CK# 30035

Date of Notification (1)					10.00		wner/Operator (2 ACUETICALS CO	5	N						
10 / 12	/16				Stre	eet Address		many	F2	192	d. If	2 [V. I	14	1-1
Agencies Notified Type I	Notification				59 1	ROUTE 10		1 1		1	, 1	1	V	店	
EPA X	Initial Notifi	icatio	n		City	, State, Zip Code			1	2	-	CHELDRAN ST	marine property	COLUMN TO SERVICE	
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	Cancellatio							~ 111 1		nr	T	1 0	201F	: 1	
	On Hold				Nar	me of Contact		Telephone	Numb	UL er	_	1 8	-7011		Manager of W
DCA	EMERGEN	1CY I	NOTIF	ICAT	- 3	SSAN NEKOUI		Lioighmoin	7	•					1
	50.00	ASSESSORIAL DESIGNATION OF THE PERSON OF THE	00,000,000	,000	EAC	ILITY INCORNA	TION					*****	**************************************		į.
Name of Facility Where Abatemen	nt ie Takin	na DI:	co /3	1	FAC	ILITY INFORMA		10	A	- 41.0	110	300	15/7/3	21 8	
manie of racinty where Abatemen	iit is rakiii	y r ia	ice (3	,			Type of Facility		E. 7.000.00		LICE	ENIS	143		
NOVARTIS							School (K			-					
NOVANTIS								er 8 (Other t			20		5.0		
Street Address		-						private & co		oldgs	s., hor				
59 ROUTE 10 -BUILDING 710							Square Feet	# of Flo	oors			Ble	dg. Ag	а	
	0						27,800	2					49		
	County (6)	1			00048,0006	inty Code (7)	Current Use (Pr	ior if being d	demolish	ned)					
	MORRIS	_			(STA	TE USE ONLY)	COMMERCIAL								
Name of Monitoring Firm Hired by	y Building	Own	er (8)			ASCM No.	Name of Abate			27					
LANGAN						99	PAR ENVIRONI	MENTAL CO	ORPOR	ATI	NC				
Street Address							Street Address								
300 KIMBALL DRIVE							313 SPOOK RC	CK ROAD							
City, State, Zip Code							City, State, Zip 0	Code							
	PANY, NE	W JE	RSE	Y 070	54		SUFFERN, NEV	V YORK 109	901						
Project Manager for Monitoring Firm	1		Tele	phone	e Number		Telephone Num	ber	Licens	e N	umbe	r			
VIJAY PATEL			973-	560-4	983		845-369-7500		460						
Expected State Date (10)		Sche	d. Co	mple	tion Date (11)	Name of OSHA	Monitor						3,500	
	16	*000	11	1	15	5 /16	QUALITY ENVI	RONMENTA	AL.						
Month Day Yea			onth		Day	Year	700000000000000000000000000000000000000	DC ASSESSMENT OF THE PROPERTY OF							
Occupancy Status During Abatemer							Street Address			4.04					
Facility Closed/Vacated							1376 ROUTE 9								
Abatement Performed C	otside of N	Iorma	al Faci	ility H	ours - Desc	ribe:									
X Other - Describe: S	SATURDAY	/ & S	UND	AY 7A	M-3:30PM		City, State, Zip C								
	94.71						l w.	APPINGER	S FALL	S, N	EW Y	ORK	10016		
Scope of Work (Check all that apply							inment with Negat	ive Pressur	е						
Demolition	X	Reno	vatio	1		Mini-Enclo									
X >3SF OR LF							Procedure								
>160 SF OR 260 LF	:,				,	Non-Friab	le Procedure								
Location of	1		Locat			Description of As					. 9	Abate	ment T	уре	
Asbestos-containing			mally			Containing Materi		Amour	nt [무	R	P	Ē		
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TO BE ABATED			nt/Cus		j	nsulation, surfaci	ng, VAT,	SF or L	.F)	2	=	Ŕ	0		
in Facility (13)	Į.		taff (1	_	1	or other miscella	neous)		ř	₽		ENCAPSULE	ENCLOSURE		
		Yes	No	N/A								m	m		
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Name of Registered Waste Hauler	-	NJDE	P Wa	ste	Cubic Yard	is of Waste	Name of Registe	red Landfill					-		
NEWARK CARTING, INC.			rIDN		Judio 1 dic	3	GRAND CENTRA		DVIAN	וחביי	11				
369 RAYMOND BLVD.	ľ	iaule	913			J	GRAND CENTR	AL SANITAI	NT LAN	וויוטוו	LL				
City, State			010	_	Disposal D	late	City Stard 19								
NEWARK, NEW JERSEY 07105					10/22-11/1		City, State PLAINFIELD TO	WING THE D	٨						
Completed by (Print or Type)	Title	-			10/22-11/1	Signature /	LANGER TO	VVINORIP, P				/	11	1	
BENJAMIN SANCHEZ	100000000000000000000000000000000000000	TOF	OF	PEP	ATIONS	orginature /	XXX		Date		16	115	7//	6	
	LOTALO		01 0	er 11/	CHOINS	//					10/	10	1	1	500

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te of Notification (1)			1	C. William	STUMP	[] (G [13 13	311	H
ency Notified Type Notification		Stree	et Addr	255	481	1.0	2016		
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Amendment \$		-(- E C	Zip Code	2 - 0/6	Telephone Numbe	(
institution)		Nan	R.	STUHPF J	R				
DCA © Cancellation				INFORMATION	Annaham to the				
ame of Facility Where Abatement is Taking Place	(3)			•	Type of Facility (
MYL STUMPE	FJ	C		<u> </u>	School (K-12)	(Other Man Rela)	. 15		
treet Address					Other (i.e. priv	rate & commercial	115 - 2707		
				in the second se	Square Feet	# of Floors	Bidg. Ag	40	
ay (5)	S		39 30 L		2000.	· 2		90	_
LEONIA .				ode (7) (STATE USE	Current Use (Pri	or if being demolish			
BERGEN.			ILY)	Name of Abate	ment Contractor (9				
lame of Monitoring Firm Hired by Building Owner	AS	CM No).		emoval In				
3)				Street Address					
Street Address				450 Sot	th River	St			
City, State, Zip Code				Hacken:	sack, N.J	. 07601			
Collegions From	Tele	phone	No.	Telephone No		1 License No. 00388			
Project Manager for Monitoring Firm				201-32 Name of OSH	9-7444 -	00300			
Start Date (10) Scheduled Co	mpletion	n Date	(11)	Omega	Environm	ental			
10 26 16 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	y one)			Street-Addres	S				
and the state of the Period Courses Foliage Period Co	of Abates	ment		22 Otata 7	Huyler St	-			
☐ Facility Closed Valuated Dutside of Normal Facility Closed Performed Outside Outsid			1	S. H	ackensack				
Scope of Work (Check all that apply)			/		ul Containment wil ijni-Enclosure				
12234023# 122160402260#		4.0	Renc Dem		lon-Exempted (*) a	nd Non-Friable Pro	cedure		
ES 100 2 01 F 200 1	T							Abata Ty	Dê
	N	Locatic ormali	y	Descript	ion of	Amount			E
Location of Asbestos-Containing Material (ACM)	Mai	d Solei ntenar	ice/	Asbestos Containin (i.e., thermal syst	ens estement	(Specify SF or LF	,	Repair	Encapsulate
TO SE ABATED		stati?		surfacing.	VAT. OF			Va.	ulate
(13)	· .	(12)	1 47/4						-
r e	Yes	No	N/A	THERMAL S-95	TEM IN SULATI	0) 12	SLF	4	1
	T	V .							
BASEPLENT	1	-	1			<u> </u>		1	+
BASEPLENT						-	``		+
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Name of Registered Waste Haufer		No.	Naste	Hauler Cubic Yard	s of Name of Re	ogistured Landill Va Enterp		, I	LC
		No.		Hauler Cubic Yard	s of Name of Re	ogishred Landill va Enterp	rises		LC
Name of Registered Weste Haufer Best Removal Inc	ID	17	Naste	Hauler Cubic Yard Waste 2 // Disposal D 10/27	s of Name of Re 227 Miner	ogistored Landilli	rises		LC
Name of Registered Waste Hauter Best Removal Inc	ID	17	Naste	Hauler Cubic Yard Waste 2 //	s of Name of Re 207 Miner ate City, State Wayn	ogishred Landill va Enterp	rises		1

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Date of Notification (1) 10/12/16					uilding Owner/ ip of Woodb		(2)			9 \	anterior de			
Agencies Notified	Type Notification			reet Add Main S					OCT	1 8 20)16	- Inc	儿	
× EPA	× Initial Amended		Ci	ty, State	, Zip Code							4		
DEP X DOL	Amendment #		_ V	Voodbr	idge, NJ 07	095		L.	CECUTO	0000	110		-	
	Emergency (in justification)	ncluding	N	ame of C	Contact			1	Telepho	ne Númb	er			
DOH DCA	Cancellation			ennis)	Henry			Acres de la companya de de						
				FACILI	TY INFORMA	TION	Tuna of	Facility (4)						
Name of Facility Where A	Abatement is Taking	Place (3)					□ Sc	hool (K-12)					
Street Address							Su × Oti etc	bchapter 8 ner (i.e. pri	Other thivate & co	an K-12) mmercial	buildir	ngs, h	omes	١,
							Square		# of Flo	ors	Bld	g. Ag	е	
City (5)							770		1		50	+		
Woodbridge				ounty Co	ode (7)		Current	Use (Prior	r if being o	lemolishe	ed)			
County (6) Middlesex				STATE US	SE ONLY)		Resid	ential ment Cont	ractor (Q)					
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM				ices Inc.						
Environmental Con	nection Inc.			00030)		t Address							_
Street Address						1907000	Maple							
120 N warren St.							State, Zip							
City, State, Zip Code								NJ 0705	57					
Trenton, NJ 08608				elephon	o No		hone No.			cense No).			
Project Manager for Mor	nitoring Firm				2-4200		-221-90		0	1107				
Dominick Dercole		Schedule					e of OSH							
Start Date (10) 10/26/16		11/11/1		prodore	, a.to (,		law Nal							
Occupancy Status Durin	ng Abatement (Ched	ck Only One	e)				t Address							
Facility Closed Na	cated During Entire	Period of A	batem	ent			Maple						_	_
Abatement Perform	ned Outside of Norr	nal Facility	Hours			3,322.50	State, Zip	, NJ 070	57					
						VVC								
Scope of Work (Check	All That Apply)						Full	ДАР ∫ Containme	ent with N	egative P	ressur	e		
≥3 sf or ≥3 lf			enova emoliti				× Mini	-Enclosure	9	-3-				
≥160 sf or ≥260 lf							× Mini × Glov	vebag Prod -Exempted	cedure	Ion-Friab	le Prod	cedur	е	
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Locatio		Use	d Sole	ly by	Asbestos (Descripti	Material	(ACM)		ount	1_		皿	1
Asbestos-Containin TO BE A	BATED		intena todial S		(i.e. ther	mal syste	ms insula	tion,		ecify r LF)	Remova	Repair	Encapsulate	
In Fac	cility	Cus	(12)	Jian .		urfacing, \ er miscel			01 0		SVOL	pair	sula	
(13	5)	Voc	No	N/A									ite	
baser	ment	Yes	INO	*	p	ipe insu	lation		15	Olf.	*			
baser				*		ceiling p	panel		30	sf.	*			
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exterio				*			lashing		50	Osf.	*			
roo			1	NJDEP V		ubic Yard		Name of	Registere	ed Landfil	1			
Name of Registered W Newark Carting In			H	Hauler ID 05409		Waste		GROV	VS					
	<u>.</u>			70403		isposal D	ate	City, Sta	ite					
City, State					3.00	1/11/16	150m/450	2000000	ville, PA					
Newark, NJ		Title				Signa	ţure	. / /		113373	ate			
Completed by Leslaw Nalodka			siden	t		1	_//	Val		1	0/12/	16		
Lesiaw Maiouka		, , , , ,												

Name of Building Owner / Operator (2) 10-13-2016 Ida Emert Agencies Notified Street Address Type Notification \boxtimes **EPA** DEP City, State & Zip Code Initial \boxtimes DOL Amended Sellerville, PA 18960 DOH Emergency Name of Contact Telephone Number DCA Cancellation Peter B. Gardner(Primary Contact) Fred Gardner(724-759-1050) ST **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Single Family Home - Basement School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet 2,500 2 + attic & basement City (5) County (6) County Code (7) 72 Current Use (Prior if being demolished) Philipsburg, NJ Union Residential Dwelling Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10-26-2016 J&S Environmental Laboratories, Inc. 10-28-2016 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: \boxtimes City, State & Zip Code Describe: 9am - 5pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Mini-Enclosure Renovation ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) SF or LF) Solely by Material (ACM) Encapsula Enclosure Remova Repair TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (13)(12)Yes No N/A 129 LF \boxtimes Basement Pipe Insulation NJDEP Waste Cubic Yards Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 Morrisville, PA TBD Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 10-13-2016

CK 5761	١		CATION	of New OF ASBE to NJAC 8	STOS	ABATE		ΙΤ	In	E	ন <i>গ</i>	E		7.1	
Date of Notification (1) 10/13/16				Building (Biegel							Personal Property		*investor.	THE DESTRUCTION	7-1
Agencies Notified Type Notification		3	Street A	ddress						00	T	1 9	20	16	
EPA Initial Amended Amendment #_	lu alia a			te, Zip Co ity NJ 08					The state of the s	ASSES	Tō:		i n	OL 3	1
Emergency (inc justification) DCA Cancellation	auding		Name of Robert	Contact					Tel	ephone N	lumb	oer	-A	** 20-40 <u>- 2</u> 0-711.	- 04-71 (N - 14
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking P Robert Biegel Private Home	Place (3	5)					Ту	pe of Facility							
Street Address							×	School (K- Subchapter Other (i.e. petc.)	r 8 (Oth			build	ings,	home	ıs,
City (5) Surf City NJ 08008							10000	uare Feet 00+	# of 2	f Floors		22.53	dg. A 5+	ge	
County (6) Ocean				Code (7) USE ONLY)			Cu	rrent Use (Pri	ior if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCN	l No.		Name Pern		batement Col	ntractor	(9)					
Street Address						Street PO E									
City, State, Zip Code								, Zip Code erlin NJ 080	091						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 856-		No. -9800		License 00727					
	chedule		pletion l	Date (11)		Name N/A	of O	SHA Monitor							
Occupancy Status During Abatement (Check C	only Or	ne)				Street	Add	ress							
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of A Facility	Abatem Hours	ent		_	City, S	state	, Zip Code							
Scope of Work (Check All That Apply)		-												-	-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renovat Demoliti				×	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
	ls	Locatio	on										Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenan todial S (12)	y by ice/		tos Cont thermal surfa		Mater s ins T, o		(5	mount Specify or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									-		ate	O O
Exterior Siding			х		Exte	rior Sid	ding)	20	00 SF		х			
1st & 2nd floor			х		FI	oor Til	е		14	00 SF					
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Land	dfill				
United Roll off		Ha	auler ID		of Was			G.R.O.							
City, State Elm NJ					Dispos 11/1/	sal Date 16		City, Sta Morris		A 19067	7				
Completed by Anthony T Perna	Title Presi	dent			S	Signature	1			100	Date 10/	13/1	6		

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

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Date of Notification	(1)		Nam	e of	Buildir	ng Owi	ner / Operator (2) 115		88.	112			
Jato 6, 115	10/4/2016				Piccio	tti			OCT	1 8 20	116	-11	1	1
Agencies Notified	Type Notifica	ation	Stre	et Ac	dress			10 1						the second
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□ DOH □ DCA		gency			Piccio				£ .	•				
☐ DCA	Cano	ellation												-
				ACII	LITY I	NFOF	RMATION	(A)						
Name of Facility W	Vhere Abateme	ent is Taking Pla	ce (3)				Type of Facility (School (K-1	2)						
Residence							Subchanter	8 (Other than	K-12)					
Street Address							Other (i.e. p	rivate & comn	nercial buildi	ngs, ho	mes	, etc)	
							Square Feet	# of Floor	s	Bldg. A	ge			
		T= . (0)	I Carret		do (7)		2000		1		60)+		
City (5)		County (6)	Count	у СО	de (7)		Current Use (Pr	ior if being der	molished)					
Lawrenceville		Mercer					Residence							
		- " " 0	(0)		ASCM	No	Name of Abater	nent Contract	or (9)					
Name of Monitorin	ng Firm Hired I	by Building Owne	er (8)		ASCIVI	NO.	Alpha Enviro	nmental Ser	vices					
							Street Address							
Street Address							PO Box 8297							
O'L Chata 9 7in (Code						City, State & Zip	Code						1
City, State & Zip (Joue						Trenton, NJ		License	Numbe	or .			
Project Manager	for Monitoring	Firm	Telepho	one N	lumbe	r	Telephone Num		License		222			
1 Tojoot manager							609-847-2956 Name of OSHA							
Scheduled Start [Date (10)	Scheduled Com	pletion	Date	(11)		EMSL Analyt							
10/14/2	2016	10/15/2016					Street Address							
Occupancy Statu	s During Abate	ement (Check or	ily one)	Ahai	emen	he .	107 Haddon							
	losed/Vacated	During Entire P	ellou oi	Aba	am to	3nm	City, State & Zi							
		Outside of Norma	ai Houis	5 – 1	aiii to	opiii	Westmont, N							
Describe	: 	~ Abatament												
Facility C	Occupied Durin	g Abatement								- NI	I	2000	NII.	
Scope of Work (Check all that	арріу)					[Full Con	tainment with	n Negai	ive	165	suic	
☐ ≥3 sf or ≥	>3 If			Ren	ovation	1	[Mini-End		00				
≥160 sf ≥			\boxtimes	Dem	olition		L		ag Procedure		1.1-	D		
								Non-Exe	empted and I		able	teme	euu nt T	vino.
	Location of		Is L	ocati	on		Description		Amoun (Specif	500 mg	ADa	leme	iii i	ype
Ast	estos-Contair	ning	Norma				Asbestos-Conta Material (AC	aining M)	SF or Lf	F)	_		Щ	п
	Material (ACM		So Mainte	lely b			(i.e., thermal sy	stems			Rem	Re	cap	ncis
Ī	O BE ABATE	<u>D</u>	Custo			i	nsulation, surfaci	ng, VAT			Removal	Repair	Encapsulate	Encisoure
	in Facility (13)			(12)			or other miscella	neous)			<u>m</u>		ate	Œ
	(10)		Yes	No	N/A					-		П	П	1
Exterior				\boxtimes			Siding		1200sf			ш	ш	_
Exterior														
		auler		N.	DEP V	Naste	Cubic Yards	Name of Reg	jistered Land	lfill				
Name of Regist	erea vvaste Ha	aulci			auler II		of Waste		JE:11					
ALPHA ENVI	RONMENTAL	L		00	0333	30	5	Grows Lan	atili					
City, State	(J						Disposal Date	City, State						
Oily, State							Various	Morrisville	. PA					
Trenton, NJ				1-							ate			
Completed By ((Print or Type)			1000	tle		Signature			-	10/4	1/20	16	
Rod Richards	son			10000	roject anag		Section 1							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10/12/2016 Oronzo Legrottaglie Street Address Agencies Notified Type Notification OCT 1 8 2016 × **EPA** Initial City, State, Zip Code X DEP Amended ASSESTOS CONTROL & × Amendment # DOL Paterson NJ 07513 Emergency (including Name of Contact Telephone Number X justification) DOH Pasquale Legrottaglie DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Dwelling School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) # of Floors Bldg. Age City (5) Square Feet N/A 2 FLOORS N/A Paterson NJ 07513 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Private Dwelling Passaic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Standard Environmental Amax Contracting LLC Street Address Street Address 2108 Fulton St Suite 2A PO BOX 734 City, State, Zip Code City, State, Zip Code Brooklyn NY 11233 Woodland Park NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 347-241-7673 973-692-6298 01266 Kayode Adefisoye Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/22/2016 10/24/2016 Amax Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address PO BOX 734 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Woodland Park NJ 07424 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A Basement X Pipe Insulation 160 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Amax Contracting LLC **GROWS** 3 CY Disposal Date City, State City, State Woodland Park NJ 07424 10/29/2016 Morrisville PA Completed by Title Signature Date Tome Maslrkov Project Manager 10/12/2016

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



Date of Notification (1) 10/12/16					Building Couellette		perator	(2)			G E	[WI	Ē		i i
Agencies Notified	Type Notification			Street Ad	ddress					***************************************	SS Ling	11	11 - ******	markey		
EPA DEP DOL	Initial Amended Amendment				te, Zip Coo ttstown,		840			0	CT 1	8 20	016	Name and the confidence of the		
DOH DCA	Emergency justification) Cancellation			Name of Jim Wi					The second secon	Tele	ephone N	Humb	er-	F.		
				FACI	LITY INFO	RMATI	ON			adam mas	THE PROPERTY AND ADDRESS.			-11-1-24		
Name of Facility Where Residence Street Address	Abatement is Takin	g Place (3))						of Facility (4 School (K-12 Subchapter of Other (i.e. pretc.)	2) 8 (Othe			ouild	ings,	home	s,
City (5) Hackettstown								1870		2	Floors		1	dg. A 10	ge	
County (6) Warren				County ((STATE L	Code (7) JSE ONLY)			I	nt Use (Prio dential	r if bei	ng demo	lished	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		NI CONTRACTOR		ement Convices Inc.		(9)					
Street Address							17/1/19/19	Addres Maple								
City, State, Zip Code							7,000	State, Zi lington	p Code , NJ 070	57						
Project Manager for Mor	nitoring Firm			Telephor	ne No.			hone No -221-9			License 01107					
Start Date (10) 10/22/16		Schedule 10/25/		npletion l	Date (11)		100000000000000000000000000000000000000	of OSF aw Na	IA Monitor Iodka							
Occupancy Status Durin	ig Abatement (Ched	ck Only On	ie)					Addres								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of <i>A</i> mal Facility	Abaten	nent s			City, S	Maple State, Zi	p Code							
_							Wai	lingtor	n, NJ 070	5/						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	The state of the s	Renova Demolit					Mir Glo	I Containme i-Enclosure vebag Proc n-Exempted	edure					e	
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Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) I <u>ATED</u> Ility	Use Ma	Normal d Sole intena todial (12)	ely by nce/ Staff?		tos Con thermal surfa		Material ns insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Wa Newark Carting Inc.			F	NJDEP W Hauler ID 15409		of Wa			GROW		ereu Lan	IGIIII				
City, State Newark, NJ						Dispo 10/2	sal Date 6/16	Э	City, State Morrisv		PA					
Completed by Leslaw Nalodka		Title Pres	ident				Signatúr	e	NN	1		Date 10/	12/1	16		

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Date of Notification (1) 09/23/16 Agencies Notified Type Notification Street Address 31 Evans Terminal Rd. OCT OCT		
Agencies Notified Type Notification Street Address 31 Evans Terminal Rd. SF		V
	18.	2016
Amendment # Hillside, NJ 07205	SICON	ĮŦΒ.
DOH DCA Cancellation Jim Doty FACILITY INFORMATION	EMSIN	9
Name of Facility Where Abatement is Taking Place (3) Community Food Bank of NJ School (K-12) Subohapter 8 (Other than K-12)		
31 Evans Terminal Rd. Other (i.e. private & commercial buildings etc.)		B.
Chy (5) Hilside 285.000 2 85 y		_
Union (STATE USE ONLY) food bank		_
Name of Monitoring Firm Hirad by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lesco Services Inc.		_
Street Address 156 Maple Ave.		
City, State, Zip Code City, State, Zip Code Wallington, NJ 07057 Telephone No. License No.		
Project Manager for Monitoring Firm 862-221-9092 01107		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor D9/26/15 D9/29/16 Leslaw Na lodka Street Address		
Occupancy Status Doring Abatement (Cheek Gray Grey) 158 Maple Ave.		
Facility Closed/Vacated During Entire Period of Abatement Abotement Performed Outside of Normal Facility Hours Other – Describe: Wallington NJ 07057		
Scope of Work (Check All That Apply)		
Ranovation Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frieble Process	U/B	
le Location Ab	atement Type	t
Location of Abbestos-Containing Matsdal (ACM) IN Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Description of Abbestos Conteining Matsdal (ACM) (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) Normally Description of Amount (Specify SF or LF) The conteining Matsdal (ACM) (Specify SF or LF)	Encapsulate	Endosure
office a pipe insulation 80f.		
	+	-
Name of Registered Waste Hauter NJOEP Waste Cubic Yards Name of Registered Landfill Hauter ID No. of Waste CROWS		
Newark Carting Inc. 05409 1 GROWS		
Newsrk, NJ 09/30/16 Morrisville, PA		
Completed by Leslaw Nalodka President Signature 09/23/16		_



Date of Notification (1) 10/12/16			(-),412.6		uilding Owne		(2)	m	E C E			10.00		
Agencies Notified EPA DEP	Type Notification X Initial Amended		1 Ci		St. , Zip Code				0CT 1	3 20)16	And the second s		_
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DOH DCA	Cancellation		D	ennis)		TION					- 4			-
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City (5) Woodbridge							Square 1880	Feet	# of Floors		50	lg. Ag)+	е	
County (6) Middlesex				ounty Co	ode (7) SE ONLY)		Resid	ential	if being den	nolished	d)			
Name of Monitoring Fir Environmental Co Street Address	m Hired by Building Connection Inc.	wner (8)		ASCM 00030		Les		ment Contr ices Inc.	ractor (9)				3-69	
120 N warren St. City, State, Zip Code						City,	Maple State, Zip		57					
Project Manager for Mo Dominick Dercole	onitoring Firm			elephon	e No. 2 - 4200	Telep 862	hone No.	92		nse No. 07				
Start Date (10) 10/26/16		Schedule 11/11/1	6	oletion D	ate (11)	Les	e of OSHA law Nal	odka						
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 10-10-16					of Building f Musta		Operator	r (2)	To the same of the	Qr!	= 19		11	V/		
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DOH DCA	justification Cancellatio)			of Contact f Mustat	12			1	Te	lephone	Nur	nber			
A1				FAC	ILITY INF	ORMAT	ION									
Name of Facility Where a Private Home	Abatement is Taki	ng Place	(3)					-	of Facility	1.50.50				110-11		
Street Address								IT S	School (K- Subchapte Other (i.e.	er 8 (Oti	ner than & comn	K-12	2) al bui	ldings	, hom	nes,
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Paterson								Oquare	e reet	# (I FIOOIS	•		Bldg. /	4ge	
County (6) Passaic					Code (7) USE ONL	0		Currer	nt Use (Pr	ior if be	ing den	nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASCI	M No.				ement Co		r (9)					
Street Address								Address		LLO.						
07-07-0							522 7	7th St.								
City, State, Zip Code							850.0	itate, Zip n City	Code NJ 070	87	Maria Tarabana Par					100-10-
Project Manager for Mon	itoring Firm		T	Telepho	ne No.			none No.			Licens	se No	D.			-
Start Date (10)								216-96			0120	6				
10-20-16		10-24-	16	npletion	Date (11)				A Monitor acting L							
Occupancy Status During	Abatement (Ched	ck Only O	ne)					Address	3							
Facility Closed/Vaca Abatement Performe	ated During Entire	Period of	Abaten	nent				7th St.					2007/86			
Other – Describe:	ed Outside of Norr	nai Facilit	y Hours					tate, Zip n City l	Code NJ 0708	37						
Scope of Work (Check Al	That Apply)		-					,								
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Roof			X				Roof			2,4	00 SF		X			
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City, State Union City, NJ						Dispos 10-25	al Date	- 1	City, State Tullytov						ne-av-	
Completed by		Title	******				gnature	1	0	, . /	· 	Date	9			
Jaime Delgado	1000 (a.c. 1100 (a.c.	Proj.	Mana	ger.			J	10	1				10-1	6		

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Date of Notification (1) OCTOBER 1, 2016		1	Name of B CESAR	Building O	wner/Operat NTINO	tor (2	2)		007 1 0	A A A A		-	The state of the s
Agencies Notified Type Notification		3	Street Add	Iress					OCT 18	2016		ركا	- Commence
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DOH justification) DCA Cancellation			Name of 0		AMSON			Te	elephone Nur	mber	of wild for water	XXXXX	j
			FACILI	TY INFO	RMATION	1.	Type of Fa	cility (4)					_
Name of Facility Where Abatement is Taking CESAR TOLENTINO PROPERTY	Place (3)						School	ol (K-12)					
Street Address							✓ Other	hapter 8 (Ot (i.e. private	her than K-1 & commerc	2) ial build	ings, I	nome	S,
City (5)						-	etc.) Square Fe	- Table 1	of Floors		dg. Ag	je	
UNIÓN			County Co	odo (7)			1614 SF		eing demolis		900		
County (6) UNION			(STATE US				RESIDE	ENCE					
Name of Monitoring Firm Hired by Building \mathcal{C} \mathcal{N}/\mathcal{A}	wner (8)		ASCM	No.	Na F	me o inist	of Abateme ning Tou	ent Contract ch Asbes	or (9) tos Abaten	nent C	orp.	Inc.	
Street Address					Str 1	eet A 7 Th	Address nompsor	Street					
City, State, Zip Code					Cit V	y, Sta Vest	ate, Zip Co Long Br	ode anch, NJ	07764				
Project Manager for Monitoring Firm			Telephon	e No.			one No. 222.8372	2	License I	No.			
Start Date (10) Oct. 24, 2016	Scheduled Oct. 25			ate (11)		me o	of OSHA N	Ionitor					
Occupancy Status During Abatement (Chec	c Only One	∋)			Str	reet A	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Al al Facility	bater Hour	ment s		Cit	ty, St	ate, Zip C	ode					
Scope of Work (Check All That Apply)						_	1			1/27 2.39	::::		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				Y	Mini-Er Gloveb	nclosure ag Procedu	vith Negative re and Non-Fria			۵	
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Location of	N	Loca: lorma		2000	Descrip			200	Amount		1 9	pe 	Γ
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntena	ance/ Staff?	Asbes (i.e.	tos Containi thermal sys	stems	s insulation)(I) 1,	(Specify SF or LF)	Ren	Re	Encap	1
In Facility (13)	Cust	(12)			surfacing other misc				SF OI LI)	Removal	Repair	Encapsulate	Cicocaic
	Yes	No			т.	CI			70 LF	X		(D)	
BASEMENT			X		1.	SI			/0 LI	Δ			
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Name of Registered Waste Hauler		_	NJDEP W	/aste	Cubic Ya	rds	l N	lame of Reg	istered Land	fill			
Finishing Touch Asbestos Abateme	ent Corp.	10	Hauler ID 12058		of Waste .5 CY			TRRF LA					
City, State WEST LONG BRANCH, NJ 07764					Disposal 10/25/1	Date 6	Ç	ity, State TULLYTO	WN, PA				
Completed by JOSEPH P. MILLER	Title	SID	ENT		Sign	natur	1/1/1 1	Var		Date 10/13	/16		
					1	w	Aut A. 11	120	1 100				

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

State of New Jersey

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Name of Facility Where Abatement is Take PESIDO CE Sheet Address City (5)	ng Place	(3)						Other file etg.)	-12) er 8 (Other private &	20mmei	12) rosl bu	ilding	s hor	nes.
West FIELD							Squ	are Feet 2 150	# of F	loors 2		Bldg + 5		
County (6)				y Cade i			Cun	rent Use (P			shed)	7-7	, U	w
Name of Monitoring Firm Fired by Building	Owner (i	8)		M No		Name	of Ab	atement Co	DNT1A intractor (9	· ·				
Street Address			Section 1			A.MA	-	Contraction	g inc.					
Car Chair 2 C		·				185 V	/ree	land Ave						
City State Zip Code						City St Midla	ate nd F	Zip Code Park, NJ			***************************************			***************************************
Project Manager for Monitoring Firm			Teleph	one No.		Telepho (201):	one A	Vo.	(8)	icense 0156	No.			
Start Date (10) /	1	1/2	mpletion 5/16	Date (1	11			HA Monitor nvironime		nces	HAT DAY OF THE PARTY OF THE PAR			-
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wark Carting , Inc.		H	auler ID 509		Oubic of Was			Name of F IESI PA			ndfill	Opp		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/13/16 1266 APARTHENT COLP. Agencies Notified Type Notification 2 HORIZON ROLD × Amended City State. Zip Code DOL Amendment # FORT LEE , N.J ASBESTOS CONTROL & Emergency (including DOH LICENSING Telephone Nur Cancellation PETER STOPE JEO PHERD Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House MOLIZON School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes $\overline{\mathbf{x}}$ etc i Square Feet # of Floors Bldg. Age FOLT LEE 18,000 150 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) BERGEN RESIDONTIAL. Name of Monitoring Firm Hired by Building Owner (8) ASCM NO. Name of Abatement Contractor (9) A.MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave. City State Zip Code Midland Park, NJ Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (201)262-5841 00156 Start Date (10 Scheduled Completion Date (11) Name of CSHA Monitor 11/24/16 10/24/16 Omega Environmental Services Juring Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huvler St Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Hackensack, NJ 07606 Scope of Work (Check All That Apply) 23 8f or 23 # Renovation Full Containment with Negative Pressure 2160 st or ≥260 P Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure is Location Abatement Normally Type Location of Used Solely by Description of Ashestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO SE ABATED (i.e. thermal systems insulation, surfacing, VAT, or (Specify SF or LF) Custodial Staff? Removal In Facility Repair (12)other miscellaneous) Yes No NIA PIPE INSULATION 195 LF INSULATION 95 LF Name of Registered Waste Hauler Subst. of Vitaste. Cubic Yards Name of Registered Landfill Haufer ID No. Newark Carting Inc IESI PA Bethlehem Landfill Corp. 04509 Disposal Date City, State Newark NJ 10/24/1600 Bethlehem PA Completed by Signati Joseph Vocaturo Vice President 10 3/16

L CHECK# 9236

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Date of Notification (1)			Name	~	Owner/Operat		_		E	C	E	1 1	
Agencies Notified Type Notification	,		Strant	SEOR Address	SE M	50	EGATOS	. IIY					
EPA Initial Amended Amended Amended Amended Emergency Initial Emergency Initial Emergency Initial Init	it# (includio	3	City S	NACE	WOOD	N.	5	07631 Teldohona				8 201	
Second Second					ORMATION	V _ /~	* ' '	Ls					
Name of Facility Where Abatsment is Takir LES INCICE Street Address City (5)		(3)					Other (i.e.)	12) r 8 (Other than P private & comme				nes,	
						8	lare Feet	# of Floors		Sidg. →	Age - (CO		
ENGLEWOOD BULGEN	THE AVERAGE	· · · · · · · · · · · · · · · · · · ·		Gade (7) USE ONL	7	Current Use (Prior if being demolished) RESINOVIAL							
Name of Monitoring Firm Hired by Building	Owner (8	į.					Name of Abatement Contractor (9) A. MAC Contracting Inc.						
Street Address			#100000				Street Address 185 Vreeland Ave						
City, State, Zip Code:							Zip Code Park, NJ	The second control of					
Project Manager for Monitoring Firm		Telepho	one No	\$5 Table 1	ohone 1)262	No. -5841	License 00156	No.					
Stan Date (10) /0/22/16	10	mpletion 30	Date (11)	17.0750000		SHA Monitar Environmer	ntal Services						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	Period of	ne) Abaler	Stree 280			t Addn Huyl							
Abatement Performed Outside of Norm Other – Describe	nai Facilit	y Hour	City 8				Zip Code ack, NJ 07	606			*******		
Scope of Work (Check All That Apply)	r/ .	Renov	ation		I	Full Containment with Negative Pressure						-	
2150 st or 2260 ff		Demak				Mini-Enclosure Glevebag Procedure Non-Exempted (*) and Non-Friable Procedure					The formation of the state of t		
The second secon	ls	Local	kon -			-3 14	UN-CAETIBLEU	eu () and Non-Enat		Abatement			
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Description				-	T	ype	_	
TO BE ABATED in Facility (13)	Ma	intena todial ((12)	ince/		tos Containing I thermal system surfacing. V/ other mispalla	is Insu AT, or	lation.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Exclosure	
-	Yes	No	N/A	The second secon	outer misseng	neous)			8	#	wate	anns.	
Basement					/AT	····		5505F	/				
ame of Registered Waste Hauler		IN	JOEP W	aste	Cubic Yards		T Name of C	registered Landf	1				
lewark Carting , Inc.				No	of Waste		£	Bethlehem L		Corp	D.		
Dity State Jewark, NJ					Disposal Date								
			/0/22/16 Signature				wennen!¢	erty files					
ompleted by eseph Vocature	Title Vice f	Presid	dent		Signafure	1	oralen		ate / 0				

X

NJDEP Waste

Hauler ID No.

04509

President

FLASHUL

Cubic Yards

10/7/16

of Wasta

Completed by R. McDonald

City, State

Name of Registered Weste Hauler

Newark Carling, Inc.

Newark, N.J. 07105

Name of Registered Landill

Pan Argyl, PA 08072

City, State

55

Grand Central Santary Landfill

X

Date

10

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) October 12, 2016			Name of Building Owner/Operator (2)											
(October 12, 20	16				Jacob	s Demolition & (Carting 17 (0)	36	14	4	3		
Agencies Notified	Type of Notifica	ition			Street Address				E	J- W	-13			
[X] EPA	[] Initia	ıl Notifica	ation			POB	ox 9			Charles The				
[] DEP		nded Not			City, State, Zip Co	ode		HI)	1 0	2010	•			
[x] DOL	10020 12	ndment # rgency (ir			,,p		squan, NJ 08736	<u> </u> OCT	18	2016)			
Lv J DOIL		fication)	iciuding		Name of Contact									
[X] DOH	Three states are also as the state of the st	ellation			Linda	HI.		Telephone Number	10		1	1		
[] DCA						3. 		LICENSING						
ST SE W. 117		D		FAC	CILITY INFORM	MATION		31 191 191 191 191 191 191 191 191 191 1	m" - continue			Station States		
Name of Facility Where Ab	oatement is Taking Iding	Place (3))				Type of Facility (4							
	idilig							School (k-12)						
Street Address							[x]	Subchapter 8 (or				···		
231	Ocean Avenu	e			1^			Other (i.e., priva homes, etc.)	ite & co	mmerc	ial buile	dings,		
		County	y (6)		County Code (7) Square feet			# of Floors	Blds	g. Age				
Point Pleasant					(STATE USE ONL	Y)	500 sf	1			60			
		Ocea	n					if being demolished)					
Name of Monitoring Firm I	Lirad by Duilding	Oumar (8	`		ASCM No.	l M	Buildi							
N/A		Owller (8)		ASCM No.	Name of	Abatement Contracto	Ima						
Street Address						Street Ad		lian Contracting,	ng, Inc.					
								Route 9, Unit 61	9. Unit 61					
City, State, Zip Code						City, Stat	e, Zip Code	, , , , , , , , , , , , ,	222					
D :	Project Manager for Monitoring Firm Telephone Number						River, New Jers		755-1	271				
Project Manager for Monitoring Firm Telephone Number				Number			e Number	License N	Jumber					
Scheduled Start Date (10) Scheduled Comple				Completic	on Date (11)	732-349	9-9932 OSHA Monitor	00624						
10/13/16 10/14/16					on Bate (11)	I value of		.L. Analytical						
Occupancy Status During A						Street Ad								
	ity Closed/Vacated						1056 \$	Stelton Road						
	ement Performed (Outside o	f Normal F	acility Ho	urs	City, Stat	e, Zip Code					- 19		
[] Other	r – Describe							away, New Jerse	y 088	54				
Scope of Work (Check all th	nat apply)					[v]		697.55	WEN. 31(-)					
beope or work (Cheek an a	ш арріу)					[x]	Mini-Enclosure	t with Negative Pres	sure					
>3 sf	or ≥3 lf		[]	Renovat	ion	[]	Glovebag Proced	lure						
[x] ≥160	sf or ≥260 lf		[x]	Demolit		ii		*) and Non-Friable	Procedu	те				
					T			,	100000					
									Abate	ement (Гуре			
Location o	£		Is Locatio	55		Description			R	R	Е	E		
Asbestos-Containing Ma		IN	ormally us Solely by			estos-Con laterial (A		Amount	Е	Е	N	N		
TO BE ABAT		Maint	enance/Cu			, thermal s		(Specify SF or LF)	M	P	C	C		
in facility		100 M	Staff			lation, sur		Of LI')	0	A	A P	L		
(13)			(12)			VAT, or			V	R	S	S		
					othe	er miscella			Α		U	U		
		YES	NO	N/A					L		L E	R E		
Exterior		-	X	1	Asbestos conta	ining stu	200	200 sf	37		E	E		
Exterior			Λ		Asoesios conta	inning Stud	200	200 SI	X					
	Iame of Registered Waste Hauler NJDEP Waste Hauler				Traine of Registered Building									
Guardian Con	tracting, Inc.		20)223										
City, State Toms River, N	New Jersey			10/14/		City, Stat	e wn, Pennsylvania							
Completed by (Print or Type		Title		10/14/	Signature	Tullyto	wii, i ciiiisyivanii	а	Date					
Nicholas Ferni		Projec	t Manage	er		n	tel		F-5000000000000000000000000000000000000	2/201	6			
		21			, y		1		1 TOTAL ST		22/20			

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



DEMOLITION / RENOVATION NOTIFICATION

I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O II. IS ASBESTOS PRESENT? (Yes/No):	
ii. is his best of the service.	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: Nonfi	riable
Asbestos RACM RACM Not 7	Material
2. Category I ACM not removed 3. Category II ACM not removed Removed Removed	oved
Cat I	Cat II
Pipes (Linear feet):	
Surface Area (Square feet): 200 sf Asbestos containing stucco Exterior	
RACM Off Facility Component (Cubic feet):	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED FOR A 2015	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DELAND RENOVATION SITE:	MOLITION
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos we 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.	vill be
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.	
	Address: 1889 Route 9, Unit 61	
	City: Toms River State: New Jersey Zip: 08755	
	Contact Person: Nicholas Fernicola	
	WASTE TRANSPORTER #2 Name:	
	Address:	
	City: State: Zip:	
	Contact Person:	
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.	
	Location: Bordentown Road	
	City: Tullytown State: Pennsylvania Zip: 19007	
	Telephone: 215-943-9732 Permit #: 101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER	
	Name: Title:	
	Authority:	
	Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS	
	Date and Hour of Emergency (MM/DD/YY):	
	Description of the Sudden, Unexpected Event:	
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER	IABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON W AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOU RS. (Required after November 20, 1991)	DURING TILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title) October 12, 20 (Signature of Owner/Operator) (Date)	16
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	
	Nicholas Fernicola / Project Manager (Printed Name/Title) October 12, 20 (Signature of Owner/Operator) October 12, 20	16

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

56												
Date of Notification (1) October 11, 20	16			Name of Buildin		erator (2) rset Medical Cente	er TE	37	40	11		
Agencies Notified Type of Notified [X] EPA [X] Init	ation al Notifi	cation		Street Address	110 R	tehill Avenue			10,			
[x] DOL Am	endment	tification #including		City, State, Zip C		rville, NJ 08876	<u> </u>	T 1	8 20	016		
[] DCA just	ification) cellation			Name of Contact	Russell	T.	Telephone Number	FOO 2	·~·	noi r	1	
							harmon the selection of the second of the second	of section or each	ار داد او اداد	el mariani.		
Name of Facility Where Abatement is Takin Somerset Medica			FA	CILITY INFOR	MATION	Type of Facility (4)	School (k-12)					
Street Address 110 Rehill Avenu	ie					[]	Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)					
City	Coun	ty (6)		County Code (7) (STATE USE ON	LY)	Square feet 200,000 sf	# of Floors Bldg. Age					
Somerville	Som	erset			,	Current Use (Prior i	f being demolished)		00		
Name of Monitoring Firm Hired by Building EM & CA	Owner (8)		ASCM No.	Hospital Name of Abatement Contractor (9)							
Street Address	reet Address P O Box 872				Street Ad	ldress	an Contracting.	-				
City, State, Zip Code					oute 9, Unit 61	9, Unit 61						
Somerville, NJ 08 Project Manager for Monitoring Firm	Nīa.la o.a		T 1 1		River, New Jers			271				
Joel Russell 732-249-3005					732-34	ne Number 9-9932	License N 00624	lumber				
Scheduled Start Date (10) Scheduled Complet 10/21/16 10/28/16				ion Date (11)	Name of	OSHA Monitor F M S	L. Analytical					
Occupancy Status During Abatement (Check)		Y	Street Ac	ldress						
[X] Facility Closed/Vacate [] Abatement Performed							telton Road					
Other – Describe					City, Stat	te, Zip Code Piscata	way, New Jerse	y 088	54			
Scope of Work (Check all that apply)					[]		with Negative Pres	sure				
[X] >3 sf or ≥3 lf		[x]	Renova	ation	[] [x]	Mini-Enclosure Glovebag Procedu	ire					
[] ≥160 sf or ≥260 lf		į į	Demol	ition	[]) and Non-Friable	Procedu	ıre			
						11/2		Abat	ement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED in facility Solely by Maintenance/Custodial Staff			(i.dins	Descriptionsbestos-Con Material (A e., thermal st sulation, sur VAT, other miscellar	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R	
Vascular Lab		1	X	Pipe fittings			65 fittings	X	-	Е	E	
Vascular Lab			X	Asbestos pipe	e insulation	1	125 lf	X			-	
Conference soom			X		Hongs		608 20	X			+	
				Pipe Ti	(41. 12)		(Sec) 0-0				1	
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	NJDEP Wast	e Hauler 0223	ID No. Cubic Y	ards of Wast	Name of Register	red Landfill		1	1	1	
City, State Toms River New Jersey				sal Date	City, Sta			5- 0 lune lun				
Toms River, New Jersey 10/28 ompleted by (Print or Type) Title Nicholas Fernicola Project Manager				Signature	Tullytt	Wii, reinisyivania		Date 10/	1/20	16		

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



DEMOLITION / RENOVATION NOTIFICATION

Oper	rator Project #:	Postmark:	Notif	fication:					
I.	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled): O	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y			
III.	FACILITY INFORMATION (identify owner, removal cont	ractor and other operator)						
	OWNER NAME: Somerset Medical C	Center							
	Address: 110 Rehill Avenue								
	City: Somerville Stat	e: NJ	Zip:	08876					
	Contact: Joel Russell		Tel:	732-249-3005					
	REMOVAL CONTRACTOR: Guardian C	Contracting, Inc.		NJ License: 006	524				
	Address: 1889 Route	9, Unit 61							
	City: Toms River Stat	e: New Jersey	Zip:	08755					
	Contact: Nicholas F	ernicola	Tel:	732-349-9932					
	OTHER OPERATOR (if different)			NJ License:					
	Address:								
	City: Stat	2.	Zip:						
	Contact:		Tel:						
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation E - E	mergency Renovation)	: R					
V.	FACILITY DESCRIPTION (Including building name, num	ber and floor or room nur	mber)						
	Building Name: Somerset Medical C	enter							
	Address: 110 Rehill Avenue								
	City: Somerville State	:: NJ	Coun	ty: Somerset					
	Site Location: Vascular Lab			**					
	Building Size: 200,000 sf # of	Floors: 6	Age i	n Years: 60					
	Present Use: Hospital	Prior U	Jse: Hosp	ital					
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, I	F APPROPRIATE, USE			ERIAL:				
	IS MATERIAL ASSUMED TO BE ASBESTOS?								
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	i:				friable s Material			
	Regulated ACM to be removed Category I ACM not removed		RACM To Be	LOCATION	100000	To Be noved			
	Category II ACM not removed	1	Removed		Cat I	Cat II			
	Pipes (Linear feet): 125 lf	Asbestos pipe	insulation	Vascular Lab	Curi	Cat II			
	Surface Area (Square feet): 65 fittings	Pipe fittings		Vascular Lab					
	RACM Off Facility Component (Cubic feet):								
	Activi On Facility Component (Cubic feet):								
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/21/16	Complete: 10	0/28/16				

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

DILLE OF THEM DELDE

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

			(Pursua	nt to NJAC	∠ 8:60 a	ina 12:12	20)	liŲ		Camer or mi	us. District (Ess			
Date of Notification (1) October 12, 201	6			Name of B	Building C	Owner/Oper	rator (2	ntracting Com	Jany 196T	1 82 1	20165	7	排	
Agencies Notified Type of Notifical	tion			Street Add	iress			1	- Live					
[] DEP [] Amer	l Notifica nded Not ndment #	tification		City, State	, Zip Cod	e		on Avenue, Sui	LIGE	NSIN S COL	ITHU!	- 6. 		
[X] DOH [] Emer		ncluding				Bostor	n, MA	02118						
I DCA	ication) ellation			Name of C	Contact Tom			Te	lephone Number					
L.			FAC	II CILITY IN	FORM	ATION					- No.			
Name of Facility Where Abatement is Taking							Туре	e of Facility (4))					
Abandoned Pier C	ontrol	Room						[]	School (k-12)	or than	l. 12)			
Street Address 1101 South Front	Street							[x]	Subchapter 8 (other than k-12) Other (i.e., private & commercial buildir homes, etc.)					
City	Count	y (6)		County Cod (STATE US)	Squa	re feet 500 sf	# of Floors	Bldg. Age				
Camden	Cam	den				Current Use (Prior if being demolished) Abandoned Pier Control Room								
Name of Monitoring Firm Hired by Building (Owner (8	3)		ASCM No.	I	Name of	Abater	nent Contractor (9		01 10	3111			
Guardian Contract	ing, In	c.				Church A d	14	Guardian	Contracting,	Inc.				
1889 Rte. 9, Unit 6	51			Street Address 1889 Route 9, Unit 61										
City, State, Zip Code Toms River, NJ 08755				City, State, Zip Code Toms River, New Jersey 08755-							755-11	271		
Project Manager for Monitoring Firm Telephone Nur						Telephon		ber	License N		00 11			
Nicholas Fernicola 732-349-9932 Scheduled Start Date (10) Scheduled Compl				on Date (11)		732-349 Name of			00624	_				
10/24/16		10/26							. Analytical					
Occupancy Status During Abatement (Check of Facility Closed/Vacated			nd of Aba	tement		Street Ad	ldress	1056 Ste	lton Road					
[] Abatement Performed (-	City Stat	o Zin i		non road					
Other – Describe		=======================================		City, State, Zip Code Piscataway, New Jersey 08854										
Scope of Work (Check all that apply)						[]		ull Containment w	rith Negative Pres	sure				
[x] >3 sf or ≥3 lf		[]	Renova	tion		[]		fini-Enclosure lovebag Procedure	2					
[] ≥160 sf or ≥260 lf		[x]	Demoli	tion		[x]		on-Exempted (*)		rocedu	re			
				T						Abat	ement '	Гуре		
24 23 25%		Is Location				Descriptio				R	R	Е	Е	
Location of Asbestos-Containing Material (ACM)	N	Normally u Solely by				estos-Con aterial (A		g	Amount (Specify SF	E	Е	N	N	
TO BE ABATED	Main	tenance/C				thermal s		ıs	or LF)	М	P A	C A	C L	
in facility		Staff			insul	lation, sur		3,		0	I	P	0	
(13)		(12)			atha	VAT, o				V	R	S	S	
	YES	NO	N/A		one	i iiiisceiia	meous	")		A L		L E	R E	
Interior		X		Wire in	sulation	1			250 lf	X				
Interior		X		Gaskets	S				90 lf	X				
Interior		X		Pitch po	ocket m	aterial / t	transi	te box	1 sf/50 sf	X				
Interior		X		Windov	w glazin	ıg			72 lf	X				
Name of Registered Waste Hauler	N	JDEP Was		ID No.		ds of Wast	e N	Name of Registere	d Landfill					
Guardian Contracting, Inc. City, State		2	0223 Dispos	sal Date	3	City, Sta	ite	T.R.R.F.						
Toms River, New Jersey			10/2	7/16				Penns∲lvania						
				Signature	1		·			Date 10/1	2/20	6		

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



DEMOLITION / RENOVATION NOTIFICATION

Operate	or Project #:	P	ostmark:		Notificati	on:					
I.	TYPE OF NOTIFICATION (O - Original R - Revised	d C - Ca	ncelled):	0	II.	IS ASBESTOS PRESENT? (Ye	es/No):	Y			
III.	FACILITY INFORMATION (identify owner, removal	contractor	and other of	perator)							
	OWNER NAME: Charter Contract	ing Com	npany, LI	.C							
	Address: 500 Harrison Av	enue, Su	iite 4R								
	City: Boston	State:	MA		Zip:	02118					
	Contact: Tom				Tel:	857-225-8679					
	REMOVAL CONTRACTOR: Guardia	an Contr	acting, Ir	ıc.		NJ License: 00624					
	Address: 1889 R	oute 9, U	Jnit 61								
	City: Toms River	State:	New Je	rsey	Zip:	08755					
	Contact: Nichola	as Fernic	ola		Tel:	732-349-9932					
	OTHER OPERATOR (if different)					NJ License:					
	Address:										
	City:	State:			Zip:						
	Contact:	Tel:									
IV.	TYPE OF OPERATION (D - Demo O - Ordered De	emo R-	Renovation	E - Emergency I	Renovation):	D					
V.	FACILITY DESCRIPTION (Including building name,	number ar	nd floor or 1	room number)			No.				
	Building Name: Abandoned Pier	Control	Room								
	Address: 1101 South From	nt Street									
	City: Camden	State:	NJ		County:	Camden					
	Site Location: interior		<u> </u>								
	Building Size: 500 sf	# of Floor	rs:	1	Age in Y	ears: 60					
	Present Use: Abandoned Pier Control	Room		Prior Use:	Abando	ned Pier Control Room					
VI.	PROCEDURE, INCLUDING ANALYTICAL METHO	OD, IF AP	PROPRIA	TE, USED TO DET	ECT THE PRE	SENCE OF ASBESTOS MATER	RIAL:				
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLU	IDING:	I				Nonf	friable			
VII.		DING.		RACM				s Material To Be			
	Regulated ACM to be removed Category I ACM not removed			To Be Removed		LOCATION	Rem	noved			
	Category II ACM not removed						Cat I	Cat II			
	Pipes (Linear feet): 250 lf, 90 lf, 72	lf	Wire in glazing	sulation, gasket	t, window	Interior					
	Surface Area (Square feet): 1 sf, 50 sf		Pitch pocket, transite box			Interior					
	RACM Off Facility Component (Cubic feet):					1					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD	D/YY)	Start:	10/24/	/16	Complete: 10/26	/16				

II.

	NOTH TEATION OF BENOEFFICIAL REPORT (Communical)	
Х	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	1
	AND RENOVATION SITE:	
	Asbestos to be removed by non-friable procedures.	
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.	
XII.	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.	
AIII.	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	
100	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) Nicholas Fernicola / Project Manager October 12, 2016	G
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Owner/Operator) (Date)	
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	
	Nicholas Fernicola / Project Manager (Printed Name/Title) October 12, 2016 (Date)	

Check # 9799

Date of Notification (1)	-13-	16-	Name	of Building Owner		/ /					-
	Notification	9	Street	Address	Villan	e Co	nstructi	01			
□ EPA 🗶	Initial Amended			tate, Zin Code	6 So	uth	AUE				
DOL DOL	Amendment #		City, 3	Scoto	h Pla	uns	NIT	170	07	6	
DOH .	Emergency (in justification)	icluding	1	of Contact			Telephone N	· imhar	7 1	7-1	目行
LI DCA	Cancellation			DON VI	lane	-	<u> </u>				į
Name of Facility Where Abaten	1				() Ty	pe of Facility	(4)) OCT	- 1 8	3 20	16	111
Street Address	nily 1)well	ing	(Vacan		School (K	(1t2) L		,	10	-
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Causty (S) CRant	ord	\mathcal{N}	ک	0707					6	20	t -
County (6)			County (STATE	Code (7) USE ONLY)	Cu	rrent Use (P	rior if being demoli		1		
Name of Monitoring Firm Hired	by Building Ow	/ner (8)	ASC	M No.	Name of A	batement Co	ontractor (9)	ed			
EPC lech	nole	lies		N/A	EP	A STATE OF	chnole	aie	5		92
Street Address P.O. Bo	x 33	7			Street Addi	400	337	1			
City, State, Zip Code	4	v _Z	08	533	City, State,			'n	94		1
Project Manager for Month ri g	irm		Telepho		Telephone	No.	License I	Vo.	a n	2 W	1 was
Start Date (10)	nrer	cheduled Co	mpletion	758-3365 Date (11)	609 75 Name of Os	8-334	65 Q	0	21	SEL S	
10-24-11	0	10-	31	-16			hnologies	T	ac	0.00	
Occupancy Status During Abate		R - 19		7	Street Addr	ess	~				
Facility Closed/Vacated Dura Abatement Performed Outs	ing Entire Per ide of Normal	iod of Abater Facility Hour	nent s		City, State,	Zip Code	35+				
Other - Describe:						Egypt	NJ (28	53	3	
Scope of Work (Check All That A	pply)					0 (1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf)	☐ Renova Demoli				ull Containm lini-Enclosur	nent with Negative I	Pressu	re		
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21		Is Locat	ion		7	on Exemple	d () and Non-Friat	Jie riu	Abate		
Location of	1 (A CAA)	Normal Used Sole	100000000000000000000000000000000000000	De	scription of			-	Ту	pe	
Asbestos-Containing Material TO BE ABATED	(ACM)	Maintena Custodial	nce/		systems insu	al (ACM) lation,	Amount (Specify	D.	71	Enc	m
In Facility (13)		(12)	Julii.	surfac other n	cing, VAT, or niscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes No	N/A		31.37°5 (C. 1944)	•		al	-	late	9.II
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				July	VIII'			1			-
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Name of Registered Waste Haule	r 1 .	£20000	JDEP Waller ID				Registered Landfill				
EPC Techno	logies		1700		1	Wast	e Manager	nent	0 {	1	1
New Equat	. N.	J		Dispos	al Date	Morn	e isuille F	A	,	- 4	
Completed by	T	Title	١	101	gnatuse	CD	Da		120	1	
Steve Schenker		Presid	ent		There	DCK	h	10	113	11	0

Check # 9798

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	13-16	Name o	of Building Owner/	Operator (2)	ح (Lonstru	· c	10		
Agencies Notified Type Not		Street A	1376	Sou	ŁL.	AUE				
	ended	City, St.	ate Zip Code	21		117	7	^-	7/	
□ Eme	endment #ergency (including	Name o	Ocatch of Contact	, Plair	75	/V J C	/((6)	10.000.10
	fication) cellation	Do		llane		7000				
Name of Facility Where Abatement	is Taking Place (3)	FAC	ILITY INFORMAT		of Facility		a de la companya de l		and agriculture	7#
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Street Address	,			D S	Subchaptè Other (i.e.	7 8 (Other than K-1 private & commerc	2) ial buil	dings	, hom	es.
City (5)		1		/ e	etc.)	#ôf Ploors 10	s aa	Sido-		١
Westfie	-ld 1	JJ	0709		L.	2 LICI	EN\$II	60	<i>±</i> =	_
County (6) Union			Code (7) USE ONLY)	Currer	nt Use (Pr	ior if being demolis	hed)	n.	//	· ,
Name of Monitoring Firm Hired by E	Building Owner (8)	ASC	M No.	Name of Abat	ement Co	ntractor (9)	4 1		KI /1	3
EPC Techn	ologies		NA	EPC	ST.	chnole	ie		Ir	
Street Address Box	337			Street Addres	Roz	337	d)			
City, State, Zip Code	MT	00	522	City, State, Zip	Code	711	A	0		\$100 m
Project Manager for Monit ril g Firm	P, NO	Telepho	ne No.	Telephone No	Egy	License N	lo -	0		- TOP
Steve Schen	Ker	609	758-3365	609 758	ARD 0	1 29		59		
Start Date (10) /0-24-10		Completion		Name of OSH						Section 20
Occupancy Status During Abatement			16	Street Address	s 120	hnologies		nc		
Facility Closed/Vacated During	Entire Period of Ab	atement				337				
☐ Abatement Performed Outside ☐ Other – Describe:	of Normal Facility H	iours		City, State, Zip		ALT	78	53	3	
Scope of Work (Check All That App	(y)			L	JIP	/00	204			
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		novation nolition			Containm -Enclosur	ent with Negative F	Pressu	re		
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	is Lo	ocation					T	Abat	ement	t
Location of Asbestos-Containing Material (A	liced 9	rmally Solely by		scription of taining Material	(ACM)	Amount		1)	уре	1
TO BE ABATED	ivialiti	enance/ lial Staff?	(i.e. therma	systems insulat		(Specify SF or LF)	Ren	Re	incap	End
In Facility (13)	(12)		niscellaneous)		Or Or Er y	Removal	Repair	Encapsulate	Enclosure
	' Yes	No N/A							е	
Basement			Floor	Tiles	ور	800 SF	X			<u> </u>
SunRown Porc			Floor	Tiles		150 SF	K	-	-	
2nd Floor Bedi	econ X	6	Floor	Tiles		150 SF	X			<u> </u>
Name of Registered Waste Hauler		NJDEP W	/aste Cubic	Yards	Name of	Registered Landfill	1		<u></u>	
EPC Technolo	20,00	Hauler ID		ste (o	Was	teManage	men	f	FF	4
City, State	0	1 /0	Dispo	sal Date	City, Stat	te				
New Egypt	NJ Title	× .	by	Signature	Morn	risville f	PA ite	1	1	
Steve Schenker		ident		Steep	Sell	che	101	13	11	6
						-	- /	-	3	125

CK 5016	N		ATION	te of New OF ASBES o NJAC 8:	STOS A					EC	7 [6	3 0	W.		
Date of Notification (1) 10/14/16		171		Building O						00	T:	8	2016		Ш
Agencies Notified Type Notification			Street Ad	dress GSLANE) AVE				The state of the s						
EPA X Initial DEP Amended Amendment #		C		e, Zip Cod				4	F	SESER		CON		1.8	
Emergency (ii DOH DCA Emergency (ii justification) Cancellation		1	Name of	Contact					Te	lephone	Num	ber			¢°,
			FACIL	ITY INFO	RMATIC										
Name of Facility Where Abatement is Taking Street Address	Place (3)						Sc Sc X	f Facility (chool (K-1 ubchapter ther (i.e. p	2) 8 (Oth	ner than & comn	K-12) al build	dings, l	nome	s.
City (5)							Square	rc.) Feet	# 0	of Floors	S	В	ldg. Ag	je	
JERSEY CITY County (6)			County C					t Use (Prid		ing den	nolish	ed)			
HUDSON -	((ASCM	SE ONLY)		and the second		I FAMIL ement Cor		r (9)					
Name of Monitoring Firm Hired by Building C	wner (o)		ASCIVI	IVU.		AAA	LEAD	PROFE			3				
Street Address			nse oog oo				Address IITE D	S OVE CO	DUR1	Γ					
City, State, Zip Code							ate. Zip	Code D, NJ 0	8701						
Project Manager for Monitoring Firm			Telephor	ne No.			one No 668-90		- 11	Licer 1200	nse N O	0.			
Start Date (10) 10/29/16	Schedule 10/31/1		pletion [Date (11)				A Monitor PROFE	SSIC	DNALS	5				
Occupancy Status During Abatement (Check	Only On	ie)					Address	s OVE C	JUR.	Г					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Abatem Hours	ient			City, S	tate, Zip			<u> </u>		*******			SHEST IS
Scope of Work (Check All That Apply)			-							<u> </u>					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				××	Mini	Containm i-Enclosur vebag Pro i-Exempte	e cedure	e				e	
		Locati											Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintenai todial S (12)	ly by nce/		os Cont thermal surfa	scription taining M systems cing, VA miscellar	Material s insula .T, or			Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
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BASEMENT						TSI				250 LI		Α.	<u> </u>		
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					10.000	i for									
Name of Registered Waste Hauler NEWARK CARTING		H	IJDEP W lauler ID 4509		Cubic of Wa 5	Yards ste		Name of	f Regis	stered L	andfii.	1	<u> </u>		7 =
City, State NEWARK, NJ					Dispo 10/31	sal Date 1/16		City, Sta BETHI		M PA					
Completed by JOSEPH PERLSTEIN	Title OWI	VER			8	Signatur	e				D	ate			

CK 5016	NC	TIFIC (Pur	ATION C	e of New J OF ASBES NJAC 8:6	TOS A	BATEN 12:120	MENT }		Person			3 1	7/	
Date of Notification (1) 10/14/16				Building Ow EDGE MA							CZ Proket (Charles)			
Agencies Notified Type Notification	-		treet Add	dress GSLAND	AVE				- International	1 0	CT 1	8	2016	
EPA Initial Amended Amendment #		200	City, State	e. Zip Code N NJ					The second second	ASSE	STOS	CON	TRO	
Emergency (in justification)	cluding	N	lame of (Contact					- Tele	phone Nu				
DCA Cancellation			FACIL	ITY INFOR	MATIC	ON								
Name of Facility Where Abatement is Taking Street Address	Place (3)							of Facility (4 School (K-12 Subchapter (Other (i.e. pretc.)	!) B (Othe	r than K-1 commerc	2) ial build	lings,	nomes	s,
City (5)								e Feet	# of	Floors	В	ldg. A	ge	
JERSEY CITY County (6)			County C	ode (7) SE ONLY)				nt Use (Prio		ng demolis	shed)			
HUDSON Name of Monitoring Firm Hired by Building O	wner (8)	(ASCM			Name	of Abat	ement Con	tractor	(9)				
Name of Monitoring 1 in 1 ince by boliding o						-	LEAD	PROFE	SSIO	NALS				_
Street Address						6 WI	HITE	DOVE CO	URT					
City, State, Zip Code						City, S LAK	State, Zi EWO(p Code DD, NJ 08	3701					
Project Manager for Monitoring Firm			Telephon	ne No.			hone No -668-9			License 1200	No.			
Clart Bate (1-)	Schedule 10/31/1		npletion E	Date (11)		Name	of OSF	A Monitor PROFE	SSIO	NALS				
Occupancy Status During Abatement (Check	Only On	e)					t Addres	ss DOVE CO	URT					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	batem Hours	nent			City,	State, Z	ip Code OD, NJ 0						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	lenova Demolit					× Mi	li Containm ni-Enclosure ovebag Pro n-Exempte	e cedure			ocedu		
	10.7	Locat											ement ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normal ed Sole iintena todial ((12)	ely by ince/ Staff?	Asbesto (i.e. t	os Con therma surfa	escription taining of syster acing, V miscella	Materia ns insul 'AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			TSI			2	50 LF	X	+	+	
BASEMENT	-					ال							N I SEC	
							100 - 500				1511			
Name of Registered Waste Hauler NEWARK CARTING		1	NJDEP V Hauler ID)4509	0000	of W			IESI		tered Land	J1111			
City, State NEWARK, NJ					7-30-50	osal Da 31/16	ite	City, Sta		МРА				
Completed by JOSEPH PERLSTEIN	Title OWI	NER				Signati	ure				Date			

Project #		
1		

Check # 3596

Date of Notification (1)
Agencies Notified EPA
September Sept
Dep
DOH DOL
Canal Cana
DOH Justification John De, Maso Facility Where Abstement is Taking Place (3) Type of Facility (4) School (S-12)
DCA
Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, etc.) Other Idea 9 commercial buildings, homes, etc. Other Idea 9 commercial 9 commercial publications, etc. Other Idea 9 commercial publications, etc. Other Idea 9 commercial 9 commercial publications, etc. Other Idea 9 commercial 9 commercial 9 commerci
High School Street Address 72 Berdan Ave City (5) Wayne, NJ County (6) County Code (7) Cytarte Use (Prior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. RAMM Nick Restoration LLC Street Address 77 Nottingham Road City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Randfolph NJ 07869 Project Manager for Monitoring Firm Project Manager for Monitoring Firm Rodger Headrick Street Address Telephone No.
Street Address 272 Berdan Ave City (5) Wayne, NJ County (6) Passaic Name of Monitoring Firm Hired by Building Owner (8) RAMM Street Address 77 Nottingham Road City, State, Zip Code Fair Lawn Project Manager for Monitoring Firm Project Manager for Monitoring Firm Rodger Headrick Start Date (10) 10/24/2016 Start Date (10) 10/24/2016 Start Date (10) 10/24/2016 Scheduled Completion Date (11) 10/24/2016 Start Date (10) 10/24/2016 Scheduled Completion Date (11) 10/24/2016 Scheduled Completion
City (5) Wayne, N.J County (6) Passaic Name of Monitoring Firm Hired by Building Owner (8) RAMM Street Address 77 Nottingham Road City, State, Zip Code Fair Lawn Project Manager for Monitoring Firm Rodger Headrick Start Date (10) 10/24/2016 Start Date (10) 110/24/2016 Start Date (10) 10/24/2016 Start Date (10) 10/24
County (6) Square Feet
County (6)
County (6) Passaic Name of Monitoring Firm Hired by Building Owner (8) RAMM Street Address 7 A Nottingham Road City. State, Zip Code Fair Lawn Project Manager for Monitoring Firm Rodger Headrick Street Address 7 Brookside Rd City. State, Zip Code Fair Lawn Rodger Headrick Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/21/2016 Cocupancy Status During Abstement (Check Only One) Facility Closed/Nacated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Hours Other — Describe: 30m-110m Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) 1
Passaic Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) RAMM Street Address 7 Nottingham Road City. State, Zip Code Fair Lawn Project Manager for Monitoring Firm Rodger Headrick (201) 475-9880 Rodger Headrick (201) 475-9880 (201) 475
Passaic Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Nick Restoration LLC Street Address 72 Brookside Rd City, State, Zip Code Fair Lawn Project Manager for Monitoring Firm Rodger Headrick (201)475-9880 Randolph NJ 07869 Telephone No. (201)475-9880 P3-393-2550 P1133 Start Date (10) P10/21/2016 Street Address 72 Brookside Rd City, State, Zip Code Randolph NJ 07869 Telephone No. Project Manager for Monitoring Firm Rodger Headrick Start Date (10) P10/24/2016 P10/24/20
Street Address Street Address 72 Brookside Rd City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Randolph NJ 07869 Randolph NJ 078
Street Address 77 Nottingham Road City, State, Zip Code Fair Lawn Project Manager for Monitoring Firm Rodger Headrick (201)/475-9880 Project Manager for Monitoring Firm Rodger Headrick (201)/475-9880 Rodger Headrick (
77 Nottingham Road City, State, Zip Code Fair Lawn Project Manager for Monitoring Firm Telephone No. Rodger Headrick Start Date (10) 10/21/2016 Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 3pm-11pm Scope of Work (Check All That Apply) 3 stor ≥3 if 10 september 1 September 1 September 2 September 2 September 3 Se
City, State, Zip Code Fair Lawn Project Manager for Monitoring Firm Rodger Headrick (201)475-9880 973-933-2550 01133 Start Date (10) 10/21/2016 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 3Dm-110m Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Project Manager for Monitoring Firm Telephone No. (201)475-9880 973-933-2550 01133 Name of SHA Monitor IRIS City, State, Zip Code Union, NJ 07083 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Mini-Enclosure Giovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*)
Fair Lawn
Project Manager for Monitoring Firm Rodger Headrick Start Date (10) Scheduled Completion Date (11) 10/21/2016 10/24/2016 10/24/2016 RIS Street Address Street Ad
Rodger Headrick (201)475-9880 973-933-2550 01133 Start Date (10)
Start Date (10) 10/21/2016 Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) 10/24/2016 IRIS Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: 30m−110m Scope of Work (Check All That Apply) ≥3 sf or ≥3 if
Start Date (10) 10/21/2016 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 30m-110m Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if Renovation Demolition Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if Scope of Work (Check All That Apply) Street Address Say 3 RT 22
10/21/2016 Toccupancy Status During Abatement (Check Only One) Street Address
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 3Dm-11Dm Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Asbestos-Containing Material (ACM) (12) Yes No N/A To Be Abatement Performed Outside of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A To Be Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Crawl Space X TSI wrap& cure Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Crawl Space X TSI wrap& cure Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ Custodial Staff? Arbount (Specify Span December 1) Normally Used Solely by Maintenance/ Custodial Staff? Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ Custodial Staff? Abatement Type
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Abatement Performed Outside of Normal Facility Hours Other - Describe: 3pm-11pm Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exem
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf
Demolition Mini-Enclosure Glovebag Procedure
Crawl Space
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Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A
Maintenance/ Custodial Staff? (12) Yes No N/A Crawl Space Name of Registered Waste Hauler NJDEP Waste Hauler D No. No. NJDEP Waste Hauler D No. NJDEP Waste Hauler ID No. NJDEP Waste C D O W S
Crawl Space X TSI wrap& cure 9LF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Waste Company of Waste
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Nick Posteration LLC Hauler ID No. of Waste
Niek Posteration II C
NICK Restoration LLC 0033782 TBD G.R.O.W.S
City, State Disposal Date City, State
Randolph , NJ 07869 TBD Tullytown, PA
Completed by Title Signature Date Elvira Mrda President Signature 10/11/2016