# Notification of Asbestos Abatement

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:10 and 12:120)

**Data of Notification (1):**  
10-13-2016

**Name of Building Owner/Operator (2):**  
Monmouth University

**Agency Notified:**  
- EPA
- DEP
- DOL
- DOH
- DCA

**Address:**  
- Street Address: 400 Cedar Ave
- City, State, Zip Code: West Long Branch, NJ 07764

**Name of Facility Where Abatement is Taking Place (3):**  
Monmouth University

**County:**  
- Monmouth

**Name of Monitoring Firm Hired by Building Owner (5):**  
Ahersa Consultants, Inc

**Name of Abatement Contractor (6):**  
Lilich Corporation

**Abatement Method:**  
- Scheduling Completion Date (11): 10-15-2016
- Occupancy Status During Abatement (Check Only One): 2 Facility Closed/Vacated During Entire Period of Abatement

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12):**
- **Location:** Vestibule area
- **Description of Asbestos-Containing Material (ACM):** Plaster ceiling
- **Amount:** <20 sf

**Name of Registered Waste Hauler:**  
Lilich Corporation

**Name of Registered Landfill:**  
GROWL Landfill

**Completed By:**  
- **Name:** Momo Glavatovic  
- **Title:** Vice President

**Print Form**  
OCT 19 2016

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*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

State of New Jersey

Date of Notification (1)

10/14/16

Name of Building Owner/Operator (2)

Township of Long Hill

Street Address

915 Valley Rd.

City, State, Zip Code

Gillette, NJ 07933

Name of Contact

Neil Henry, Twp. Administrator

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Vacant One Family Residence

Street Address

Stirling, NJ 07980

City (5)

Morris

County (6)

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired By Building Owner (8)

Detail Associates

300 Grand Ave #104

City, State, Zip Code

Englewood, NJ 07631

Project Manager for Monitoring Firm

Telephone Number

Stephen Jarzowiski

201-569-6708

Scheduled Start Date (10)

10/8/16

Scheduled Completion Date (11)

10/16/16

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Scope of Work (Check all that apply)

[ ] Demolition

[ ] 130 sf or < 300 sf

[ ] 160 sq ft or > 260 sq ft

[ ] Renovation

[ ] Full Containment with Negative Pressure

[ ] High-Enclosure

[ ] Glovebag Procedure

[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY

Description of Asbestos-Containing Material (ADM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Removal

Encapsulation

Enclosure

Abatement Type

Removal:

Encapsulation:

Enclosure:

Basement

VAT and mastic

1,000 SF

Exterior Siding

Siding shingles

1,000 SF

Name of Registered Waste Hauler

Four Strong Builders, Inc.

NDEP Waste Hauler ID No.

12609

Cubic Yards of Waste

10

Name of Registered Landfill

G.R.O.W.S., Inc.

City, State

Tullytown, PA

Disposal Date

10/14/16

Completed By (Print or Type)

Biliyana Kulakovska

Office Administrator

Signature

Date

A04-41

JUN 95
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50-7 and 12:120-7)

---

### Date of Notification (1)

10/14/16

### Name of Building Owner/Operator (2)

Township of Long Hill

### Street Address

915 Valley Rd.

### City, State, Zip Code

Gillette, NJ 07933

### Name of Contact

Neil Henry, Twp. Administrator

###Telephone Number

**ASBESTOS CONTROL**

---

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)

**Vacant One Family Residence**

#### Street Address

Stirling, NJ 07880

#### City (5)

Morris

#### County (6)

County Code (7)

(SATE USE ONLY)

2.000

#### Square Feet

1

#### # of Floors

50

#### Bldg. Age

Vacant One Family Residence

### Type of Facility (4)

[(X)]School (K-12)

[(X)]Subchapter B (Other than K-12)

[(X)]Other (i.e., private & commercial buildings, homes, etc.)

#### Current Use (Prior if being demolished)

Vacant One Family Residence

### Name of Abatement Contractor (9)

Four Strong Builders, Inc.

#### Street Address

180 Sargeant Avenue

#### City, State, Zip Code

Clifton, NJ 07013-1935

#### Telephone Number

973-614-0377

#### License Number

00807

#### Name of OSKA Monitor

Four Strong Builders, Inc.

#### Street Address

180 Sargeant Avenue

#### City, State, Zip Code

Clifton, NJ 07013

---

### Scope of Work (Check all that apply)

- [X] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Friable Procedure

---

### Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff(12)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>VAT and mastic</td>
</tr>
<tr>
<td>Exterior Siding</td>
<td>Siding shingles</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

Four Strong Builders, Inc.

#### NJDEP Waste Hauler ID No.

12609

#### Cubic Yards of Waste

G.R.O.W.S., Inc.

#### City, State

Clifton, NJ

#### Disposal Date

Tullytown, PA

#### Date

10/14/16

---

Bilyana Kulakovska

Office Administrator

---

**6535 - NJ**

**Initial Non-Friable Notification / Check #: 6773**

OCT 19 2016

**RECEIVED**

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**ASB-51**

**JUN 95**
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>10/18/16</th>
</tr>
</thead>
</table>

**Agencies Notified**  
- EPD  
- DOL  
- DOH  
- DCA

**Type Notification**  
- Initial

**Name of Building Owner/Operator**  
PSEG

**Street Address**  
4000 HADLEY ROAD

**City, State, Zip Code**  
SOUTH PLAINFIELD, NJ 07088

**Name of Contact**  
ANTHONY DANGELO

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>PSEG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>500 WASHINGTON BLVD</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>JERSEY CITY</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>HUDSON</td>
</tr>
</tbody>
</table>

**Type of Facility**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

**Square Feet**  
V/A

**Occuancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work**

- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>In Facility</th>
<th>OUTDOORS UNDER WATER</th>
</tr>
</thead>
</table>

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Description of Asbestos-Containing Material (ACM)**

<table>
<thead>
<tr>
<th>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

**Amount (Specify SF or LF)**

| 10 LF |

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorsement</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**

**WASTE MANAGEMENT**

**NJDEP Waste Hauler ID No.**  
1125

**Cubic Yards of Wastes**

**Disposal Date**

**Name of Registered Landfill**

**GROWS NORTH**

**City, State**  
MORRISVILLE, PA

**Completed by**

**CAROL RAIMO**  
Title: OFFICE MGR

**Signature**

**Date**  
10/18/16

*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): 10/18/16
Name of Building Owner/Operator (2): PSE&G - METRO DIV
Agency Notified: [ ] EPA [ ] DEP [ ] DOL [X] DOH [ ] DCA
Type Notification: [X] Initial [ ] Amended [ ] Amendment # [ ] Emergency (including justification) [ ] Cancellation
Street Address: 150 CIRCLE AVE.
City, State, Zip Code: CLIFTON, NJ 07011
Name of Contact: DWIGHT THOMAS
Telephone Number:

Name of Facility Where Abatement is Taking Place (3):
PSE & G

Street Address: 150 CIRCLE AVE.
City: CLIFTON
County Code (STATE USE ONLY): 03102

Name of Monitoring Firm Hired by Building Owner (8):
ENVIROMENTAL TACTICS

ASCM No. 0045

Name of Abatement Contractor (9):
UNIQUE SYSTEMS OF AMERICA

Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

License No. 01111

Name of OSHA Monitor:
UNIQUE SYSTEMS OF AMERICA

Street Address: 396 WHITEHEAD AVE.
City, State, Zip Code: SOUTH RIVER, NJ 08882

Start Date (10): 10/09/16
Scheduled Completion Date (11): 10/31/16

Occupancy Status During Abatement (Check Only One):
[ ] Facility Closed/ Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe OUTDOORS

Scope of Work (Check All That Apply):
[ ] ≥3 sf or ≥30 sf
[ ] ≥180 sf or ≥260 sf
[ ] Renovation
[ ] Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
[ ] Yes [X] No [N/A]

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):
ACM Roofing

Amount (Specify SF or LF): 60 SF

Abatement Type:

Name of Registered Waste Hauler:
VEOLIA
City, State:
FLANDERS, NJ
Disposal Date:
TBD

Completed by:
CAROL LAMO
Title:
OFFICE MAN
Signature:
CAROLAMO
Date: 10/18/16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
10/18/16

Name of Building Owner/Operator (2)  
PSEG

Street Address  
4000 HADLEY ROAD

City, State, Zip Code  
SOUTH PLAINFIELD, NJ 07088

Name of Contact  
DARYL SZEKER

Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
PSEG

Street Address  
108 MONROE ST.

City (5)  
RAHWAY

County (6)  
UNION

County Code (7)  
0045

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL TACTICS

ASCM No.  
0045

Name of Abatement Contractor (9)  
UNIQUE SYSTEMS OF AMERICA

Street Address  
396 WHITEHEAD AVE.

City, State, Zip Code  
SOUTH RIVER, NJ 08882

Type of Facility (4)  
School (K-12)

Subchapter B (Other than K-12)

Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
8000

# of Floors  
2

Bldg. Age

Current Use (Prior to being demolished)  
SUBSTATION

Project Manager for Monitoring Firm  
TOM GEIGER

Telephone No.  
732-290-2217

License No.  
01111

Start Date (10)  
10/31/16

Scheduled Completion Date (11)  
11/11/16

Occupancy Status During Abatement  
Facility Closed/Vacated During Entire Period of Abatement (Check Only One)

Abatement Performed Outside of Normal Facility Hours (Check Only One)

Other – Describe:  
N/A

Scope of Work (Check All That Apply)  
Renovation

Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED  
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)  
TRANSLITE PANELS

Amount (Specify SF or LF)  
15 SF

2nd FDR Control Panel

Abatement Type  
Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler  
WASTE MANAGEMENT

NJDEP Waste Hauler ID No.  
1125

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill  
GROWS NORTH

City, State  
ELIZABETH, NJ

Completed by  
CAROL RAIMO

Title  
OFFICE MGR

Signature  
[Signature]

Date  
10/18/16

* Do not use this form for asbestos licensure exempted activities.
# Notification of Asbestos Abatement

**Paragon Job #:** UK 7589  
**Date of Notification:** 10/17/2016

**Name of Building Owner/Operator:** George Halway
**Street Address:** [Redacted]
**City, State, Zip Code:** Ridgewood, NJ
**County:** Bergen
**Telephone Number:** [Redacted]

**Type of Facility:** Residential

**Residential Information:**
- **Square Feet:** 1,500 SF
- **Floors:** 2
- **Age:** 85

**Name of Monitoring Firm Hired by Bidder / Owner:** Brinkerhoff Env. Services
**Address:** N/A

**Project Manager for Monitoring Firm:** [Redacted]
**Phone Number:** [Redacted]

**Scheduled Start Date (10):** 10/17/2016  
**Scheduled Completion Date (11):** 10/18/2016

**Occupancy Status During Abatement:**
- Abatement performed outside of normal facility hours

**Scope of Work:**
- Demolition
- Renovation
- 

**Description of asbestos-containing material (ACM):** Pipe Insulation 185 LF

**Amount (Specify SF or LF):**
- Full Containment w/negative pressure
- Glovebag procedure
- Mini-enclosure
- Non-Exempted (*) Non-friable procedure

**Registered Waste Hauler:** Paragon Contracting, Inc.
**Hauler ID:** 22161
**Cubic Yards of Waste:** 4 cyds

**Name of Registered Landfill:** GROWS/Tullytown
**City, State:** Clifton, NJ
**Disposal Date:** TBD

**Completed by (Print or Type):** Goran Lazevski  
**Title:** President  
**Signature:** [Redacted]  
**Date:** 10/14/2016
State of NJ, Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>George Halweswy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Ridgewood, NJ</td>
</tr>
</tbody>
</table>

**Name of Facility where abatement is taking place (3)**

- Residential

**Type of Facility (4)**

- [ ] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [ ] Other (Private/Commercial Bldgs./Homes, etc)

**Square Footage**

- 1,500 SF
- 102 floors
- 85 bldg. age

**Current Use** (Prior if being demolished)

- Residential

**Name of Abatement Contractor (9)**

- Paragon Contracting, Inc.

**Registered Waste Hauler**

- Paragon Contracting, Inc.
- 22161
- 4 cyds
- GROWS/Tullytown

**Disposal Date**

- TBD

**Complied by (Print or Type)**

- Goran Lazavski, President

**Date**

- 10/14/2016
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>OCT 19 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>COAI RECTOR</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>32 OLD STANTON RD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>CAMPBELL AS</td>
</tr>
<tr>
<td>County (6)</td>
<td>MIDDLESEX</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>STATE USE ONLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm HIRED BY BUILDING OWNER (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

| Start Date (10) | 10-06-16 |
| Scheduled Completion Date (11) | 10-31-16 |
| Occupancy Status During Abatement (Check Only One) |
| - Facility Closed/Vacated During Entire Period of Abatement |
| - Abatement Performed Outside of Normal Facility Hours |
| Other – Describe: |

| Scope of Work (Check All That Apply) |
| - 2500 sf or 25 if |
| - 1600 sf or 2600 if |
| - Renovation |
| - Demolition |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Location Nominally Used Solely by Maintenance/Custodial Staff? (12)</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems installation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Eliminate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

| Disposal Date | 10:00 AM, 10-31-16 |
| City, State | |

*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)
10/15/16

Name of Building Owner/Operator (2)
FLEET CRANBURY LLC

Agencies Notified Type Notification
EPA Initial
DEP Amended
DOL
DOH
DCA

Street Address
798 SHREWSBURY AVE

City, State, Zip Code
TINTON FALLS NJ 07724

Name of Contact
MIKE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
1 OLD HIGHTSTOWN RD, 79 SOUTH MAIN ST, 12 OLD HIGHTSTOWN

City (5)
CRANBURY

County (6)
MIDDLESEX

Type of Facility (4)
School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
HOMES

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
10/28/16

Scheduled Completion Date (11)
11/10/16

Name of OSHA Monitor
AAA LEAD PROFESSIONALS

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Other – Describe:

Scope of Work (Check All That Apply)
23 sf or 23 if
2,100 sf or 2,300 if
Renovation
Demolition

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)
EXTERIOR - 12
INTERIOR - 79
INTERIOR - 79
INTERIOR - 1

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)

X Abatement Type
Removal
Repair
Encapsulate
Endure

Exterior - 12
SIDING
2500 SF
X

INTERIOR - 79
WALLBOARD/TILE
1500 SF
X

INTERIOR - 79
TSI
900 LF
X

INTERIOR - 1
JOINT COMPOUND
2500 SF
X

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste 30

Disposal Date
11/10/16

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

BETHELHEM PA

Complied by
JOSEPH PERLSTEIN
Title
OWNER

Signature
Date

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)  
10/15/16

Name of Building Owner/Operator (2)  
MARK WERNER

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA  

Type Notification  
☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (Including [justification]  
☐ Cancellation

Street Address  
[Redacted]

City, State, Zip Code  
WILMINGTON DE

Name of Contact  
MARK

Type of Facility (4)  
☒ School (K-12)  
□ Subchapter 8 (Other than K-12)  
□ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
2000

# of Floors  
2

Bldg. Age  

Current Use (Prior to if being demolished)  
HOME

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)  
ASCM No.

Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm  

Telephone No.  
732-868-9078

License No.  
1200

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKEWOOD, NJ 08701

Start Date (10)  
11/02/16

Scheduled Completion Date (11)  
11/06/16

Occupancy Status During Abatement (Check Only One)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other – Describe:  

Scope of Work (Check All That Apply)  
☒ 23 sf or ≥1 If  
☒ 160 sf or ≥260 If  
☑ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ 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?  

Yes  
No  
N/A

ATTIC

VERMICULITE  
950 SF  
☒

Amount  

(Specify SF or LF)

Abatement Type  

Removal  
Repair  
Encapsulate  
Endstage

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
10

Name of Registered Landfill  
IESI

Disposal Date  
11/06/16

City, State  
BETHLEHEM PA

City, State  
NEWARK, NJ

Completed by  
JOSEPH PERLSTEIN  
Title  
OWNER  

Signature  

Date  

Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
10 / 13 / 16

Name of Building Owner/Operator (2):
MERCK SHARP & DOHME CORP.

Street Address:
126 E. LINCOLN AVENUE, P.O. BOX 2000, RM 28-414

City, State, Zip Code:
RAHWAY, NEW JERSEY 07065

Name of Contact:
Sandra M. Schenk

RECEIVED
OCT 19 2016

ASBESTOS CONTROL 
& LICENSING

Agencies Notified:

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:
- Initial Notification
- Amended Notification
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
MERCK SHARP & DOHME CORPORATION

Street Address:
126 EAST LINCOLN AVENUE - BUILDING 80K

City (5) County (6) County Code (7)
RAHWAY UNION (STATE USE ONLY)

Type of Facility (4):
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commcl. bldgs., homes, etc.)

Square Feet:
13,900

# of Floors:
1

Bldg. Age:
52

Current Use (Prior if being demolished):
OFFICE

Name of Abatement Contractor (9):
PAR ENVIRONMENTAL CORPORATION

Street Address:
313 SPOOK ROCK ROAD

City, State, Zip Code:
SUFFERN, NEW YORK 10901

Telephone Number:
973-729-5649

License Number:
845-369-7500

ASCM No.:
104

Name of Monitoring Firm Hired by Building Owner (8):
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address:
655 WEST SHORE TRAIL

City, State, Zip Code:
SPARTA, NEW JERSEY 07871

Telephone Number:
973-729-5649

License Number:
1101

Expected State Date (10):
10 / 7 / 16

Sched. Completion Date (11):
10 / 14 / 16

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe:
- Other - Describe:

Scope of Work (Check all that apply):
- Demolition
- >3SF OR LF
- >180 SF OR 290 LF
- Renovation
- Full Containment with Negative Pressure
- Mini-Enclo
- Glovebag Procedure
- Non-Firable Procedure

Location of Asbestos-containing Material (ACM)

TO BE ABATED

in Facility (13):
Mastic

Is Location normally used solely by:

- Maint/Custodial Staff (12)

Amount (Specify SF or LF):
2,500 Sq. Ft.

Abatement Type:
X

Name of Registered Waste Hauler:
FREEHOLD CARTAGE, INC.

Street Address:
325 HIGHWAY 33

City, State:
FREEHOLD, NEW JERSEY

Disposal Date:
10/07/16 - 11/30/16

Name of Registered Landfill:
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

Street Address:
447 ALEXANDER DRIVE/ROUTE 15

City, State:
MONTGOMERY, PA 17752

Name of Registered Waste Hauler:
FREEHOLD CARTAGE, INC.

Title:
DIRECTOR OF OPERATIONS

Signature:
BENJAMIN SANchez

Date:
10/13/16
# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>10/15/16</th>
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<table>
<thead>
<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>MS. KATHLEEN CHEN McGRAHAM</th>
</tr>
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</table>

<table>
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<tr>
<th>Street Address</th>
<th>[Redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>UNION, N.J. 08872 2016</td>
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<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>MS. McGRAHAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
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### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>MS. McGRAHAM</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>[Redacted]</th>
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</thead>
<tbody>
<tr>
<td>City (5)</td>
<td>UNION</td>
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<td>County (6)</td>
<td>UNION</td>
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<table>
<thead>
<tr>
<th>Square Feet</th>
<th>2200 sq. ft</th>
</tr>
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<tbody>
<tr>
<td>$ of Floors</td>
<td>2</td>
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<tr>
<td>Bldg. Age</td>
<td>1945</td>
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<thead>
<tr>
<th>Current Use (Prior to being demolished)</th>
<th>RESIDENCE</th>
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<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td></td>
<td>Best Removal Inc</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>450 South River St</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip Code</td>
<td>Hackensack, N.J. 07601</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>201-329-7444</th>
</tr>
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<tr>
<td>License No.</td>
<td>00388</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>Omega Environmental</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>280 Huyler St</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>S. Hackensack, N.J. 07606</td>
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</tbody>
</table>

**Scope of Work (Check all that apply)**

- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Encapsulated (*) and Non-Removable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Location (13)</th>
<th>IN Facility</th>
</tr>
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</table>

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<table>
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<tr>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>VAT, THERMAL SYSTEM INSULATION</th>
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<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>680 SF X 80 LF X</td>
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<table>
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<tr>
<th>Abatement Type</th>
<th>Removal</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler (12)</th>
<th>NJDEP Waste Hauler ID No.</th>
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<tbody>
<tr>
<td>Best Removal Inc</td>
<td>17109</td>
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<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>4 CYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>Minerva Enterprises, LLC</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>11/2/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State</td>
<td>Waynesburg, Oh. 44688</td>
</tr>
</tbody>
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**Completed by**

<table>
<thead>
<tr>
<th>J. Maiorano</th>
<th>Title</th>
<th>Estimator</th>
</tr>
</thead>
</table>

**Signature**

[Signature]

**Date**

10/15/16

---

*Do not use this form for asbestos license exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1):
10 / 14 / 16

Name of Building Owner/Operator (2):
Antonio Adan

Agencies Notified:
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

Type Notification:
- Initial
- Amended
- Amendment 
- Emergency (including justification)
- Cancellation

Address:
Street Address
City, State, Zip Code
Jersey City, NJ 07307

Name of Contact:
Telephone Number
Antonio Adan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
Private house

Street Address:

City (5):
Jersey City, NJ 07307

County (6):
Hudson

County Code (7) (STATE USE ONLY):

Name of Monitoring Firm Hired by Building Owner (8):
ASCM No.

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Project Manager for Monitoring Firm:

Telephone No.:
973-638-1777

License No.:
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:

City, State, Zip Code:
Fair Lawn, NJ 07410

Start Date (10):
10 / 24 / 16

Scheduled Completion Date (11):
10 / 26 / 16

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:


Scope of Work (Check all that apply):
- >3 sf or >3 lf
- ≥ 160 sf or ≥260 lf
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED:

IN Facility:

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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):
400 SF

Abatement Type:

Exterior siding-front of house:

Transite siding:


Name of Registered Waste Hauler:
Gr Tech LLC

N.JDEP Waste Hauler ID No:
0033785

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
T.R.R.F, Inc.

City, State:
Wayne, NJ 07470

Completed By (Print or Type):

Title:
Owner

Signature:
Jubc Wernad

Date:
10/14/16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT***

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)**
Frontenac Condominium Association, Inc.

**Address**
90 Prospect Avenue

**City, State, Zip Code**
Hackensack, NJ 07601

**Name of Contact**
Gail Graham

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Residential Building

**Street Address**
90 Prospect Avenue

**City (5)**
Hackensack

**County (6)**
Bergen

**County Code (7)**

**Type of Facility (4)**
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
  - Other (i.e., private & commercial buildings, homes, etc.)
- [x] Other - Describe: Normal Working Hours 8-4:30pm

**Square Feet**

**# of Floors**
11

**Bldg. Age**
61 yrs

**Current Use (Prior if being demolished)**
Condos

**Name of Monitoring Firm Hired by Building Owner (8)**

**ASCM No.**

**Name of Abatement Contractor (9)**
Unicorn Contracting Corp.

**Street Address**
205 Rt. 46, Ste. 7 A

**City, State, Zip Code**
Totowa, NJ 07512

**Telephone No.**
973-333-9176

**License No.**
01232

**Name of OSHA Monitor**
Envirospection Consultants, Inc.

**Street Address**
20-21 Wagaraw Rd., Bldg. 35 E

**City, State, Zip Code**
Fair Lawn, NJ 07440

**Start Date (10)**
10/17/16

**Scheduled Completion Date (11)**
10/19/16

**Occupancy Status During Abatement (Check Only One)**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
  - Other - Describe: Normal Working Hours 8-4:30pm

**Scope of Work (Check All That Apply)**
- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] 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?**
(15)
- [x] 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)**
5 LF

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulate
- [ ] Endorse

**Location of Asbestos-Containing Material (ACM)**

**Basement Transformer Room**
Pipes

**Name of Registered Waste Hauler**
Unicorn Contracting Corp.

**NJDEP Waste Hauler ID No.**
0035944

**Cubic Yards of Waste**
1

**Name of Registered Landfill**
Tullytown Resource Recovery Facility

**City, State**
Tullytown, PA

**Disposal Date**
TBD

**Completed by**
Dimo Golcev
Title: General Manager

**Signature**

**Date**
10/13/16

---

*Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1)
10/14/2016

Name of Building Owner/Operator (2)
JOSEPH & FRANCESCA VALENTE

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (Including Justification)
- Cancellation

Street Address

City, State, Zip Code
NEWARK NJ 07105

Name of Contact
MARIO ESPADA
Telephone Number

Name of Facility Where Abatement is Taking Place (3)
PRIVATE

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
2,500 SF

# of Floors
2

Bldg. Age
76

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Asbestos Abatement Contractor (9)
NORTH EAST ENVIRONMENTAL LLC

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Asbestos Abatement Contractor (9)
NORTH BERGEN NJ 07047

Street Address
1126 51 ST

City, State, Zip Code

Telephone No.
201-708-4270

License No.
01300

Name of OSHA Monitor
EMSL ANALYTICAL LAB INC

Street Address
307 W 38TH ST

City, State, Zip Code
NEW YORK NY 10018

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
10/15/2016

Scheduled Completion Date (11)
10/17/2016

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 it
- ≥100 sf or ≥260 it
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Yes
No
N/A

ACM PIPE INSULATION

250 LF

Abatement Type

Location of Asbestos-Containing Material (ACM) TO BE ABATED

Name of Registered Waste Hauler
TRI STATE - ASSOC, INC

Waste Hauler ID No.
19951

Cubic Yards of Waste
TBD

Name of Registered Landfill
MINERVA ENTERPRISE

City, State
BRONX, NY

Disposal Date
TBD

City, State
WAYNESBURG OHIO

Completed by
CARLOS EQUEVIL

Title
SAFETY MANAGER

Signature

Date
10/14/2016

* Do not use this form for asbestos liencesure exempted activities.
Date of Notification (1)
10/13/2016

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

Type of Notification
☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
MAPLEWOOD III LLC

Street Address
2000 MAPLEWOOD DRIVE

City, State, Zip Code
MAPLE SHADE NJ 08052

Name of Contact
MAUREEN WILLIAMS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PARK CROSSING APARTMENT HOMES

Street Address
2000 MAPLEWOOD DRIVE

City (5)
MAPLE SHADE

Square Feet
800

County (6)
CAMDEN

County Code (7)
[STATE USE ONLY]

Name of Monitoring Firm Hired by Building Owner (8)
ACER ASSOC.

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 6 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Current Use (Prior if being demolished)
RESIDENTIAL APARTMENTS

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
570 CLEMS RUN

City, State, Zip Code
MULLICA HILL NJ 08062

Telephone No.
856-809-1202

License No.
01145

Project Manager for Monitoring Firm
MATT DEPALMA

Telephone No.
610-304-4676

Name of OSHA Monitor
EMSL

Street Address
200 RT. 130 NORTH

City, State, Zip Code
CINNAMINSON NJ 08077

Start Date (10)
10/14/2016

Scheduled Completion Date (11)
10/15/2016

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: UNIT VACANT DURING REMOVAL

Scope of Work (Check All That Apply)
☒ Renovation
☒ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility (13)

Yes No N/A

8 ASHWOOD

JOINT COMPOUND

80 SF

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

End Stage

End Stage

Name of Registered Waste Hauler
ASSURED ENVIRONMENTAL SERVICES

Waste Hauler ID No.
0034895

Cubic Yards of Waste
12

Name of Registered Landfill
MINERVA LANDFILL

City, State
MULLICA HILL NJ

Disposal Date
10/15/2016

City, State
WAYNESBURG, OH

Completed by
RON SWANSON

Title
GENERAL MANAGER

Signature

Date
10/13/2016

* 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)  October 14, 2016

Name of Building Owner/Operator  David Lurie
Street Address  603 Marc Drive
City, State, Zip Code  Lakewood, NJ 08701
Name of Contact  David Lurie
Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address
City  Ocean
County (6)  Ocean
County Code (7) (STATE USE ONLY) 

Name of Monitoring Firm Hired by Building Owner (8)
N/A
ASCM No.

Type of Abatement Contractor (9)
Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61
City, State, Zip Code Toms River, New Jersey 08755-1271
Telephone Number 732-349-9932
License Number 00624
Name of OSHA Monitor  E.M.S.L. Analytical
Street Address 1056 Stelton Road
City, State, Zip Code Piscataway, New Jersey 08854

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe

Scheduled Start Date (10) 10/26/16
Scheduled Completion Date (11) 10/27/16

Scope of Work (Check all that apply)
[ ] >3 sf or ≥3 if
[ ] ≥160 sf or ≥260 if
[ ] Demolition
[ ] Renovation

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility

Is Location Normally used Solely by Maintenance/Custodial Staff (12)
YES NO N/A

Exterior X Asbestos siding 1750 sf

Abatement Type

Amount (Specify SF or LF)

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Location of Registered Waste Hauler
Guardian Contracting, Inc.
NJDEP Waste Hauler ID No. 20223
Cubic Yards of Waste 3
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 Fennica Project Manager
Title

Date 10/14/2016

*Do not use this form for asbestos licensure exempted activities.
# DEMOLITION / RENOVATION NOTIFICATION

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<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

II. IS ASBESTOS PRESENT? (Yes/No): Y

III. FACILITY INFORMATION (identify owner, removal contractor and other operator)

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>DN Builders</th>
</tr>
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<tbody>
<tr>
<td>Address:</td>
<td>603 Marc Drive</td>
</tr>
<tr>
<td>City:</td>
<td>Lakewood</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>Zip:</td>
<td>08701</td>
</tr>
<tr>
<td>Contact:</td>
<td>David Lurie</td>
</tr>
<tr>
<td>Tel:</td>
<td>732-966-6860</td>
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REMOVAL CONTRACTOR: Guardian Contracting, Inc.

<table>
<thead>
<tr>
<th>Address:</th>
<th>1889 Route 9, Unit 61</th>
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<tbody>
<tr>
<td>City:</td>
<td>Toms River</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
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<tr>
<td>Zip:</td>
<td>08755</td>
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<tr>
<td>Contact:</td>
<td>Nicholas Femicola</td>
</tr>
<tr>
<td>Tel:</td>
<td>732-349-9932</td>
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OTHER OPERATOR (if different)

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</tr>
<tr>
<td>Tel:</td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>761 Cypress Avenue</td>
</tr>
<tr>
<td>City:</td>
<td>Lakewood</td>
</tr>
<tr>
<td>State:</td>
<td>New Jersey</td>
</tr>
<tr>
<td>County:</td>
<td>Ocean</td>
</tr>
</tbody>
</table>

Building Size: 1800 sf

<table>
<thead>
<tr>
<th>Site Location:</th>
<th>exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Floors:</td>
<td>1</td>
</tr>
<tr>
<td>Age in Years:</td>
<td>60</td>
</tr>
</tbody>
</table>

Present Use: Residence

Prior Use: Residence

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. IS MATERIAL ASSUMED TO BE ASBESTOS?

APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:

<table>
<thead>
<tr>
<th>1. Regulated ACM to be removed</th>
<th>RACM To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Category I ACM not removed</td>
<td></td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
<td></td>
</tr>
</tbody>
</table>

Pipes (Linear feet):

Surface Area (Square feet): 1750 sf

Asbestos siding

RACM Off Facility Component (Cubic feet):

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>Nonfriable Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
<td></td>
</tr>
<tr>
<td>Cat II</td>
<td></td>
</tr>
</tbody>
</table>

VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

<table>
<thead>
<tr>
<th>Start:</th>
<th>Complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/26/16</td>
<td>10/27/16</td>
</tr>
</tbody>
</table>
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 by non-friable 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 Femicola

xiii. WASTE TRANSPORTER #2 Name:
Address:
City: State: Zip:
Contact Person:

xviii. WASTE DISPOSAL SITE Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown State: Pennsylvania Zip: 19007
Telephone: 215-943-9732 Permit #: 101494

xv. 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):

xvi. 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 of an unreasonable financial burden:

xvii. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBELED, PULVERIZED, OR REDUCED TO POWDER

xviii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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, 1993)

Nicholas Femicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) October 14, 2016 (Date)

xix. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Femicola / Project Manager
(Printed Name/Title) (Signature of Owner/Operator) October 14, 2016 (Date)
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1)
10/14/16

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOLO
[ ] DOH
[ ] DCA

Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment # 1
[ ] Emergency (including justification)
[ ] Cancellation

Name of Building Owner/Operator (2)
Frontenac Condominium Association, Inc.

Street Address
90 Prospect Avenue

City, State, Zip Code
Hackensack, NJ 07661

Name of Contact
Gail Graham

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential Building

Street Address
60 Prospect Avenue

City (5)
Hackensack

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)
[ ] School (K-12)
[ ] Subchapter B (Other than K-12)
[ ] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

# of Floors
11

Bldg. Age
61 yrs

Current Use (Prior if being demolished)
Condos

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
205 Rt. 46, Ste. 7A

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.
973-333-8176

License No.
01232

Name of OSHA Monitor
Envirovision Consultants, Inc.

Street Address
20-21 Wagaraw Rd., Bldg. 35 E

City, State, Zip Code
Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check Only One)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other – Describe: Normal Working Hours 8-4:30pm

Start Date (10)
10/19/16

Scheduled Completion Date (11)
10/21/16

Scope of Work (Check All That Apply)
[ ] ≥3 sf or ≥3 if
[ ] ≥160 sf or ≥260 if
[ ] Renovation
[ ] Demolition

Location of Asbestos-Containing Material (ACM)
TO BE ABATED

LOCATION

In Facility (13)

Yes
No
N/A

Basement Transformer Room

X

Pipes

5 LF

X

Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Location of Asbestos-Containing Material (ACM)

TYPICAL DC

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)

Name of Registered Waste Hauler
Unicorn Contracting Corp.

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource Recovery Facility

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Dino Golcev

Title
General Manager

Signature

Date
10/14/16

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 10/1/16

Name of Building Owner/Operator (2): John Ferrara

Agencies Notified: 
- EPA
- DOL
- DOH
- DCA

Type Notification: Initial

Street Address: 

City, State, Zip Code: Park Ridge, NJ 07656

Name of Contact: John Ferrara

Telephone Number: 

FACILITY INFORMATION

Name of facility where abatement is taking place (3): John Ferrara

City (5): Park Ridge

County (6): Bergen

Name of Monitoring Firm Hired by Bldg. Owner (8): [Blank]

ASCM No.: [Blank]

Type of Facility (4): 
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs/Homes, etc.)

Square Feet: [Blank]

# of Floors: [Blank]

Bldg. Age: [Blank]

Current Use (Prior to being demolished): [Blank]

Name of Abatement Contractor (9): D & S Restoration, Inc.

Street Address: 20 California Ave.

City, State, Zip Code: Paterson, NJ 07503

Telephone Number: 973-345-8020

License Number: 01169

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply): 
- >3 sf or >3 ft
- Renovation
- ≥160 sf or ≥280 ft
- Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13): 

Location normally used solely by maintenance/custodial staff (12): No

Description of asbestos-containing material (ACM): Pipe Insulation

Amount (Specify SF or LF): 173 ft²

Removal: [Blank]

Repair: [Blank]

Encapsulation: [Blank]

Location of asbestos-containing material (ACM) to be abated in facility (13): 

Location normally used solely by maintenance/custodial staff (12): No

Description of asbestos-containing material (ACM): Pipe Insulation

Amount (Specify SF or LF): 173 ft²

Removal: [Blank]

Repair: [Blank]

Encapsulation: [Blank]

Registered Waste Hauler: D & S Restoration, Inc.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 2 yds.

Name of Registered Landfill: Tullytown, Resource Recovery

City, State: Paterson, NJ 07503

Disposal Date: 10/19/16

Completed by (Print or Type): Bogdan Joldzic

Title: President

Signature: [Blank]

Date: 10/13/2016

Do not use this form for asbestos祖父ure-related activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification: 10/1/16

Name of Building Owner/Operator: John Ferrara

Street Address: [Redacted]

City, State, Zip Code: Park Ridge, NJ 07656

Name of Contact: John Ferrara

Telephone Number: [Redacted]

FACILITY INFORMATION

Type of Facility: Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet: [Redacted]

Current Use (Prior if being demolished): [Redacted]

Name of Abatement Contractor: D & S Restoration, Inc.

Street Address: 20 California Ave.

License Number: 01169

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Project Manager for Monitoring Firm: [Redacted]

Phone Number: [Redacted]

Start Date: 10/18/16

Sched. Completion Date: 10/31/16

Occupancy Status During Abatement: Normal Hours

Scope of Work: Renovation

Location of asbestos-containing material (ACM) to be abated in facility:

<table>
<thead>
<tr>
<th>Level</th>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>PIPE INSULATION</td>
<td>1731 ft</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler:

D & S Restoration, Inc.

NJDEP Hauler ID: 13506

Cubic Yards of Waste: 2 yds.

Name of Registered Landfill: Tullytown, Resource Recovery

City, State: Tullytown, PA

Complained By (Print or Type): Bogdan Joldzic

Title: President

Signature: [Redacted]

Date: 10/13/2016
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1): 10/17/16
Name of Building Owner/Operator (2): Cassidy

Agencies Notified: 
- EPA
- DEP
- DOH
- DCA

Type Notification: 
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Name of Facility Where Abatement is Taking Place (3): Residential

Street Address: [Redacted]
City, State, Zip Code: Runnemede, NJ 08078

County (6): Camden
County Code (7) (STATE USE ONLY): 

Name of Monitoring Firm Hired by Building Owner (8): MECS
Name of Abatement Contractor (9): Stevens Environmental Services, Inc.

Street Address: PO Box 341
City, State, Zip Code: Crosswicks, NJ 08515

Project Manager for Monitoring Firm: Bill Weisgarber
Telephone No.: (609) 240-4070

Start Date (10): 10/31/16
Scheduled Completion Date (11): 11/8/16

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 

Scope of Work (Check all that apply):
- ≥23 sf or ≥3 if
- ≥150 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED:

IN Facility (13):
- Attic ×
- [Other locations listed]

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):
- Vermiculite 350 sf ×
- [Other descriptions listed]

Amount (Specify SF or LF):
- [Numbers listed]

Abatement Type:
- [Numbers listed]

Name of Registered Waste Hauler:
Stevens Environmental Services, Inc.

City, State: Allentown, NJ

Disposal Date: 11/8/16
City, State: Morrisville, PA

Completed By: Mahlon E. Stevens
Title: Project Manager
Signature: [Signature]
Date: 10/17/16

* Do not use this form for asbestos licensure exempted activities.
### STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)
ANNUAL NOTIFICATION

**Date of Notification (1):**
10 / 18 / 16

**Name of Building Owner / Operator (2):**
MEMORIAL SLOAN-KETTERING CANCER CENTER

**Street Address:**
225 SUMMIT AVENUE

**City, State, Zip Code:**
MONTVALE, NJ 07645

**Name of Contact:**
MARIYANA BAMPORA

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
MEMORIAL SLOAN-KETTERING CANCER CENTER

**Type of Facility (4):**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private & commercial blgds., homes, etc.)

**Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13):**

<table>
<thead>
<tr>
<th>Is Location Normally Used</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>staff</td>
<td>- [ ] Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td>- [ ] Mini - Enclosure</td>
</tr>
<tr>
<td></td>
<td>- [ ] Glovebag Procedure</td>
</tr>
<tr>
<td></td>
<td>- [ ] Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Location of Asbestos Containing Material (ACM):**

- [ ] Transite Pipe
- [ ] 18 LF

**REMOVAL AREA:**

- [ ] Yes
- [ ] No
- [ ] N/A

**Cubic Yards of Waste:**

**Name of Registered Landfill:**
GROWS

**Disposal Date:**
City, State
Morrisville, PA

**Completed by:**
STEVE STILES

**Title:**
PROJECT MANAGER

**Signature:**

**Date:**
10 / 18 / 16
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1)**
October 14, 2016

**Name of Building Owner/Operator (2)**
DnA Demolition

**Street Address**
2156 Camplain Road

**City, State, Zip Code**
Hillsborough, NJ 08844

**Name of Contact**
Antonio Dimuzio

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Warehouse

**Street Address**
1441 Chestnut Street

**City**
Hillside

**County (6)**
Union

**County Code (7)**
(State Use Only)

**Type of Facility (4)**

- [ ] School (k-12)
- [ ] Subchapter 8 (other than k-12)
- [x] Other (i.e., private & commercial buildings, homes, etc.)

**Square feet**
100,000 sf

**# of Floors**
2

**Bldg. Age**
80

**Current Use (Prior if being demolished)**
Warehouse

**Name of Monitoring Firm Hired by Building Owner (8)**
Guardian Contracting, Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
Guardian Contracting, Inc.

**Street Address**
1889 Route 9, Unit 61

**City, State, Zip Code**
Toms River, NJ 08755

**Telephone Number**
732-349-9932

**License Number**
00624

**Name of OSHA Monitor**
E.M.S.L. Analytical

**Street Address**
1056 Stelton Road

**City, State, Zip Code**
Piscataway, New Jersey 08854

**Project Manager for Monitoring Firm**
Nicholas Fernicola

**Scheduled Start Date (10)**
10/17/16

**Scheduled Completion Date (11)**
10/31/16

**Occupancy Status During Abatement (Check only one)**

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other – Describe

---

**Scope of Work (Check all that apply)**

- [ ] Full Containment with Negative Pressure
- [x] Renovation
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure
- [x] Demolition

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)**

| Warehouse | X | Duct insulation | 300 lf | X |

**Name of Registered Waste Hauler**
Guardian Contracting, Inc.

**NJDEP Waste Hauler ID No**
20223

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
T.R.R.F.

**City, State**
Toms River, New Jersey

**Disposal Date**
11/1/16

**Title**
Project Manager

**Completed by (Print or Type)**
Nicholas Fernicola

**Date**
10/14/2016

*Do not use this form for asbestos licensure exempted activities.*
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

DEMOLOIION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark</th>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>

II. IS ASBESTOS PRESENT? (Yes/No): Y

III. FACILITY INFORMATION (identify owner, removal contractor and other operator)

OWNER NAME: DnA Demolition
Address: 2156 Camplain Road
City: Hillsborough
State: NJ
Zip: 08844
Contact: Antonio Dimuzio
Tel: 732-713-4496

REMOVAL CONTRACTOR: Guardian Contracting, Inc.
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)
Address: 
City: 
State: 
Zip: 
Tel: 

IV. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation): E

V. FACILITY DESCRIPTION (including building name, number and floor or room number)

Building Name: Warehouse
Address: 1441 Chestnut Street
City: Hillside
State: New Jersey
County: Union
Site Location: Warehouse
Building Size: 100,000 sf
# of Floors: 2
Age in Years: 80
Present Use: Warehouse
Prior Use: Warehouse

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:

<table>
<thead>
<tr>
<th>Pipes (Linear feet):</th>
<th>Duct insulation</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 ft</td>
<td>Duct insulation</td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RACM To Be Removed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VIII SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)
Start: 10/17/16
Complete: 10/31/16
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

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:

Full enclosure procedures, negative air (HEPA) units to be put in place prior to removal. All asbestos containing insulation will be saturated with a surfactant prior to removal. Removal to take place by hand scraping all saturated materials, place in double 6 mil. Bags, sealed and affixed with appropriate warning labels and placed in closed locked containers for disposal.

Encapsulation of all surfaces where removal took place. All materials to be kept wet during entire operation. Final cleaning will consist of HEPA vacuuming and/or wet washing 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 CRUMBED, 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 (Printed Name/Title) (Signature of Owner/Operator) October 14, 2016 (Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Owner/Operator) October 14, 2016 (Date)