JERSEY 07041

Name of Contact

MIKE ESPASA

Telephone Number

RECEIVED
OCT 18 2016

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)

UNITED AIRLINES WAREHOUSE BUILDING

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
13,900

of Floors
1

Bldg. Age
52

Current Use (Prior if being demolished)
COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Full Containment with Negative Pressure

☒

Mini-Encl.

☐

Glovebag Procedure

☐

Non-Friable Procedure

Scope of Work (Check all that apply)

☐ Demolition

☐ >3SF OR LF

☒ >160 SF OR 260 LF

☒ Renovation

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)

Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSULE

ENCLOSURE

1st Floor -Office Area

Exterior

Exterior

VAT

Window Caulk

Door Caulk

3,600 Sq. Ft.

108 Sq. Ft.

500 Sq. Ft.

x

x

x

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES

NJDEP Waste
Hauler ID No.
22147

Cubic Yards of Waste
40

Name of Registered Landfill
GROWS LANDFILL/TULLYSTOWN

City, State
HACKETTSTOWN, NJ 07840

Disposal Date
10/10-12/30/16

City, State
MORRISVILLE, PA 19067/TULLYSTOWN, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

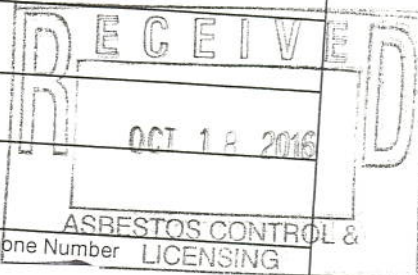
Date

10/7/16

CK 30034

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

CK# 30002



Date of Notification (1)

9 / 29 /16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION
Name of Building Owner/Operator (2)
SOUTH STREET DELANCY LTD

Street Address

225 MILBURN AVENUE, STE 202

City, State, Zip Code

MILBURN, NEW JERSEY 07041

Name of Contact

MIKE ESPASA

Telephone Number

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)

UNITED AIRLINES WAREHOUSE BUILDING

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)
Square Feet
13,900# of Floors
1Bldg. Age
52Current Use (Prior if being demolished)
COMMERCIALName of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number
1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation
☒ Full Containment with Negative Pressure
☐ Mini-Enclo.
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSULE

ENCLOSURE

1st Floor -Office Area

Exterior

Exterior

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIESNJDEP Waste Hauler ID No.
22147Cubic Yards of Waste
40Name of Registered Landfill
GROWS LANDFILL/TULLYSTOWNCity, State
HACKETTSTOW, NJ 07840Completed by (Print or Type)
BENJAMIN SANCHEZTitle
DIRECTOR OF OPERATIONS

Signature

City, State
MORRISVELL, PA 19067/TULLYSTOWN, PADate
1/30/16

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

NOT POL CLOSED HOLIDAY

CR# 3109

| | | | |
|--|--|--|--|
| Date of Notification (1) 10/10/2016 | | Name of Building Owner / Operator (2) Princeton University – Office of Design and Construction | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 200 Elm Drive City, State & Zip Code Princeton, NJ 08544 Name of Contact Bob Ortego | |

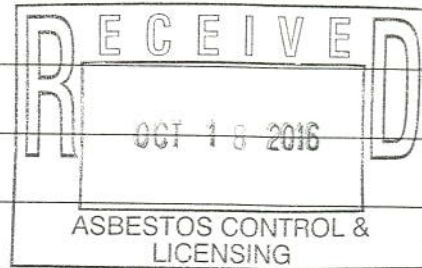
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 OCT 18 2016
 ASBESTOS CONTROL & LICENSING

| FACILITY INFORMATION | | | | | | | | | |
|---|--|---|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) SAYRE HALL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 300 Forrestal Road | | Square Feet 20000 | # of Floors 4 | | | | | | |
| City (5) Plainsboro | County (6) Mercer | Bldg. Age 63 | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC | | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | | | | | | |
| Street Address Three Terri Lane | | Street Address 1123 Beaver Street | | | | | | | |
| City, State & Zip Code Burlington, NJ 08016 | | City, State & Zip Code Bristol, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Mike Keehn | | Telephone Number 609-386-8800 | License Number 00509 | | | | | | |
| Scheduled Start Date (10) 10/11/16 | Scheduled Completion Date (11) 10/11/16 | Name of OSHA Monitor Bristol Environmental Inc. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7:00am to 3:30 pm | | Street Address 1123 Beaver Street | | | | | | | |
| | | City, State & Zip Code Bristol, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Room 111 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile & mastic | 16 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Bristol Environmental Inc | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste 1 | Name of Registered Landfill G.R.O.W.S. North Landfill | | | | | | |
| City, State Bristol, Pa | Disposal Date TBD | City, State Morrisville, Pa 19067 | | | | | | | |
| Completed By (Print or Type) PATRICK T. DECARO | Title Project Manager | Signature <i>Patrick T. Decaro / jh</i> | Date 10/10/16 | | | | | | |

BS16131

CH0025

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



| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) october/13/2016 check# 0025 | | Name of Building Owner/Operator (2) gonsana construccion | | | | | | | |
| Agencies Notified | Type Notification | Street Address 14 Oxford street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newark NJ 07105 | | | | | | | |
| | | Name of Contact Bolivar | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Riverview Gardens | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1 Garden Terrace Apto 27D | | Square Feet 60 LF | # of Floors 1fl | | | | | | |
| City (5) North Arlington | | Bldg. Age 1966 | | | | | | | |
| County (6) Bergen County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) All Solutions Contracting INC | | | | | | |
| Street Address | | Street Address 24 Church st | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Elmwood Park NJ 07407 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201 873-9418 | License No. 01301 | | | | | | |
| Start Date (10) October-16-2016 | Scheduled Completion Date (11) october-30-2016 | Name of OSHA Monitor All Solutions Contracting INC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>apartment get fire</u> | | Street Address 24 Church st | | | | | | | |
| | | City, State, Zip Code Elmwood NJ 07407 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| living room and dining room | | | x | pipe insulation | 60 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste TDB | Name of Registered Landfill Grand central sanitary | | | | | |
| City, State Pen Argyl PA 18072 | | | Disposal Date TDB | City, State Pen Argyl PA 18072 | | | | | |
| Completed by luis arcila | Title president | Signature | | | Date 10/13/2016 | | | | |

VIA U.S. MAIL
C/O# 3797

ASBESTOS CONTROL & LICENSING

OCT 18 2016

Telephone Number

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

B & G proj. #: 2016-140

Check # 8065

| | | | | |
|--|--|--|--|---|
| Date of Notification (1) <u>11/01/14</u> / <u>11/16</u> | | Name of Building Owner/Operator (2) Adam Frej Sr. | | <div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold; margin: 5px auto;">OCT 18 2016</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold; margin: 5px auto;">ASBESTOS CONTROL & LICENSING</div> |
| Agencies Notified | | Street Address | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | | |
| City, State, Zip Code | | Name of Contact | | |
| South Orange, NJ 07079 | | Adam Frej Sr. | | |
| Telephone Number | | | | |

FACILITY INFORMATION

| | | | | |
|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) Adam Frej Sr. | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address | | | Square Feet | # of Floors |
| City (5) South Orange, NJ 07079 | | | County (6) Essex | County Code (7) (State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Name of Abatement Contractor (9) | |
| Street Address | | | Street Address | |
| City, State, Zip Code | | | City, State, Zip Code | |
| Project Manager for Monitoring Firm | | | Telephone Number | License Number |
| Sched. Start Date (10) 11/01/2016 | | | Sched. Completion Date (11) 11/02/2016 | |
| Occupancy Status During Abatement (Check only one) | | | | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | Street Address | |
| City, State, Zip Code | | | City, State, Zip Code | |

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| electrical closet | | | <input checked="" type="checkbox"/> | pipe insulation | 6 lf | <input checked="" type="checkbox"/> | | | |
| main room | | | <input checked="" type="checkbox"/> | pipe fittings | 1 fitting | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|------------------------------|----------------------------------|---|--------------------|
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource & Recovery Center | |
| City, State Lincoln Park, NJ | | Disposal Date 11/02/2016 | | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | | Date 10/14/2016 |

B & G proj. #: 2016-152

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

Check # 8064

| | | | | |
|--|--|---|--|---|
| Date of Notification (1) <u>10/14/16</u> | | Name of Building Owner/Operator (2) Karen & Sanford Kessel | | <div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold; margin-top: 10px;">OCT 18 2016</div> <div style="border: 1px solid black; padding: 5px; font-size: 14px; font-weight: bold; margin-top: 10px;">ASBESTOS CONTROL &</div> |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Hawthorne, NJ 07506 | | |
| | | Name of Contact Karen Kessel | | |
| Telephone Number [REDACTED] | | | | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Karen & Sanford Kessel | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet | | |
| City (5) Hawthorne, NJ 07506 | | | County (6) Passaic | | # of Floors |
| | | | County Code (7) (State use only) | | Bldg. Age |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Name of Abatement Contractor (9) 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 | | | Telephone Number (973)696-6869 | | License Number 00378 |
| Sched. Start Date (10) 10/27/2016 | | | Sched. Completion Date (11) 10/28/2016 | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | boiler insulation | 28 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement | | | <input checked="" type="checkbox"/> | pipe fittings | 11 fittings | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| laundry & main room | | | <input checked="" type="checkbox"/> | pipe insulation | 17 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

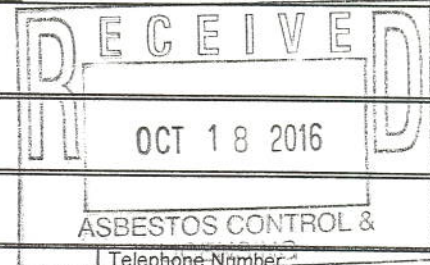
| | | | |
|--|-----------------------------|------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 10/28/2016 | City, State Tullytown, PA | |

| | | | |
|--|------------------------------|----------------------------------|--------------------|
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 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) <u>10/14/16</u> | | Name of Building Owner/Operator (2) Kate Brangaccio | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Glen Rock, NJ 07452 | |
| <input checked="" type="checkbox"/> DOH | | Name of Contact | |
| <input type="checkbox"/> DCA | | Kate Brangaccio | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|---|-------------------------------------|--|-------------|-------------------------|
| Name of facility where abatement is taking place (3) Kate Brangaccio | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address | | | Square Feet | # of Floors | Bldg. Age |
| | | | | | |
| City (5) Glen Rock, NJ 07452 | County (6) Bergen | County Code (7) (State use only) | Current Use (Prior if being demolished) residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. n/a | Name of Abatement Contractor (9) 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 (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 10/24/2016 | Sched. Completion Date (11) 10/25/2016 | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) | | | Street Address 105 Ryerson Road | | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. | | | City, State, Zip Code | | |
| <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ | | | Lincoln Park, NJ 07035 | | |
| <input type="checkbox"/> Other-Describe: _____ | | | | | |

Scope of Work (check all that apply)

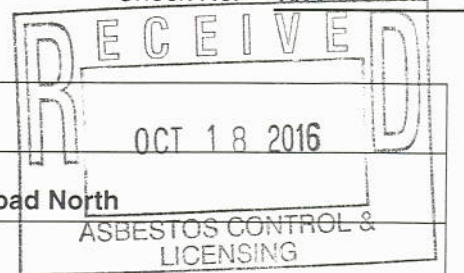
| | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| main rm, bedroom, weight rm & boiler room areas | | | X | pipe insulation | 157 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 3 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 10/25/2016 | | City, State Tullytown, PA |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 10/14/2016 |

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

Check No. **N/A**



| | | | |
|---|--|--|--|
| Date of Notification (1) September 26, 2016 | | Name of Building Owner/Operator (2) PA of NY & NJ | |
| Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 03 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address Goethals Bridge, 2777 Goethal Road North City, State, Zip Code Staten Island, NY 10303-8413 Name of Contact Uday Mehta Telephone Number [REDACTED] | |

FACILITY INFORMATION

| | | | |
|--|--|---|----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Goethals Bridge - New Jersey Side of Bridge | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 2777 Goethals Road North | | | |
| City (5) Staten Island, NY 10303-8413 | | Square Feet 440,758 | # of Floors 1 |
| County (6) Union | | County Code (7) (STATE USE ONLY) | Bldg. Age 88 +/- |
| | | Current Use (Prior if being demolished) Bridge | |

| | | | | |
|---|--|---|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group, Inc. | | ASCM No. N/A | Name of Abatement Contractor (9) B&N&K. Restoration Company, Inc. | |
| Street Address 201 Stuyvesant Avneue | | Street Address 223 Randolph Avenue | | |
| City, State, Zip Code Lyndhurst, NJ 07071 | | City, State, Zip Code Clifton, NJ 07011 | | |
| Project Manager for Monitoring Firm Stephen Pharai | | Telephone No. 201-673-0064 | Telephone No. 973-478-4681 | License No. 00120 |

| | | |
|--|--|--|
| Start Date (10) October 07, 2016 | Scheduled Completion Date (11) December 31, 2016 | Name of OSHA Monitor McCabe Environmental Services, L.L.C. |
|--|--|--|

| | |
|---|---|
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Non-friable exterior work | Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071 |
|---|---|

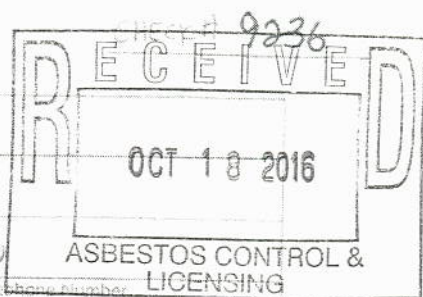
Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| East Bound NJ approach of existing bridge | <input checked="" type="checkbox"/> | | | Concrete Encased Transite Pipe (Duct Bank) | 300 In ft | <input checked="" type="checkbox"/> | | | |
| East Bound NJ approach of existing bridge | <input checked="" type="checkbox"/> | | | Two debris piles consisting of transite pipe & concrete | 20 yards each | <input checked="" type="checkbox"/> | | | |
| East Bound NJ approach of existing bridge | <input checked="" type="checkbox"/> | | | 6 Bearing Plates (coated with asbestos containing paint) | 12 sq ft | <input checked="" type="checkbox"/> | | | |

| | | | | | |
|--|---------------------------------|---|---|---|--|
| Name of Registered Waste Hauler Two Brothers Contracting, Inc. | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste | Name of Registered Landfill <small>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)</small> | |
| City, State Totowa, NJ 07512-1120 | | Disposal Date 10/07/2016 - 12/31/2016 | City, State Penn Argyl, PA, Tullytown, PA Morrisville, PA | | |
| Completed by G. Roger Woodman | Title Project Manager | Signature | Date 10/12/2016 | | |

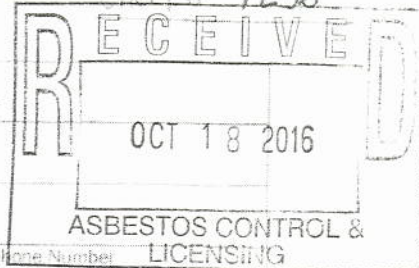
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | |
|---|--|---|--|
| Date of Notification (1) 10/13/16 | | Name of Building Owner/Operator (2) MIA AITKEN | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code WESTFIELD, N.J. 07090 | |
| Name of Contact MIA AITKEN | | Telephone Number [REDACTED] | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 2150 | |
| City (5) WESTFIELD | | # of Floors 2 | |
| County (6) UNION | | Bldg. Age +50 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENTIAL | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) A.MAC Contracting Inc. | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, NJ | |
| Telephone No. | | Telephone No. (201)262-5841 | |
| Start Date (10) 11/14/16 | | License No. 00156 | |
| Scheduled Completion Date (11) 11/30/16 | | Name of OSHA Monitor Omega Environmental Services | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe | | Street Address 280 Huyler St. | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> <3 sf or <3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code Hackensack, NJ 07606 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT BASEMENT | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A ✓ ✓ | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT PIPE INSULATION | | Amount (Specify SF or LF) 475 SF 10 LF | |
| Abatement Type Removal Repair Encapsulate Enclosure ✓ ✓ | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | |
| City, State Newark, NJ | | Cubic Yards of Waste 4 | |
| Disposal Date 11/14/16 | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | |
| City, State Bethlehem, PA | | | |
| Completed by Joseph Vocaturo | | Title Vice President | |
| Signature J. Vocaturo | | Date 10/13/16 | |

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

REC # 9236

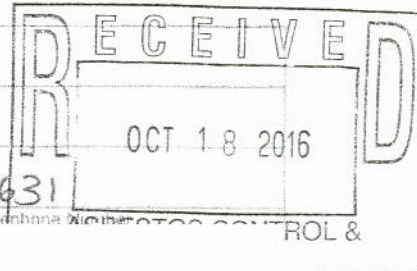


| | | | |
|---|--|--|--|
| Date of Notification (1) 10/13/16 | | Name of Building Owner/Operator (2) 1266 APARTMENT CORP. | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 2 HORIZON ROAD | | City, State, Zip Code FORT LEE, N.J. 07024 | |
| Name of Contact PETER STOPHERD | | Telephone Number _____ | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) HORIZON HOUSE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 18,000 | |
| City (5) FORT LEE | | # of Floors 4 | |
| County (6) BERGEN | | Bldg. Age 70 | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) RESIDENTIAL | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | |
| Street Address | | Street Address 185 Vreeland Ave. | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ | |
| Project Manager for Monitoring Firm | | Telephone No. (201) 262-5841 | |
| Telephone No. | | License No. 00155 | |
| Start Date (10) 10/24/16 | | Scheduled Completion Date (11) 11/24/16 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____ | | Name of CSHA Monitor Omega Environmental Services | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enable Procedure | | Street Address 280 Huyler St | |
| City, State, Zip Code Hackensack, NJ 07606 | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) GARAGE AREA #1 GARAGE AREA #2 | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A ✓ ✓ | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| PIPE INSULATION | | 195 LF | |
| PIPE INSULATION | | 95 LF | |
| | | | |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | |
| City, State Newark, NJ | | Cubic Yards of Waste 3 | |
| Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | City, State Bethlehem, PA | |
| Disposal Date 10/24/16 | | Date 10/13/16 | |
| Completed by Joseph Vocaturo | | Signature J. Vocaturo | |
| Title Vice President | | | |

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

CHECK # 9236

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| | | | |
|--|--|---|--|
| Date of Notification (1) 10/13/16 | | Name of Building Owner/Operator (2) GEORGE MENEGATOS | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code ENGLEWOOD, N.J. 07631 | Telephone Number 07631 |
| | | Name of Contact CONRAD RONCATI | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) ENGLEWOOD | | Square Feet 1,950 | # of Floors 2 |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Bldg. Age +50 | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) RESIDENTIAL | |
| Street Address | | Name of Abatement Contractor (9) A.MAC Contracting Inc. | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, NJ | |
| Telephone No. | | Telephone No. (201)262-5841 | License No. 00156 |
| Start Date (10) 10/22/16 | Scheduled Completion Date (11) 10/30/16 | Name of OSHA Monitor Omega Environmental Services | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 280 Huyler St. | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code Hackensack, NJ 07606 | |
| Scope of Work (Check All That Apply) | | | |
| <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 3150 sf or 3260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| | | | VAT |
| | | | 550 SF |
| | | | Abatement Type |
| | | | <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No 04509 | Cubic Yards of Waste 3 |
| City, State Newark, NJ | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp | |
| Disposal Date 10/22/16 | | City, State Bethlehem, PA | |
| Completed by Joseph Vocaturo | Title Vice President | Signature <i>J Vocaturo</i> | Date 10/13/16 |

10/07/2016 07:40 2012520321

AMAC

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|----------------------------|-------------|
| RECEIVED | PAGE 02/03 |
| | OCT 18 2016 |
| Check # 9229 | |
| ASBESTOS CONTROL LICENSING | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:124)

| | | | | | | | |
|--|---|--|------------------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 10/7/16 | | Name of Building Owner/Operator (2) ALFRED SANZARI ENTERPRISES | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 285 E. OAKDEWE AVE. | | | | | |
| | | City, State, Zip Code TEANECK NJ 07661 | | | | | |
| | | Name of Contact PAT BERARDI | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) HOUSE | | Type of Facility (4) | | | | | |
| Street Address [REDACTED] | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City TEANECK | | Square Feet 1450 | # of Floors 1 | | | | |
| County (5) BERGEN | | County Code (7) (STATE USE ONLY) | Bldg. Age 60 | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) Demo / RES | | | | | |
| ASCM No. | | Name of Abatement Contractor (9) | | | | | |
| Street Address | | A. Mac Contracting Inc. | | | | | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave. | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, N.J. | | | | | |
| Telephone No. | | Telephone No. 201-262-5841 | License No. 00156 | | | | |
| Start Date (10) 10/7/16 | Scheduled Completion Date (11) 10/12/16 | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 280 Huyler Street | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code Hackensack, N.J. 07606 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| FLOOR | | FLOORING | 328 SF | X | | | |
| ROOF | | FLASHING | 5 SF | X | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJOEP Waste Hauler ID No. 04508 | Cubic Yards of Waste 1 | Name of Registered Landfill Grand Central Sanitary Landfill | | | |
| City, State Newark, N.J. 07106 | | Disposal Date 10/7/16 | City, State Pen Argyl, PA 03072 | | | | |
| Completed by R. McDonald | | Title President | Signature [Signature] | Date 10/7/16 | | | |

ASB-41 (R-05-08)

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

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

| | | | |
|---|---|---|--|
| Date of Notification (1) <div style="text-align: center;">October 12, 2016</div> | | Name of Building Owner/Operator (2) <div style="text-align: center;">Jacobs Demolition & Carting</div> | |
| Agencies Notified | Type of Notification | Street Address | <div style="font-size: 2em; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; margin-top: 10px;">OCT 18 2016</div> |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | <div style="text-align: center;">P O Box 9</div> | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification Amendment # _____ | City, State, Zip Code <div style="text-align: center;">Manasquan, NJ 08736</div> | |
| <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact <div style="text-align: center;">Linda</div> | Telephone Number |
| <input type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

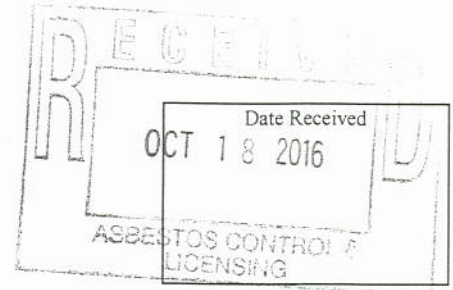
FACILITY INFORMATION

| | | | | | |
|---|---|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Building</div> | | | Type of Facility (4) | | |
| Street Address <div style="text-align: center;">231 Ocean Avenue</div> | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| Point Pleasant | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | | | |
| County (6) <div style="text-align: center;">Ocean</div> | County Code (7) (STATE USE ONLY) | Square feet <div style="text-align: center;">500 sf</div> | # of Floors <div style="text-align: center;">1</div> | Bldg. Age <div style="text-align: center;">60</div> | |
| Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div> | | | Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div> | | |
| Street Address | | | Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div> | | |
| City, State, Zip Code | | | City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div> | | |
| Project Manager for Monitoring Firm | Telephone Number | Telephone Number <div style="text-align: center;">732-349-9932</div> | License Number <div style="text-align: center;">00624</div> | | |
| Scheduled Start Date (10) <div style="text-align: center;">10/13/16</div> | Scheduled Completion Date (11) <div style="text-align: center;">10/14/16</div> | Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div> | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____ | | Street Address <div style="text-align: center;">1056 Stelton Road</div> | | | |
| | | City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div> | | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|---|--|---|--|---------------------------------|---|---|---|
| | | | | | | 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 containing stucco | 200 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div> | | NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div> | | Cubic Yards of Waste <div style="text-align: center;">2</div> | Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div> | | | | |
| City, State <div style="text-align: center;">Toms River, New Jersey</div> | | Disposal Date <div style="text-align: center;">10/14/16</div> | | City, State <div style="text-align: center;">Tullytown, Pennsylvania</div> | | | | | |
| Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div> | | Title <div style="text-align: center;">Project Manager</div> | | Signature | | | Date <div style="text-align: center;">10/12/2016</div> | | |

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

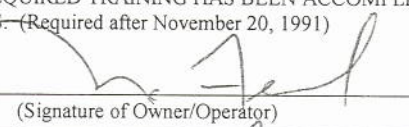
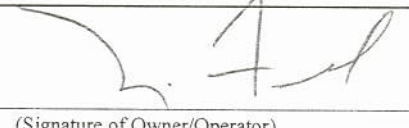
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

| | | | | | |
|---|---------------------|--------------------------------------|--------------------|---|--------|
| Operator Project #: | | Postmark: | Notification: | | |
| 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: | | RACM To Be Removed | LOCATION | Nonfriable Asbestos Material Not To Be Removed | |
| 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed | | | | Cat I | Cat II |
| Pipes (Linear feet): | | | | | |
| Surface Area (Square feet): 200 sf | | Asbestos containing stucco | Exterior | | |
| RACM Off Facility Component (Cubic feet): | | | | | |
| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) | | Start: 10/135/16 | Complete: 10/14/16 | | |

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

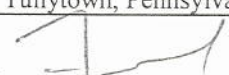
| | | | |
|--------|---|--|--|
| x. | DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED | | |
| xi. | DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be 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. | | |
| 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 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) <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>October 12, 2016</u> (Date) </div> </div> | | |
| xviii. | I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>October 12, 2016</u> (Date) </div> </div> | | |

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

| | | | |
|---|--|---|---|
| Date of Notification (1) October 11, 2016 | | Name of Building Owner/Operator (2) Somerset Medical Center | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | 110 Rehill Avenue | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RE 030491 OCT 18 2016 </div> |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Amendment # _____ | Somerville, NJ 08876 | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | Name of Contact | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Joel Russell | Telephone Number |

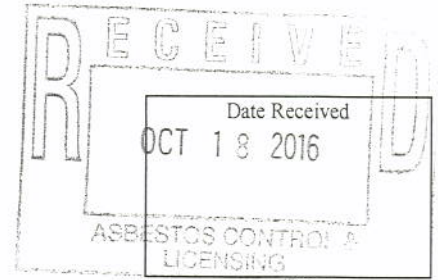
FACILITY INFORMATION

| | | | | | |
|---|-------------------------------|---|--|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Somerset Medical Center | | | Type of Facility (4) | | |
| Street Address 110 Rehill Avenue | | | <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | | | |
| City Somerville | County (6) Somerset | County Code (7) (STATE USE ONLY) | Square feet 200,000 sf | # of Floors 6 | Bldg. Age 60 |
| | | | Current Use (Prior if being demolished) Hospital | | |
| Name of Monitoring Firm Hired by Building Owner (8) EM & CA | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address P O Box 872 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code Somerville, NJ 08876 | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm Joel Russell | | Telephone Number 732-249-3005 | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 10/21/16 | | Scheduled Completion Date (11) 10/28/16 | Name of OSHA Monitor E.M.S.L. Analytical | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____ | | | Street Address 1056 Stelton Road | | |
| | | | City, State, Zip Code Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | |

| Location of Asbestos-Containing Material (ACM) in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|---|---|--|--|---------------------------------|----------------------------|---|---|
| | | | | | | 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 |
| Vascular Lab | | | X | Pipe fittings | 65 fittings | X | | | |
| Vascular Lab | | | X | Asbestos pipe insulation | 125 lf | X | | | |
| Conference room | | | X | pipe fittings | 20 | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 5 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 10/28/16 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fericola | | Title Project Manager | | Signature  | | | Date 10/11/2016 | | |

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

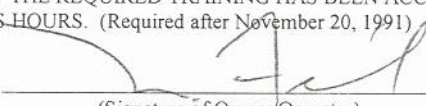

GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

| | | | | | |
|---|--|--------------------------|---------------------|--|--|
| Operator Project #: | | Postmark: | | Notification: | |
| 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: Somerset Medical Center | | | | | |
| Address: 110 Rehill Avenue | | | | | |
| City: Somerville | | State: NJ | | Zip: 08876 | |
| Contact: Joel Russell | | | | Tel: 732-249-3005 | |
| 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): R | | | | | |
| V. FACILITY DESCRIPTION (Including building name, number and floor or room number) | | | | | |
| Building Name: Somerset Medical Center | | | | | |
| Address: 110 Rehill Avenue | | | | | |
| City: Somerville | | State: NJ | | County: Somerset | |
| Site Location: Vascular Lab | | | | | |
| Building Size: 200,000 sf | | # of Floors: 6 | | Age in Years: 60 | |
| Present Use: Hospital | | | Prior Use: Hospital | | |
| 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: | | RACM To Be Removed | | LOCATION | |
| 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed | | | | Nonfriable Asbestos Material Not To Be Removed | |
| | | | | Cat I Cat II | |
| Pipes (Linear feet): 125 lf | | Asbestos pipe insulation | | Vascular Lab | |
| Surface Area (Square feet): 65 fittings | | Pipe fittings | | Vascular Lab | |
| RACM Off Facility Component (Cubic feet): | | | | | |
| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) | | | | | |
| Start: | | 10/21/16 | | Complete: 10/28/16 | |

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

| | | | | | |
|--------|--|--|--|--|--|
| x. | DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED | | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 13 2016 </div> | |
| xi. | DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces | | | | |
| 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 NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, 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) <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>October 11, 2016</u> (Date) </div> </div> | | | | |
| xviii. | I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>October 11, 2016</u> (Date) </div> </div> | | | | |