													Pri	nt Fo
CKDT	05	1		CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 and	ABATE	1000	т	D	EG	E		V	
Date of Notification (1) 10/18/16					f Building Owner/C ship of Woolwid		(2)			OCT	2	1 2	016	The second secon
Agencies Notified	Type Notification		1	Street A	ddress illage Green D	rive				ASBESTO	20.6	2011	TDO	
DEP X DOL	Initial Amended Amendment #	<u>£1</u>			ate, Zip Code vich Township,	NJ 08	085					SIN(La
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of	f Contact				Tel	lephone Num	<u>be</u> r			
		12-12-12		FACI	LITY INFORMATI	ION								
Name of Facility Where	Abatement is Taking	Place (3	3)				Тур	e of Facility (4)					
Palladino Farm							П	School (K-1	2)					
Street Address								Subchapter	8 (Oth	er than K-12)			• 0.00	
371 High Hill Rd							×	Other (i.e. p	orivate	& commercia	build	lings,	nome	es,
City (5) Woolwich							Squ 12	uare Feet	# 0	f Floors	1300	ldg. A 0+	ge	
County (6)					Code (7)		100000	rrent Use (Pri			ed)			
				(STATE I	USE ONLY)		ab	andoned fa	arm h	ouse				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCN	ЛNo.			batement Cor zi Environm						
Street Address						Street			250.00	1000				
100000000000000000000000000000000000000						135	Kinr	nelon Rd.,	Suite	102				
City, State, Zip Code								Zip Code n, NJ 07405	5					
Project Manager for Mor	nitoring Firm			Telepho	ne No.	Teleph	none	No.		License No	£6.			
27 59						908-	218	-0880		01228				
Start Date (10)				npletion	Date (11)			SHA Monitor						
10/24/16		10/24/	16			Yanr	nuzz	i Environm	nental					
Occupancy Status Durin	ig Abatement (Check	Only O	ne)			Street								
	ated During Entire P							nelon Rd.,	Suite	102				
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility	/ Hours	3		10.0000707070000		Zip Code	_					
						Kinn	elor	n, NJ 0740	15					
Scope of Work (Check A	All That Apply)					_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Full Containm Mini-Enclosure Glovebag Pro	e cedure					
						Þ	1 12	Non-Exempte	d (*) an	nd Non-Friable	e Pro			
		170	Locat										ement pe	ě.
Location Asbestos-Containing			Normal ed Sole		De Asbestos Con	scription		ial (ACM)	^	Amount		,		
TO BE AB			intena		(i.e. therma	system	s ins	ulation,	(Specify	Re	70	Enca	E
In Faci		Cus	todial ((12)	olali!		icing, VA miscellar			SI	F or LF)	Remova	Repair	sde	Enclosure
(13)			I	Τ	otheri	HISCHIR	ieou	٥,			/al	=	Encapsulate	ure
		Yes	No	N/A									W.	
Block 5,	Lot 3				Unsa	fe Stru	ctur	e e						

Do not use this form for asbestos licensure exempted activities.

ENTIRE STRUCTURE TO BE

	_	/	2
11	LM		
1 'V	r \ ' /	11	
1	1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Jh J II J		11011	(Pu	ırsuan	t to NJA	C 8:60 and 5:16	5)		+ 3	11	3	
Date of Notification (1)	19 /	16		0.0000000000000000000000000000000000000		g Owner/Operator (2 niversity-Office	No. of the second secon	DOT	21	20		
Agencies Notified	Type Notifica	ation			Address			ASBESTO	s cc	ONT	ROL	. &
☐ EPA ☑ DOLWD		í			Elm Dr			LIC	ENS	ING		
☑ DHSS	Amendme			875800	tate, Zip C							
□ DCA	☐ Emergen				ceton, N	17. 70-330000000000000000000000000000000000						
(NJAC 5:23-8)	justification	on)		J. 1. 7. W. C. 1. 1. W. C.	of Contact	-		Telephone Number	er			
	☐ Cancellat	ion	-		ert Orte				-			
			(0)	FAC	CILITY IN	FORMATION	T (F 19 /	74				
Name of Facility Where A			(3)				Type of Facility (☐ School (K-12)					
Princeton Universit	y- Corwin H	iaii					☐ Subchapter 8	(Other than K-12)				
Street Address Prospect Ave							Other (i.e., pr homes, etc.)	rivate and commerc	ial bu	ilding	s,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	ie .	-
Princeton							oquaio i ooc			55	, -	
County (6)				Coun	tv Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			-
MERCER					.,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			77-107-20		
ATC Group Service	s LLC					BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address						Street Address					17.00	
Bromley Corporate	Center-Thre	ee Terri La	ane			1123 BEAVE	VAX.000000000000000000000000000000000000					
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 0801	16					BRISTOL, PA	19007					
Project Manager for Moni	toring Firm		1 1000	ephone I		Telephone No.		License No.				
Michael Keehn				09-386		215-788-6040		00509				
Start Date (10)	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Scheduled C				Name of OSHA M		INC				1
/		11 /		_ ′ -	10		VIRONMENTAL	L, INC.				
Occupancy Status During						Street Address	D OTDEET					
□ Facility Closed/Vacate □ Abatement Performed					cribe	1123 BEAVE						_
Time of Abatement: 7					01100	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that annly)	V.1				BRISTOL, 17	(13001	W-11-			******	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	inat appiyy	⊠ Re	novat moliti			Mini-End Gloveba	g Procedure	gative Pressure	e			
		Is	Loca	tion					Ab	ateme	ent Ty	уре
Location		Lla	Norma	ally ely by		Description of			Re	Re	E	m
Asbestos-Containing TO BE ABA		1.1		ance/		stos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		Cus	todial (12	Staff?		surfacing, VAT	, or	SF or LF)	val	,	sula	sure
(13)		Yes	No			other miscellane	eous)				ite	
Southside Courtyard	-Exterior				Steam	pipe insulation		15 LF				
Northside-Exterior					Steam	pipe insulation		10 LF				
Name of Registered Was	te Hauler		1100	NJDEP		Cubic Yards of	Name of Regis		M-90 (1.10)			
BRISTOL ENVIRON	MENTAL, I	NC.		Hauler II 1870		Waste	P SWINSSERIES	. NORTH LAND	ILL			
City, State	20					Disposal Date	City, State					
BRISTOL, PA 19007					-11		MORRISVI	LLE, PA 19067				
Completed By (Print or Tree Brian Scafiro	ype)	Title Estima	tor			Signature	Co.1	/ \Assumer Date	e 10/	191	11/2	
ASR-41		Louille	101			174 Wh	Scapino,	131-1	1	_'/	10	

ASB-41

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

MAY 11 BS 16132

B & G proj. #: 2016	S-147B			ification of A		NJ stos Abatement 0-7 and 12:120-7)	111 11 1	E C E I	V	
	6_ otification	Sou		wner/Operator (Maplewood		pol District		OCT 21	2016	
EPA X I	nitial	525	Academy				ASE	BESTOS CO LICENSII		L &
☑ DOL ☐ A	mendment		tate, Zip Code plewood, N					- 1-(3/1-1 VC))	414	
▼ DOH		Name o	of Contact				Telepho	one Number		
DCA L C	ancellation	Wil	liam Kyle				1.			
			FA	CILITY INFORM	MATIC	ON				
Name of facility where abater	ment is taki	ng place (3))				Type of Facility			
Administration Building	g, Informa	ation Tecl	hnology Ro	om (Sub 8)				ool (K - 12)		
Street Address								chapter 8 (Other r (Private/Comm		12)
525 Academy Street							Bldgs	./Homes, etc.	erciai	
City (5)		County (6)			Co	ounty Code (7)	Square Feet	# of Floors	Bldg	g. Age
Maplewood		Essex			1	tate use only)	Current Use (F	Prior if being der	nolished	1)
Name of Monitoring Firm Hire	d by Bldg. (ASCM No.	L	Name of Abatemen	Administrat			
AHERA Consultants				0057		B & G Restora				
Street Address					-	Street Address	ition, mc.			
P.O. Box 385				BALLET A		105 Ryerson				
City, State, Zip Code Oceanville, NJ 08231						City, State, Zip Code Lincoln Park,				
Project Manager for Monitoring	Firm		Phone Numi	per	-	Telephone Number	110 07 000	License Numb	ber	
Eric Clarkson			609-652-			(973)696-686		00378		
Scheduled Start Date (10)			letion Date (1	1)		Name of OSHA Mor B & G Restora				
11/01/2016		11/9/2016		Anna III		Street Address	tion, mc.			
Occupancy Status During Abate Facility closed/vacated du						105 Ryerson R	Road			
Abatement performed out	side of norr	nal facility h	oatement. nours-			City, State, Zip Code				
Describe: OCCUPI	ied				-	LincolnPark, N	J 07035			
Scope of Work (check all that a	apply)									-1.
Demolition	X Renov	ation			⋉ F	ull Containment w/neg	gative pressure [Glovebag pro	ncadura	
>3 sf or >3 lf		or <u>≥</u> 260 If				Mini-enclosure		Non-friable p		e
Location of asbestos-containing		ition normal	lly used solely					IRI	RE	
material to be	staff(1			Description material (A	of as	sbestos-containing	Amount (Specify S	e m	e n	E n
abated in facility (13)	Yes	No	N/A	I material (A	Civi)		LF)	0 0	a a	C L
Info Technology Dept.		1	X	ceiling plas	ter		450 -5	e	r p	1
Info Technology Dept.			X	pipe insulation			450 sf	X	러남	1
					in the same of the					
		#		-						10
Registered Waste Hauler	IL NJ	DEP Haule	r ID# Cu	bic Yards of Wa	aste	Name of Registered I	andfill	□ [
B & G Restoration, Inc.		19563		15	unu1770	Tullytown F	Resource & Red	covery Cente	er	
City, State Lincoln Park, NJ			Disposal Da	ite 5 - 11/9/16		City, State				

Inf Inf Reg B City Completed by (Print or Type) Gordana Luna Title Secretary/Treasurer Signature Gordana Luna Date 10/18/2016

1h 270/2	NC	TIFIC (Pur	ATION C	F ASBESTO NJAC 8:60 a	SABATEN	MENT)	The same of the sa) E	i C			\mathbb{V}		
Date of Notification (1) 10/17/16		N	ame of B	Building Owne et Develop	r/Operator ment Gro	(2) oup					4	2040	1	Ш
Agencies Notified Type Notification			treet Add	dress wford corn	er Rd			L	001	2		2016	-	7
EPA X Initial Amended Amendment #			ity, State	e, Zip Code I				AS	BEST	OS CEN	CON	VTRO	S JC	Ĺ
Emergency (ii DOH justification) DCA Cancellation	ncluding	101 100	lame of C					Telep	hone N	umbe	or .			
DCA CUIDEMAIN			FACILI	ITY INFORM	ATION									
Name of Facility Where Abatement is Taking Former Anchor Glass Factory	Place (3)					Subo	ool (K-12)	(Other	than K	-12)				
Street Address 145 Cliffwood Ave						Othe etc.)	er (i.e. priv	vate &	comme	rcial t				,
City (5) Aberdeen						Square F 80,000		2	loors		50	lg. Ag +	-	
County (6) Monmouth			County Co STATE US	ode (7) SE ONLY)		Current U Abando		if being	g demol	lished	i)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		of Abatem nuzzi Env				es				
Street Address						Address Kinnelon	Rd suit	te 102	2					
City, State, Zip Code						State, Zip C elon, NJ								
Project Manager for Monitoring Firm			Γelephon	e No.	100000000000000000000000000000000000000	hone No. 218-0880	0	1.0	License 01228					
Start Date (10) 10/21/16	Schedule 10/30/1		pletion D	ate (11)		of OSHA N nuzzi Env		ental S	Service	es				
Occupancy Status During Abatement (Chec						Address Kinnelon	Rd sui	te 102	2					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A nal Facility	Hours	ent			State, Zip C nelon, NJ								
Scope of Work (Check All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Mini-E	ontainme inclosure bag Proce xempted	edure)	
		Locati	200									Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormal d Sole intenal todial S (12)	ly by nce/	(i.e. the	Description Containing rmal system surfacing, Value her miscella	Material (A ns insulatio AT, or	CM) n,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Since Import	otion		1	30 If		x			
basement			X	ŀ	Pipe Insul	ation		- 1	JU 11		Λ.			
TO THE TWENT THE			JDEP W	laste C	ubic Yards	1	Name of F	Registe	ered Lar	ndfill				
Name of Registered Waste Hauler Yannuzzi Group		H	Hauler ID 7467	No. 0	f Waste 0		Grows	3853						
City, State kinnelon NJ					oisposal Dat 0/30/16	te	City, State Morrisv		Ą					
Completed by John Mucha	Title Proje	ect M	ang		Signatu	re///	Λ			Dat 10	e /17/	16		

	10 CK	J			ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE				E (2 [\mathbb{V}	E	1
2/37/2005	e of Notification (1) /14/16					f Building el Maffu		Operator	r (2)			00	CT 2	2 1	201	6	
Age	EPA DEP DOL DOH DCA	Type Notification X	(including		Berge	ate, Zip Confield, I		21			L	ASBES L	ICE	NSI		OL.	&
	20/1				FACI	LITY INF	ORMAT	ION									
Mi	me of Facility Where of chael Maffucci eet Address	Abatement is Takin	g Place (3)					S S X	of Facility of Chool (K- cubchapter other (i.e. pages)	12) r 8 (Oth			build	lings,	home	es,
0.5	r (5) ergenfield								Square		# 01	f Floors		В	dg. A	ge	
1000	unty (6) ergen County					Code (7) USE ONLY)		Curren	t Use (Pri	or if bei	ng demo	olishe	d)			
Nar	me of Monitoring Firm	Hired by Building	Owner (8))	ASCN	/I No.			of Abate Abater	ement Co	ntractor	(9)					
Stre	eet Address								Address	Street S	uite A	4					
City	, State, Zip Code							227262	State, Zip th Berg	Code en, NJ (07047						
Proj	ject Manager for Mon	itoring Firm		Telepho	ne No.		400	hone No -293-63			License 01223						
	rt Date (10) /25/16		Schedul 11/08/		mpletion	Date (11)				A Monitor		G LLC					
Occ	cupancy Status During				ment				Address O ROU	TE EAS	T SUI	TE 107	7				
	Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility	y Hour	'S			0.555	State, Zip	Code 07083							
Sco	pe of Work (Check A	II That Apply)															
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				<u> </u>	Mini- Glov	Containm -Enclosur rebag Pro -Exempte	e cedure					e	
				Locat	22.5									50	Abate Ty	ment	
	Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma Cus	Norma ed Sole intena todial (12)	ely by ance/ Staff?		tos Coni thermal surfa		Material (is insulat AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			0.11				20.05	_					
	Exterio		-			Other			60	00 SF		x		_			
													-		-	-	
													+			_	
	ne of Registered Was			(2)	NJDEP W Hauler ID		Cubic of Wa	Yards ste		Name of	000007			- 0	201		
	WARK CARTING , State		40.00	4509	1000 (1000)		sal Date		WASTE City, Stat		IAGEN	/IEN	ı G	KOV	/S N		
	LSIDE, NJ							ير	a	MORR	ISVILL	E PA					
	npleted by an Parra		Title Proje	ect M	anager		18	Signature	VHI	HILLE	101	>	Date 10/		6		

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) T&C NOVOBILSKI Date of Notification (1) OCTOBER 19, 2016 Street Address OCT 2 2016 Agencies Notified Type Notification Initial **EPA** City, State, Zip Code Amended DEP OCEAN, NJ 07712 **ASBESTOS CONTROL &** DOL Amendment # Emergency (including Telephone Number NSING Name of Contact justification) DOH **GREGORY BLASH** Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) T&C NOVOBILSKI School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age City (5) OCEAN 1454 1905 Current Use (Prior if being demolished) County Code (7) County (6) FORMER RESIDENCE (STATE USE ONLY) MONMOUTH Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Finishing Touch Asbestos Abatement Corp., Inc. N/A Street Address Street Address 17 Thompson Street City, State, Zip Code City, State, Zip Code West Long Branch, NJ 07764 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00040 732.222.8372 N/A Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) N/A 6 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 160 SF X VAT X KITCHEN 100 SF X HEATER ROOM X Asbestos containing ceiling 800 SF X pestos containing paneling adhes X 2ND FLOOR Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste TRRF LANDFILL Finishing Touch Asbestos Abatement Corp., I 12058 City, State Disposal Qate TULLYTOWN, PA WEST LONG BRANCH, NJ 11 116 Date Signature Completed by JOSEPH P. MILLER 10/19/16 PRESIDENT

NOTIFICATION OF ASBESTOS ABATEMENT

CK141347	NO			OF ASB						EG	E		7 [5	
Date of Notification (1) OCTOBER 19, 2016		1	Name of VELO	Building 6	Owner/C GY AN	perator DREE	(2) V		IK					And in case the party like
Agencies Notified Type Notification		5	Street Ac	idress						<u> </u>	T 2	50	116	
EPA Initial Amended Amendment	#			te, Zip Co N, NJ 0						ASBES	TOS	CON	TROI	- &
DOH Emergency justification)	including	1	Name of						Tel	ephone Nu	ICEN mber	SIM		
DCA Cancellation			100000000000000000000000000000000000000	LITY INFO		ON			1					
Name of Facility Where Abatement is Takin VELO & PEGGY ANDREEV	g Place (3)						Туре	of Facility (4						
Street Address							V	School (K-1: Subchapter Other (i.e. p etc.)	8 (Oth	er than K-1 & commerc	2) cial build	lings,	home	s,
City (5) OCEAN								are Feet 24 SF	# 0	f Floors		ldg. A 936	ge	
County (6) MONMOUTH			County C	ode (7) ISE ONLY,)			ent Use (Price) RMER RE			hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		Name Finis	of Ab shing	atement Con Touch As	tractor besto	(9) s Abater	nent C	orp.	, Inc.	
Street Address						Street 17 T		ess pson Stree	et					
City, State, Zip Code								Zip Code ng Branch,	NJ 0	7764				_
Project Manager for Monitoring Firm N/A			Telephor	ne No.		Teleph 732.		No. 8372		License I	No.			
Start Date (10)	Scheduled	15	pletion D	Date (11)		N/A		SHA Monitor						
Occupancy Status During Abatement (Chec			ent			Street	Addre	ess						
Abatement Performed Outside of Norn Other – Describe:	nal Facility	Hours				City, S	State,	Zip Code						
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti					M G	ull Containme lini-Enclosure lovebag Prod on-Exempted	e edure				e.	
	Is I	ocatio	on					on-Exemples	() un	4 140111 110	1010110	Abate	ement pe	- 200
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormall I Solel ntenar odial S (12)	ly by nce/		tos Con thermal surfa		Materi is insu AT, or		(:	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	Œ
EXTERIOR			X	Asb	estos C	Contair	ning	Siding	126	200 SF	Х			
ROOF			X	Asbe	estos c	ontain	ing r	oofing	8	00 SF	Х			
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	nt Corp.,	ı H	JDEP W auler ID 2058		Cubic of Wa	Yards ste	cy	Name of TRRF		ered Landf)FILL	ill			
City, State WEST LONG BRANCH, NJ					Dispo	sal Date	, 1	City, Stat TULLY	e TOW	N, PA				
Completed by JOSEPH P. MILLER	Title PRES	SIDE	NT			Signatur	e	ML			ate 10/19/	16		

ate of Notification (1)		1	Name of	Building Owner/	Operator	(2)		113					
OCTOBER 19, 2016 gencies Notified Type Notification			Street A		<u> </u>				00	2	1-20	116	_
		Ì	Street A	uuless									
EPA Initial Amended				te, Zip Code				-	ASBEST	OSC	CINC	TRO	L
DOL Amendment: Emergency (Manager Service	N, NJ 07712				Tolo	nhono Num	CEN	SHAC	4	_
DOH justification) DCA Cancellation				Contact ORY BLASH				ā					
			FACI	LITY INFORMAT	TION	-	(F - 11)	4)					
ame of Facility Where Abatement is Taking T&C NOVOBILSKI	g Place (3))					of Facility (4						
treet Address							School (K-1: Subchapter	8 (Othe	r than K-12	2)			
							Other (i.e. p etc.)						38
ity (5) OCEAN							re Feet 6 SF	# of 2	Floors		ldg. A 921	ge	
county (6)			County (Code (7)			ent Use (Pric			ned)			
MONMOUTH		(USE ONLY)			RMER RE						
lame of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	/I No.	Name Finis	of Aba shing	tement Con Touch As	tractor (bestos	(9) s Abatem	ent C	orp.	, Inc	
treet Address						Addre	ss oson Stree	et					
ity, State, Zip Code		311111111111111111111111111111111111111			City, S Wes	State, Z st Lor	ip Code g Branch,	NJ 07	7764				
roject Manager for Monitoring Firm N/A			Telepho	ne No.		hone N .222.8			License N 00040	0,			
tart Date (10)	Schedule	ed Com	pletion	Date (11)	Name N/A		HA Monitor						
Occupancy Status During Abatement (Chec	k Only On	e)	111	Ю		Addre	SS						_
Facility Closed/Vacated During Entire F	Period of A	batem	ent										
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours			City, S	State, 2	ip Code						
cope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(managed)	lenova emoliti			~		II Containme		Negative F	Pressu	re		
2100 \$1 01 2200 11	A .	remont	1011			G	ovebag Prod on-Exempted	cedure	Non-Frish	da Dro	cedur	۵	
	le	Locati	on				JII-EXEMPLE	1 () and	a Non-i nac	1	Abate	emen	t
Location of	1	Normall d Sole	ly		escription					-	1 y	ре	Т
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/	Asbestos Co (i.e. therm					mount specify	Re	70	Enc	
In Facility (13)	Cust	todial S (12)	зап?		facing, VA miscella			SF	or LF)	Remova	Repair	Encapsulate	
(/	Yes	No	N/A							<u>a</u>		ate	
2ND FLOOR			X		VAT			15	50 SF	X			t
HEATER ROOM		-	X	Asbestos co	ntaining	g ceili	ng & wal	14	10 SF	X			T
BASEMENT			X	Asbestos co	ntainin	g flue	packing	1	SF	X			t
													T
ame of Registered Waste Hauler inishing Touch Asbestos Abateme	nt Corn	т	JDEP V		ic Yards /aste	,	Name of TRRF		red Landfil FILL	l			
ity, State	Joip.	1	2058	Dien	osal Date	cy	City, Stat						_
VEST LONG BRANCH, NJ					lilib		TULLY	NOT	N, PA				
ompleted by	Title				Signatur		MI.			ate 0/19/			_

		(撼	Pri	nt F
(KOM	4	1		CATION	ate of New NOF ASB to NJAC	ESTOS A			т	Di	E	C			\mathbb{V}	
	e of Notification (1) /18/16					f Building w & Ker				Home	The second secon		OCT	2	1 7	2016	Y .
	ncies Notified	Type Notification	1		Street A	ddress											-
×	EPA DEP	X Initial Amended		-	City Sta	ate, Zip Co	nde				-	ASB	ESTO)S(CON	ITRO	JL
×	DOL	Amendment				ity NJ C											
×	DOH DCA	Emergency justification) Cancellation			Name o	f Contact W					Telep	hone	Numbe	er			
					FACI	ILITY INFO	ORMATIO	N			1						
	ne of Facility Where A drew & Kerrie Lig			3)					Тур	e of Facility (4)						
	et Address	,9.0 1							H	School (K-12 Subchapter 8		than I	K-12)				
									×	Other (i.e. pretc.)				uildi	ngs,	home	s,
City	(5) rf City NJ 08008								150000	uare Feet 00+	# of F	loors		Blo 35	ig. A	ge	
	ean					Code (7) USE ONLY)	_	-5-00	rent Use (Prior	if being	demo	olished)			
Nan N/	ne of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.		Name Pern		oatement Cont Inc.	ractor (9	9)					
Stre	et Address		,					Street PO E									
City	, State, Zip Code									Zip Code rlin NJ 0809)1						
Proj	ect Manager for Moni	itoring Firm			Telepho	ne No.		Telepi 856-		No. -9800		Licens					
	t Date (10) /27/16		Schedul 10/31/		npletion	Date (11)		Name Sam		SHA Monitor							
Occ	upancy Status During	Abatement (Che	ck Only Or	ne)				Street	Addr	ess							
×	Facility Closed/Vaca Abatement Performe Other – Describe: _						_	City, S	state,	Zip Code					- C-97-1234 C-1	25-00-00	
Sco	pe of Work (Check Al	I That Apply)		7.5									-			The State of	
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					N G	full Containmer fini-Enclosure Blovebag Proce Ion-Exempted	edure	Ü					
			ls	Locati	ion				1 1	ion-Exempled	() allu i	NOII-F	Hable F			ment	
	Location			Normal ed Sole	ly			cription					-	_	Ту	pe	
	Asbestos-Containing TO BE ABA		Ma	intena	nce/		tos Conta thermal s					ount ecify	,	0	_	Enc	m m
	In Facili (13)		Cus	todial S (12)	statt?		surfaci	ng, VA	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
	(.5)		Yes	No	I N/A		ouidi iiii	Journal	.0003	,			3	2	=	late	лге
	Exterior S	iding	1.00	140	X		Exteri	or Si	ding		500	SF	x				
	-												+	-	_		
Van	ne of Registered Was	te Hauler		333	J IJDEP W		Cubic Y			Name of R	egistere	ed Lan	dfill				
Init	ed Roll off				lauler ID 2459	No.	of Waste	е		G.R.O.W	/.S.						
	State NJ						Disposa 10/31/			City, State Morrisvil	le PA	1906	7				
	npleted by nony T Perna		Title Pres	ident			Sig	nature	1				Date 10/18	8/16	3		

												Print	Form
Jh5173	NOT	(Purs	TION OF	of New Jersey F ASBESTOS A NJAC 8:60 and	ABATEN 1 12:120)	Anna marina de la companya de la com	3/	E G [\mathbb{V}		
Date of Notification (1) 10/18/16		Na M	me of Buargare	uilding Owner/C t Walker Pri	perator vate H	(2) ome	- Constant	1	OCT	2 1	2016	- 10.176 PARENTE	
Agencies Notified Type Notification			eet Addi				D. D	-	SBESTO	0.00	JTD(2 10	
EPA Initial Amended		Cit	y, State,	Zip Code			100	A		ENSI			#
X DOL Amendment #		la	vallette	NJ 08735				Tele	phone Nur	nber			
DOH justification) Cancellation		1 0000	ime of C erry					1					
Name of Facility Where Abatement is Taking	Place (3)		FACILI"	TY INFORMAT	ON	Туре	e of Facility (4)					
Margaret Walker Private Home							School (K-12 Subchapter 8	?) R (Oth	er than K-1	2)			
Street Address						×	Other (i.e. pr	ivate 8	& commerci	ial build	ings, h	omes	,
City (5)						Squ 100	are Feet	# of	Floors	4.5	dg. Ag	e	
lavallette NJ 08735 County (6)		C	ounty Co	ode (7)		0.300.700	rent Use (Prio	1	ng demolis	hed)			
Ocean		(S		E ONLY)		Ho	me patement Con	tractor	(9)				-
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM I	No.	Perr			liacioi	(3)				
Street Address					Street	Addr Box (
City, State, Zip Code					City, S	State,	Zip Code	01					
220.0 4 71 61 52 56		T	elephone	a No	Telep		rlin NJ 080 No.	91	License	No.			
Project Manager for Monitoring Firm					856	753	-9800		00727				
Start Date (10) 10/28/16	Scheduled 11/3/16		oletion D	ate (11)	San		SHA Monitor						
Occupancy Status During Abatement (Check			ant.		Stree	i Addi	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility H	lours			City,	State,	Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Same	novati molitic				- !	Full Containm Mini-Enclosum Glovebag Pro Non-Exempte	e cedure	4			e	
	1 200	ocatio									0.0000000000000000000000000000000000000	ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan	y by ice/	Asbestos Co (i.e. therm	Description ontaining lal system facing, V r miscell	Mate ns ins AT, o	sulation, er		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			N11		-1	800 SF	×	-	100	
Exterior Siding			Х	Ex	terior S	Sidin	9	'	000 31		-		
Name of Registered Waste Hauler United Roll off		Н	JDEP Wauler ID 2459		oic Yards Vaste	3	G.R.O		stered Land	11111			
City, State					posal Da	ite	City, Sta Morris		PA 19067	7			
Elm NJ Completed by Anthony T Perna	Title Presid	dent			Signat	ure)	-			Date 10/18	/16		

CK 4 4081

Dr	E	G	E		\mathbb{V}	E	In.
	· Constitution of the Cons	OCT	2	4	2016		

Date of Notification (1)		-		Nam	ne of Buildi	ng Owner/Operato	r (2)	ASBES	TOS	00	\ /T-F-	101
10-17	-16			222		CLIDAY		sep.	ICE			OL.
	Notification	1		Stre	et Address	5		2				
	itial mended				Ct-1- 7:-	Codo				1	_	=
IX DOL A	mendment #		_	City,	State, Zip	EAN C	174 1	UT OF	727	6		
	mergency (i stification)	nctudii	ng	Nam	ne of Conta			Telephone Num				=
	ancellation			ream	HRM - 프로플레이트 - 프로젝트	ME						
				F4		FORMATION						=
Name of Facility Where Abatem	ent is Takin	ng Plac	e (3)				Type of Facilit	y (4)				\neg
RESID			1833		10		School (K-					
Street Address								r 8 (Other than K-12 private & commerci c.)		dings		
City (5)	J (ITY					Square Feet	# of Floors		dg. A	•	
County (6)	IAY				nty Code (E ONLY)	(7) (STATE	Current Use (F	Prior if being demolis	shed)			
Name of Monitoring Firm Hired to		Owner	\equiv	ASCN	No.		nent Contractor (
(8) W/A						KLEMO	O INC	,				_
Street Address						Street Address 369 5	SPRIX	E AUE				
City, State, Zip Code .		-				City, State, Zip C	ode	INI T OS	205	7		
			-				SHAPE	License No.	000	_		=
Project Manager for Monitoring	Firm ·		Tele	ephone	No.	Telephone No. \$56-77	9-0472		44			_
Start Date (10)					ate (11)	Name of OSHA	Monitor					
11-1-16	1	1	8-1	b			N/A.					=
Occupancy Status During Abate				mant		Street Address						
Facility Closed/Vacated During Abatement Performed Outside	g Entire Pe e of Normal	Facili	ty Hou	rs		City, State, Zip C	ode				-	=
Other - Describe:			,					US				
Scope of Work (Check all that a	oply)					Full Cor	ntainment with Ne	egative Pressure				
>3 sf or ≥3 lf		□ Re	enovati	on		Mini-En	closure	394410111030410				
≥160 sf or ≥260 lf		₩ De	emolitio	n		☐ Gloveba	ag Procedure empted (*) and N	on-Friable Procedu	re			
		Isl	ocatio	n			7.7		7	bate		
			ormally Soleh			Description of			_	Тут	e T	_
Location of Asbestos-Containing Material (ACM)	Maii	ntenan	ce/		tos Containing Mat	erial (ACM)	Amount	_		m	ш
TO BE ABATED IN Facility	1		ustodia Staff?	I	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Repair	cap	nclo
(13)	1		(12)			other miscellaneo	ous)		oval	air	Encapsulate	Enclosure
	ſ	Yes	No	N/A							0	
SIDING				X	T	RAWSIT	E	1500 SF	X			
									_		-	_
									-	_	-	
							7.11					-
Name of Registered Waste Haule	er			JDEP \ auler IC	1	Cubic Yards of Waste		istered Landfill	1.	٨		
KLUMCO INC			_ 1	798	24	_3	C. M	, C, M, U	. 4	1		-
City, State MAPLE SHADE	E N	J			18	Disposal Date	City, State	DBINE				
Completed By	Title					Signature	10/	Date	-1	1-	16	
MICHAEL KLEMM	_ _ ;	SUP				_ Mul	19/14				-	

CK & 4081

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

m	E C			\mathbb{W}	E	M
M		0	4	0010	1	

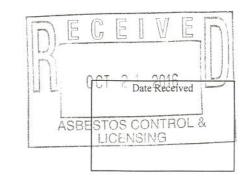
		30.80000				1 1	11 OCI 2		2016		Louise	
Date of Notification (1)			Nar		ng Owner/Operator	Michal	5					
Agencies Notified Type Notificati	OD.		Str	eet Address		MICHUI	ADDEDIGO	50	HTR	OL.	3	
Agences Notines	011		l out	oct Addi Co.			LIGE	VSII	113			
DEP Amended			City	, State, Zip	Code			_				
DOL Amendmen		ina		Ri		DE . A	17 0851	42	_			
▶ DOH justification	1)		Nar	ne of Conta	ct		Telephone Num	ber		1. 1		
☐ DCA ☐ Cancellation	1			Si				70	D			
		7.	F	ACILITY IN	FORMATION							
Name of Facility Where Abatement is Tal-		ce (3)				Type of Facili	ty (4)					
RESIDENC	E					School (K-						
Street Address							er 8 (Other than K-12 private & commerci c.)		ldings	i,		
City (5) AUA CON						Square Feet	# of Floors	В	Sc.	ige T		
COUNTY (6) CAPE MAY				unty Code (E ONLY)	7) (STATE	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building	Owne		ASC	A No.	Name of Abatem		The second secon					
(8) N/A			V053		KLEMCO INC.							
Street Address					Street Address 369 S. SPRUCE ALE							
City, State, Zip Code .					City, State, Zip Code							
		Tal		. No	MAPLE SHADE NJ. 08052 Telephone No. License No.							
Project Manager for Monitoring Firm		l leie	ephone	: NO.	856-77	9-047		14	4		_	
Start Date (10) Scho		Comple U ~		ate (11)	Name of OSHA N	desitor	in the					
Occupancy Status During Abatement (Che			10		Street Address						_	
A Facility Closed/Vacated During Entire P			ment			S . Spai	DOF WAY				- 81	
Abatement Performed Outside of Norma				Ì	City, State. Zip Co	ode				_		
Other - Describe:					1A 4 - 2 - 2 - 2	7:-40	14.		15	1	_	
Scope of Work (Check all that apply)					Ö- "0							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure	e				
	Is	Locatio	'n						bate			
se to a figure and		ormally		=	Description of				Typ	е		
Location of Asbestos-Containing Material (ACM)		i Soleh ntenan		Asbest	Description of os Containing Mate	erial (ACM)	Amount			ш		
TO BE ABATED	1	ustodia	1	(i.e.,	thermal systems in		(Specify	Re	R	nca	Enc	
IN Facility (13)	,	Staff? (12)			surfacing, VAT, other miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)						,		'al		late	IГе	
)′es	No	N/A									
SIDING			X	T	CANSIT	£	2000SF	X		_		
								_	\vdash	-		
										_		
					Cubic Yards							
Name of Registered Waste Hauler	/ · · · · · · · · · · · · · · · · · · ·					Name of Reg	istered Landfill)_	A			
City, State		Disposal Date	City, State	DBINE	ş.	17	-0					
MAPLE SHADE N.)					Signatura	wa			1)	_	_	
Completed By Title MICHAEL KLTMM		Signature	W/L	Date 0	-1-) -	16	_				

ML	i C			\mathbb{V}	
	OCT	2	Ť	2016	

		(Pt	ırsuar	it to NJA	28:60 and 12:12		1						
Date of Notification (1)			Nan	ne of Buildi	ng Owner/Operator	BURGE	ER ^{ASBESTO}	S CON	ITRI G	OL 8	k		
Agencies Notified Type Notification	on		Stre	et Address		\		- Maria Salata			_		
□ EPA □ Initial			_								_		
DEP Amended Amendmen	#		City	State, Zip		1 41	T 00.	77/					
☐ Emergency	(includi	ng	_		AN VIE	W., M		230		1			
DOH justification □ DCA □ Cancellation			Nan	ne of Conta	1 CI-1		Telephone No	umber					
			F/	ACILITY IN	FORMATION								
Name of Facility Where Abatement is Tak	ing Plac	ce (3)	-			Type of Facili	ty (4)						
RESIDEN	CE_					School (K-	12) er 8 (Other than K	-12\					
Street Address	(2000)/2						private & comme		ldings	5,	*		
City (5) SEA ISU	- (1T				Square Feet 2000	# of Floors		ldg. A				
County (6) CAPE MAY			Cou	inty Code (E ONLY)	7) (STATE	Current Use (Prior if being demolished) ACAMT							
Name of Monitoring Firm Hired by Building	Owner		ASCN	A No.	Name of Abatem						_		
(8) NI LA					KLEMCO INC								
Street Address					Street Address								
					369 S. SPRUCE ALE								
City, State, Zip Code					City, State, Zip Code MAPLE SHAPE WI, T 08052								
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.	79-047	License No.	44	Y				
Start Date (10) Schw	eduled (Comple	etion Da	ate (11)	Name of OSHA N								
10-77-16		-				ALL					_		
Occupancy Status During Abatement (Che	eck only	one)			Street Address								
TA Facility Closed/Vacated During Entire P	eriod of	Abate	ment			<u> </u>					_		
Abatement Performed Outside of Norm	al Facili	ty Hou	rs		City, State Zip Co	ode							
Other - Describe:							<i>P</i>		_		_		
Scope of Work (Check all that apply)	1.0				Full Con	tainment with N	egative Pressure						
>3 sf or >3 ff	□Re	enovat	ion		Mini-End	dosure	09447017000470						
≥160 sf or ≥260 lf	X De	emolitic	n			g Procedure	Ion-Friable Proce	dure					
	le	Location	· ·	1	MINITER	inpico () and i	1		Abate	ment			
	N	kormality	· =						Ту	oe			
Location of		d Soleł ntenan		Ashest	Description of os Containing Mate		Amount			E			
Asbestos-Containing Material (ACM) TO BE ABATED	C	ustodia			thermal systems in	nsulation,	(Specify	Re	Re	nca	Encl		
IN Facility	1	Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)			T.,,,					<u>a</u>		ate	10		
	Yes	No	N/A			=	2250 :-	-	-	-			
SIDING			Y		TRANSI'	TE	2750 SF	- X	_				
								-	_				
								_					
								-					
Name of Registered Waste Hauler		4.0100.00	JDEP V		Cubic Yards	Name of Reg	istered Landfill	9000					
KLEMED INC		H	790	No.	of Waste	C. N	L.C. M	, U.	A		_		
City, State	٨	-1-			Disposal Date	City, State	.0 .	· _	4.1	T			
MAPLE SITADE		_Wo		<u> </u>	N	,)	_						
Completed By / Title	Signature .	1.00/	Date	n -1	7-	11							
MICHAEL RECOID .	Mee	XIV IL		0-1		10							

Date of Notification (1)	atahar 19 201				Name of	f Building	Owner/Ope		11 11 0	CL 2	1 2	016	T			
T-000	ctober 18, 201						Lynx	Waste & Recyc	ling The.	50	53	5				
Agencies Notified [X] EPA	5 5	l Notifi			Street A	ddress	РОВ	ox 188	ASBE	STOS			_&			
DEP X DOL	5 5	nded N ndment	otification		City, Sta	ite, Zip Co			Porting recent they discount about the constitution of							
[x] DOH			(including				Spring	g Lake, NJ 0776	52							
[] DCA		ication ellation			Name of	Contact	rd Hyde		Telephone Numb	er .						
				Et												
Name of Facility Where Aba	tement is Taking	Place (3)	FAC	CILITY I	NFORM	ATION	Type of Facility (4)							
	dence	,	5.8%						School (k-12)							
Street Address								[]	Subchapter 8 (
								[x]	4 A A A A A A A A A A A A A A A A A A A	Other (i.e., private & commercial buildings, homes, etc.)						
City		Cour	nty (6)		County Co		7)	Square feet	# of Floors	Bld	g. Age					
Point Pleasant	Beach	Oce	an		(STATE)	USE ONL	()	700 sf	or if being demolishe	rd)		80				
	177	5322							dence	.u)						
Name of Monitoring Firm Hi N/A	ired by Building (Owner	(8)		ASCM No	0.	Name of	Abatement Contrac	50 0	. T						
Street Address							Street Ad		dian Contractin	g, inc.						
City, State, Zip Code							G: G		Route 9, Unit 6	oute 9, Unit 61						
City, State, Zip Code							City, Stat	e, Zip Code Tom:	s River. New Je	iver, New Jersey 08755-1271						
Project Manager for Monitoring Firm Telephone Number								e Number	License	Number	755 1	211				
Scheduled Start Date (10)	Scheduled Start Date (10) Scheduled Completi				on Date (11	1)	732-34 Name of	OSHA Monitor	00624							
10/19/16	stament (Charles	1	10/20	/16					S.L. Analytical							
Occupancy Status During Ab [X] Facility	y Closed/Vacated	100		od of Aba	tement		Street Ad		Stelton Road							
	nent Performed (City Stat	e, Zip Code	Stotton Road							
[] Other -	- Describe						City, Stat	225345	taway, New Jer	sey 088	54					
Scope of Work (Check all tha	t apply)						[]		ent with Negative Pr	essure						
>3 sf o	or >3 If		1 1	Renova	tion		[]	Mini-Enclosure Glovebag Proce								
[x] ≥160 s			[x]				[x]		edure ! (*) and Non-Friable	Procedu	ire					
					T							-				
			Is Location	on		I	Description	n of			ement		I			
Location of			Normally 1			Asb	estos-Con	taining	Amount	RE	R	E	E			
Asbestos-Containing Mat TO BE ABATE		Mair	Solely b ntenance/C				laterial (A		(Specify SF	M	P	C	C			
in facility	<u> </u>	Iviali	Staff	ustodiai			thermal s lation, sur		or LF)	0	A	A P	L			
(13)			(12)			mou	VAT, or			V	R	S	S			
						othe	r miscella	neous)		A		U	U			
		YES	NO	N/A						L		L E	R E			
Exterior			X		Asbest	tos sidinį	g		500 sf	X						
N CD			10000													
Name of Registered Waste Ha Guardian Contr			NJDEP Was	te Hauler 20223	ID No.	Cubic Yar 2	ds of Waste	Name of Regis T.R.R.F.	stered Landfill							
City, State				Dispos			City, Star	te								
Toms River, No	ew Jersey	Titla		10/21	/16 Signature		Tullyto	wn, Pennsylvan	iia	I n						
Completed by (Print or Type) Nicholas Fernicola Title Project Manager					Signatur			1		Date 10/1	8/20	16				

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



DEMOLITION / RENOVATION NOTIFICATION

Oper	ator Project #:	Postmark:		Notificat	ion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - C	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contract	or and other	operator)				
	OWNER NAME: Lynx Waste & Recyclin	ng, Inc.					
	Address: P O Box 188						
	City: Spring Lake State:	New Je	ersey	Zip:	07762		
	Contact: Richard Hyde			Tel:	732-762-7365		
	REMOVAL CONTRACTOR: Guardian Con	tracting, I	nc.		NJ License: 0062	24	
	Address: 1889 Route 9,	Unit 61					
	City: Toms River State:	New Je	ersey	Zip:	08755		
	Contact: Nicholas Fern.	icola		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	n E - Emergency Re	novation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a	and floor or	room number)				
	Building Name: Residence						
	Address: 16 Davies Lane						
	City: Point Pleasant Beach State:	New Je	rsey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 700 sf # of Floo	ors:	1	Age in Y	ears: 80		
	Present Use: Residence		Prior Use:	Residence	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIA	TE, USED TO DETEC	T THE PRES	SENCE OF ASBESTOS MATE	RIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				1	Nam	friable
*11.			DACM			Asbesto	s Material
	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION	- 20000000	To Be noved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 500 sf	Asbesto	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/19/1	6	Complete: 10	/20/16	

	NOTIFICATION	OF DEMOLITI	ON AND RENOVA	ΓΙΟΝ (continued)	
х.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WO	RK, AND METHOD(S) TO	BE USED DE	CEIVED
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed.	e roped off with caution tap	e and warning signs. Plastic shee	ASBE	STOS CONTROL &
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting,	Inc.	***	
	Address: 1889	9 Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	nolas Fernicola			00100
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
		dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732			1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMI	ENT AGENCY, PLEAS			COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:			301	
	Explanation of how the event caused unsafe conditi	ons or would cause equ	ipment damage or an unreason	nable financial burden:	y # 201
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLES	OWED IN THE EVEN D, PULVERIZED, OR	T THAT UNEXPECTED AS REDUCED TO POWDER	BESTOS IS FOUND OR F	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED I THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORI	VIDENCE THAT THE I	REQUIRED TRAINING HAS	S BEEN ACCOMPLISHED	T M) WILL BE ONSITE DURING D BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	rator)	October 18, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1 0	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	rator)	October 18, 2016 (Date)

(Signature of Owner/Operator)

(Date)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(F	ursuant	uant to NJAC 8:60 and 12:120)					MECELVER					
Date of Notification (1) October 17, 201	5			Name of Build	ding Ov	vner/Opera John B			1 3cf	55	36	5		
[] DEP [] Amen	Notifica ded Noti dment #	fication		Street Address City, State, Zi		Beachy	wood	, NJ 08722	ASBESTO	DS CC		OL &		
[] DCA justifi	gency (in cation) clation	cluding		Name of Con Jo		llinghan	n	Tel	ephone Number		•			
-			FACI	LITY INFO	ORMA	TION	T	- CF-sility (4)						
Name of Facility Where Abatement is Taking Residence	Place (3)						Type	į į	School (k-12) Subchapter 8 (oth					
Street Address									Other (i.e., private homes, etc.)	e & con	mercia	ıl buildi	ngs,	
City	Count	y (6)		County Code ((STATE USE				are feet 1600 sf	# of Floors	2 80				
Beachwood	Ocea	n					Cur	rent Use (Prior if b Residence						
Name of Monitoring Firm Hired by Building Guardian Contract	Owner (8	3) c.		ASCM No.		Name of	Abate	ment Contractor (9 Guardiar) Contracting,	Inc.				
Street Address 1889 Rte. 9, Unit				Street Ad	1889 Ro	Route 9, Unit 61								
City, State, Zip Code Toms River, NJ 08						City, Stat	te, Zip	Code Toms Ri	ver, New Jerse	ey 087	55-12	271		
Project Manager for Monitoring Firm Nicholas Fernicola	7755	Telephone 732-349-				Telephon			License N 00624	umber				
Scheduled Start Date (10) 10/27/16			Completio	on Date (11)		Name of	OSH	A Monitor E.M.S.L	. Analytical		n'			
Occupancy Status During Abatement (Check	only one)	10 10	ement		Street Ac	ddress	1056 Ste	elton Road					
[X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe											1)			
Scope of Work (Check all that apply)					- 11	[]		Full Containment v Mini-Enclosure	vith Negative Pres	sure				
$\begin{bmatrix} x \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & \\ & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[x]	Renova			[x]] (Glovebag Procedur Non-Exempted (*)		Procedu	ге			
[] 2100 St 01 2200 H		[]	Demon	T			_			_	ement	Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	on used y ustodial		Asb N (i.e. insu	Description estos-Cor laterial (A , thermal lation, su VAT, er miscell	ntaini ACM) syste urfacii or	ms ng,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Basement & crawlspace		X		Asbestos	s pipe	insulatio	on		100 lf	X				
								-						
Name of Registered Waste Hauler	ste Hauler	ID No. C	ubic Ya	rds of Wa	ste	Name of Register	red Landfill	4						
Name of Registered Waste Hauter Guardian Contracting, Inc.	20223		3			T.R.R.F.								
City, State Toms River, New Jersey				sal Date		City, S Tully		, Pennsylvanja						
Completed by (Print or Type) Nicholas Fernicola	ger	Signature					Date 10/17/2016							

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



DEMOLITION / RENOVATION NOTIFICATION

Operato	Project #:	Postmark:		Notificatio	n:						
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Yes	/No):	Y				
Ш.	FACILITY INFORMATION (identify owner, removal contra	ctor and other ope	rator)								
	OWNER NAME: John Billingham										
	Address:										
	City: Beachwood State:	NJ		Zip:	08722						
	Contact: John Billingham			Tel:	732-966-1180						
	REMOVAL CONTRACTOR: Guardian Co	ontracting, Inc.			NJ License: 00624						
	Address: 1889 Route	9, Unit 61									
	City: Toms River State:	New Jerse	ey	Zip:	08755						
	Contact: Nicholas Fer	micola		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 I	Renovation):	R						
V.	FACILITY DESCRIPTION (Including building name, numb	er and floor or roo	om number)								
- CT-101-1	Building Name: Residence										
	Address: 500 Beacon Avenue										
	City: Beachwood State	: NJ		County:	y: Ocean						
	Site Location: basement & crawlspace										
	Building Size: 1600 sf # of	Floors:	2	Age in Y	Age in Years: 80						
	Present Use: Residence		Prior Use:	Residen	ce						
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, II	F APPROPRIATE	E, USED TO DET	ECT THE PRE	SENCE OF ASBESTOS MATER	IAL:					
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	B:					riable Material				
	Regulated ACM to be removed		RACM		LOCATION	Not 7	Го Ве				
	Category I ACM not removed		To Be Removed				Cat II				
	Category II ACM not removed	A -1 4 - 0	- i- a inquilatio		Basement/crawlspace	Cat I	Catin				
	Pipes (Linear feet): 100 lf	Aspestos	s pipe insulation)11	Dasement crawispace						
	Surface Area (Square feet):										
	RACM Off Facility Component (Cubic feet):										
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/2	7/16	Complete: 10/2	28/16					
(V.S.(#1515.5))	ARCHIONI DE SANONIO DE CARROLO CONTRA CO										

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

ζ.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WOR	RK, AND METHOD(S) TO BE	USED DE C	BELVEDI
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:			II L	
	Removal to take place using negative pressure glove-bag me with a surfactant/water mix. All waste to be double bagged surfaces where removal took place. All materials to be kept	ethod. Prior to removal, w sealed and affixed with a wet during the entire ope	work area to be isolated, negative air appropriate warning labels and place ration. Final cleaning will consist of	units to be put in place. All asbe d in closed/locked container for d f HEPA vacuuming and/or wet w	estos insulation will be saturated lisposal. Encapsulation of alk iping of alk surfaces.
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting,	Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip: 087	755
	Contact Person: Nich	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:			T	
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	lentown Road		I	
	City: Tullytown	State:	Pennsylvania	Zip: 19	007
	Telephone: 215-943-9732		1 cilitie or	494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND ATTACH C	OPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):	1	Date Ordered to Begin (M	M/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 ed	quipment damage or an unreaso	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBL	LOWED IN THE EVI ED, PULVERIZED, O	ENT THAT UNEXPECTED AS R REDUCED TO POWDER	SBESTOS IS FOUND OR PI	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND I AVAILABLE FOR INSPECTION DURING NO	RMAL BUSINESS H			M) WILL BE ONSITE DURING BY THIS PERSON WILL BE October 17, 2016
	Nicholas Fernicola / Project Manage (Printed Name/Title)	er	(Signature of Owner/Op	berator)	(Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	ON IS CORRECT.	M /	1.1	2014 100 100 2016
	Nicholas Fernicola / Project Manag (Printed Name/Title)	er	(Signature of Owner/O	perator)	October 17, 2016 (Date)

E	C			\mathbb{V}	E	
	OCT	2	1	2016		
SB	EST(OS (CO SII	NTR(VG	DL 8	x

Date of Notification (1)					Name of Building Owner / Operator (2)								- 11	+			
	9-12-2016							y Hosp		(2)		001	T 21	20	116		
Agencies Notified	Type Notifica	ation		Stree												T	
⊠ EPA	D						Road			***		L ASBEST	08.0	ONF	FRA		
☐ DEP ☐ DOL	☐ Initial						Zip C J 0804				1 '		ICENS			_ (X	
☑ DOL		gency		Nam				0			L		Tele			ımho	-
□ DCA		ellation		Mr. J									I ele	prior	IE IVI		1
					700000			ODMA	TION				1		40.07E.	100	
Name of Facility Wh	ore Abatema	nt is Taking Di	200 (2)		-AC	ILI	YINF	ORMA	oe of Facilit	n. /A\							
Kennedy University			ace (S						School (K								
Street Address	Troopital IIII			500-012-0			-			ter 8 (Other	than K-1	2)					
18 E. Laurel Road										. private & c			ngs, ho	mes	s, etc	.)	
								Square Feet # of Floors Bldg. Age									
City (5)		County (6)	Co	unty	Cod	de (7)	250,000 2 52									
Stratford, NJ		Camden						Current Use (Prior if being demolished)									
NI	Fi III II	D. II.II.	(0)		_	100		Hospital									
Name of Monitoring Criterion Laboratorie		Building Owne	er (8)		1	450	M No.	Name of Abatement Contractor (9) Resource Management Group, LLC									
Street Address				1100			C1907-797		eet Addres		loup, LL	C				-	_
3370 Progress Drive, S	Suite J							1000		Ave, Suite	202						
City, State & Zip Coo				-													
Bensalem, PA, 19020	[201] 루마스 (1) 2010 10 10 10 10 10 10 10 10 10 10 10 10							City, State & Zip Code Trenton, NJ 08619								}	
Project Manager for	Project Manager for Monitoring Firm Tel						er	Tel	ephone Nu	mber		License	Numb	er			
Mr. Mike Panepresso				244-13				1981, 100,000,000	9-914-4279		01185						
Scheduled Start Dat	e (10)	Scheduled Con	npletic	n Da	te (11)		Name of OSHA Monitor								-	
9-26-201			10-14		3			J&8	S Environm	ental Labora	atories In	nc					
Occupancy Status D								1 10000	eet Address								
		uring Entire Petside of Norma			tem	nent		-	33 Route 22								
Abatement i	Performed Ou	iside of Norma	Hour	ILS					, State & Z	ip Code							
Describe:	Project to be	conducted 2 nd	shift 4	t 4:00pm to 12:30am					on, NJ 070	83							
☐ Facility Occu	upied During A	Abatement						Chief, No 67 666									
Scope of Work (Che	ck all that app	oly)															
≥3 sf or ≥3 lf	ř			Po	2011	otio						nent with	Negati	ve P	ress	ure	
≥3 \$1 01 ≥3 11 ⊠ ≥160 sf ≥260			H			atio itior					Enclosur	e ocedures	2				
			_									d and No		ble F	roce	dure	
	ocation of			Loca					Description			Amount		Aba	teme	nt Ty	ре
	tos-Containing erial (ACM)]		mally olely		ed			estos-Cont laterial (AC			(Specify SF or LF)				m	m
	BE ABATED			itenai		or			thermal sy		,	or ur Lr)	'	Re	Z	nc	nc
ir	n Facility			odial	Sta			insulat	ion, surfaci	ing, VAT				Removal	Repair	Encapsula	080
	(13)		Voc	(12)		I/A		or oth	ner miscella	ineous)				/al	₹.	ulat	Enclosoure
MDL cros			Yes	No	IN	I/A	C		6		4.400	0.05					
MRI area			H		1 1	=	Spray	On me	proofing		1,100) SF			님	뭐	H
			H	H	+	=					-			H	H	H	님
			T	H	1	ī								Ħ	H	뻐	ᆔ
					Ti			22-1-12-2-2							計	d	Ī
					1												
Name of Registered Waste Hauler								e Cubic Yards of Name of Registered Landfill									
Resource Management Group, LLC						218	No.	Waste TBD		Grows Land	dfill						
City, State Trenton, NJ								Dispo TBD	sal Date	City, State Morrisville,	PA						
Completed By (Print or Type) Title						Signature											
Mr. Brian J. Haney					esio	dent			X The o	01	-41	2	09	/12/2	2016		

1100		(Pur	suan	t to N	.J.A.C	8:60 and 12:12	20)						
Date of Notification (1)							r (2)		OCT 21	2016			
			-	-		ty Hospital		JU L	001 2	2010	1	2	
	otification												
	ECONA MODIN		-					ASBI	STOS CO	ONTRO	18		
	No. 10												
		⊨na	Strat	rora, n	NJ U8U4	18							
			Nam	e of C	ontact			30,146-14	1-	Telephor	ne Ni	ımhe	or
									-	cicpiloi	10 140		21
												W	
None of Facility Valley of Ale	encies Notified proper Notification Street Address License Number Assertion Country (8) County (8) County (8) County (9) County (1) School (x-12) Sch												
The state of the s													
18 E. Laurei Road								(Other than K-12) ate & commercial buildings, homes, etc.) # of Floors Bldg. Age 52 if being demolished) It Contractor (9) ment Group, LLC It Suite 202 Dide License Number 01185 Initor Laboratories Inc St Dide Amount Abatement Type It Specify SF or LF Specify SF or LF It Specify SF or LF SP or LF It Specify SF or					
City (E)	10 (0)			<u> </u>	-		- 1	# of Floors	В	ldg. Age			
City (5)		Co	ounty	Code	(7)			ASBESTOS CONTROL & LICENSING Telephone Number (4)					
Strattord, NJ	Camden						(Prior if b	being demolis	shed)				
Name of Maritain City III	11 5 11 0	(2)		1.0									
	ed by Building Own	er (8)		AS	CM No								
								ent Group, LL	C				
								е					
Bensalem, PA, 19020						Trenton, NJ 0	8619						
	ng Firm	Tele	ohone	Num	ber	Telephone Nu	umber		License N	umber			
Mr. Mike Panepresso		215-2	244-13	00		609-914-4279	9			0118	5		
Scheduled Start Date (10)	Scheduled Cor	npletic	n Da	te (11))	Name of OSH	A Monit	tor					
9-26-2016									IC				
Occupancy Status During Ab	atement (Check on	ly one)							0.00		10000	
☐ Facility Closed/Vacat	ed During Entire Pe	eriod o	f Aba	temer	ıt		37.0						
	d Outside of Norma	l Hour	s					e					
100 DOCT 100- 100 DOCT	I WAR OLD TOO PARTICULAR						•						
	FACILITY INFORMATION of Facility Where Abatement is Taking Place (3) dy University Hospital- MRI area Address aurel Road County (6) County (6) Camden County Code (7) Camden County (6) Camden County Code (7) Camden County (6) Camden County Code (7) Camden County Conder (8) County Code (7) Camden County Code (7) County Code (7) County Code (7) Code												
	Address rogress Drive, Suite J Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code em, PA, 19020 City, State & Zip Code Trenton, NJ 08619 Telephone Number 215-244-1300 License Number 609-914-4279 License Number 609-914-4279 Union, NJ 08619 Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619 Telephone Number 609-914-4279 Name of OSHA Monitor J&S Environmental Laboratories Inc Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 Facility Occupied During Abatement of Work (Check all that apply) Renovation Resource Management Group, LLC Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619 Telephone Number 609-914-4279 Name of OSHA Monitor J&S Environmental Laboratories Inc Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 Facility Occupied During Abatement of Work (Check all that apply) Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 Facility Occupied During Abatement of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure												
Scope of Work (Check all that													
	FACILITY INFORMATION Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other												
						Telephone Number Stock St							
△ 2100 SI 2200 II		Ш	Del	nontio	n					Crishla (0	. al a	
Location o	f	Is	Loca	tion	1	Description							
		111								Aba	teme	111. 13	he
										-		Ш	Ш
	ED									Re	R	nc	ncl
		Cust		Staff?						no	pe	sde	080
(13)				1	1	or other miscella	aneous)			val	₹.	ula	ŭ
		Yes	THU NEL	N/A								7	Œ
MRI area					Spray	on fire proofing		1,100	SF				
		Ш											
		Ц											
		Ц	Ш	Ш									
N 78 1.													
Name of Registered Waste H	auler						Name	of Registered	Landfill				
Pasauraa Managamant Grau	110							1 1511					
	J, LLU	X 200 100 100 100 100 100 100 100 100 100	100	35278)								
City, State Trenton, NJ													
						TBD m	Morrisv	/ille, PA					
Completed By (Print or Type) Mr. Brian J. Haney			Tit			Signature //	_	////		Date			
mi. Dilait o. Halley			Pr	esider	IL	434	(1) e	4111	1	10/14/2	2016		

A MAC Contracting, Inc.

page 1

2012620321 E G E I V E D P.2

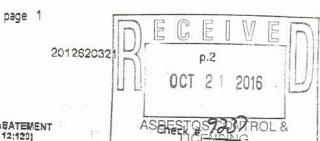
OCT 2 2016

ASBERICE CONTROL &

E. A. B.				WILL OF HOME DIDE	and 13:1:	20)		LI	UER		
Date of Notification (1)			Nam	e of Building Nwni	er/Operato	pr (2)			_		- }
Agencies Notified Type Notificat	lon		Stra	t Address	Geren	WE THEN	on brewis	11	1		i
EPA Initial Amende			Chic	1 MEAR	ODWL.	ANRS PL	17207, 54	ITZ	٤./	140	2%
E Emergen			u.y.	State, Zip Code EAST Ru	THÂC	fung W	5 070	30	1 R	W	+
DOH justificalis	in:	ig.	Nam	e of Contact			Tetephone)	_	I LA	/ /	i
				CILITY INFORMA							
Name of Facility Where Abatement is Ta	king Place	(3)		TOTAL TO THE CHANGE	ATION	Type of Facility	(4)		-		_
Sirect Address						School (K- Subchapte X Other (I.e.		-12) rcial b	u ldine	is ho	/max
CARLSTADI						Squara Feet (c) () co	# of Fig ore		Bldg	Ags	_0 ^1
BBRGAL		_	Court	y Code (7) E USE ONLY)		Current Usa /Pr	ior if helps dame i	shed)		50	
Name of Monitoring Firm Hired by Bulldin	g Owner (8	7		CM No.	110	CANADA TAT I	1000 g 00	FIC	£		
Street Address					A. M	of Abatement Co sc Contracting	ntractor (9)				
City State Trial					Street 185	Address Vreeiand Ave.		_			
City, State, Zp Code					City, S	lafa, Zlp Code					
Project Manager for Mondoding Firm		-	Teleph	one No.		ind Park, N.J.	117				_
Start Date (10)	Delendul				201-2	262-5841	License:				
10/18-116	1 2.	1 11		Date (11)	Nama i	of OSHA Monitor	ntal Services I				
Occupancy Status During Abatement (Che	ck Only Or	(e)	•		Street /	Address	JIST 2 GLAICES II	nç.			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mail Facility	Abate Hour	ment s			luyler Street					
Scope of Work (Check All That Apply)						Brisack, N.J. 0	7606				
≥3 sf or ≥3 lf ≥180 sf or ≥280 if		emoi			N L	Glovebao Pran	ortiva.			13	
# N		Locat				14014 Exertit Died	(*) and Non-Friat	le Fro		e E	
Asbestos-Contenting Material (ACM) TO BE ABATEO In Pacility	L'sec		nce/	Asbestos Cont (i.e. thermal	scription of taining Ma systems i cing, VAT,	iterial (ACM)	Amount (Specify	Re	7)	7D-Qs	_
{13)	Yas	(72) No	AUA	othern	niscellans	dus)	SF ar (JF)	Removal	Repair	Encapsula	Enchosus
OFFICE	1 1	140	NIA	1	ATI	144576				8	7
N		_	X		771/	144776	3,8000	1			
						-					
leme of Registered Wasta Heuler								-			-
Newark Carting, Inc.		H	IDEP W	sate Dubic \			gistered Landfill				
illy, Siste Newark, N.J. 07105				Dispos		City, State	entral Senitary	Lan	∃¶II	_	
ampleted by	Title			10/1	2/16	Pen Arav	I, PA 08072			V	
R. McDonald	Presid	ent		Sig	presure)	The Bot	Date		1.	1.	
		-		- /		Contract of the contract of th		10	10	1/6	

Oct 14 16 06:40a

A. MAC Contracting, Inc.



Date of Natification (1)						and 12:12			7	CE	:NO	NG
10/14/16			Nar	SA4	ilding Own	ariOperator	(2)	7 -	_			_
Appendes Notified Type Notifi	ation	_		el Adein		83-485-76		_ 1	in	Ant	1	
EPA Initial Amen	41.4							7	V/	1	t_{\cdot}	
DOL Amen	mente		City	State, 2	Zip Cods							
Emerg	ency (inclusion	ding				Cran o	O N.	1.0264	46	17		
DCA Cance					Ley			Talonham	ile in the	_	_	
Name of Facility Where Abatement is	Takina Play	w 631	P	ACILITY	INFORM	ATION						-
SHUMWAY	Total and a page	A (3)					Type of Facilit	y (4)				
Street Address		_					School ((-12)				
CIG (a)							Subchar	er 8 (Olher man V	·12) roial b	ulldin	88, h	mes
NEW MILFORD							Square Feet	# of Floors		Ride	Ana	
County (6) BERVEN							1450	2				
			STAT	ty Code	HLY		Current Use (P	rior if being damoi	lahed)	-		_
Name of Monitoring Firm Hired by Bull	ing Owner	(8)	AS	CM No.		Name	/AT 1	265				
Street Address						A. Ma	i Abalement Ci C Contractin	ofirector (8)				
an act Addists	0.00					Street A	cd/ess	g mo.				
City, State, Zip Code						185 VI	eeland Ave					
						City, Sta	te. Zlo Corte					
Project Manager for Monitoring Firm						Midlen	d Park, N.J.					
and the state of t			Teleph	one No.		Talaphor	e No.	License	Nn			
Start Oate (10)	I Satad	Ulad C		-			2-5841	00156	V. C. C. C. C.			
10/14/16		121	Propingo	g pate (11)	Name of	OSHA Monitor		-			_
Occupancy Status During Abatement (C	heck Only	One)				Omega		ntal Services I	пc.			
Facility Closed Managed During To.		•	- Throat			Street Ad	dress ylar Syeet		canse No. OC156 Ces Inc. Abatement Type Aba			
Abstement Performed Cutside of N Other - Describe:	omei Fedi	ity Hou	119				e, Zip Coda					
cope of Work (Check All That Apply)							e, zip Gode 1880k, N.J. (07506				
≦3 af or ≥3 lf	PGB									_		
≥190 st or ≥260 lf		Ranov				Francis	Glovebac Pro	adrina				
		s Loca	tion			<u> </u>	Non-Example	(") and Mon-Friat	le Pro	codu	ÇQ.	
Location of Achestra-Ophtelning Material (ACM)	- 1	Nome	No		0.	saription of	1					I
IQ SE ABATED	M	ed Sol Bintans	nga/	Asb	estas Con	talning Mate	rial (ACM)	Amount		T-'	1	
In Facility (13)	Cut	todial		(1.	e. Inema	systems ind cing, VAT, o	tutation .	(Specify	27	-	Enc	ū
(14)		(12)			other r	hiscellangou	(5)	SF or LF3	OT LES	100	age.	Endos
	Yes	No	N/A						重	哥	urial	Sums
BASEMENT			×		Du	CTWOR	K IM	- 1/		_		
							11.0.	3607	X	_	X	
	-								-		-	
me of Registered Waste Hauter		7	IDE2 IS							-	-	
ewark Carting, Inc.		H	JDEP W.	Yo.	Dubic Yas	rerds te		egistered Landfili				_
y, Sizte		04	1509		,43	7	Grand C	entral Sanitary	Lan	inte		
ewark, N.J. 07105					Dispos		City, State					,
ripleted by	Title				10/1		Pan Argy	I, PA 08072				
McDonald	Presi	dent			34	planture/17		Dale	7	7		-
		30111			-12	1.11	Findel		0/14	1/12	(-

CH341	Marine section	1	NOTI		TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16		DE C				Total Comment
Date of Notification (1)	17 /	16				of Building n Deaver	Owner/Operator (2)	OCT OCT	2 1	201	16	1000
Agencies Notified EPA DOLWD	Type Notif ☑ Initial ☐ Amend					Address			ASBESTO	S CC		ROL	. &
☑ DOH ☐ DCA		ment #_	100		Jobs	tate, Zip C stown, N	IJ 08041	L			1140		
(NJAC 5:23-8)	justifica Cancel					of Contact n Deaver			Telephone Numb	-			
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility (4	4)				
Deaver Residence									(Other than K-12)				
Street Address								Other (i.e., pri homes, etc.)	vate and commerc	ial bui	ildings	S,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
Jobstown								1,700	3	8	30		
County (6) Burlington					Count	ty Code (7)(STATE USE ONLY)	Current Use (Price Residence	or if being demolish	ned)			
Name of Monitoring Firm	Hired by Ru	uilding C)wner (8)	ASCM N	Vn	Name of Abateme	ent Contractor (9)					
Mgmt. & Enviro. Co				, ,	(COM)			onmental, LLC					
Street Address	orround t						Street Address	•					
PO Box 341							623 Cutler Av	venue					
City, State, Zip Code							City, State, Zip C	ode					
Chesterfield, NJ 08	1515						Maple Shade						
Project Manager for Mon				Tele	phone N	Vo	Telephone No.		License No.				
Bill Weisgarber	illoring i iiiii			0.000	9-298-		856-755-0099	9	00842				
Start Date (10)		Sched	luled C		tion Dat	The Section	Name of OSHA N	Monitor	1				-
10 / 31 /	16	Name and Company			/ _		EMSL Analyt	tical, Inc.					
Occupancy Status Durin							Street Address						
☐ Facility Closed/Vacate							200 Route 13	30 North					
Abatement Performed							City, State, Zip C						
Time of Abatement	AIVI		VI/			-1IVI	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll that apply)			novati molitic			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		e			
			1 0.5	Locat			3-0			Ab	ateme	ent Ty	уре
Location Asbestos-Containing TO BE AB/ IN Facil (13)	Material (A0 ATED	CM)	Use Ma Cus	Norma ed Sole intena todial ((12)	ely by nce/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A					K-3			
Attic						Vermic	ulite		900 SF			Ш	Ш
			П	П	П		15						

City, State

Name of Registered Waste Hauler

Freehold Cartage

Completed By (Print or Type)

Freehold, NJ

Christina Lynch

Cubic Yards of

11/11/2016

Signature

Waste

10 Disposal Date Name of Registered Landfill

City, State

Newburg, PA

Cumberland County Landfill

Date

NJDEP Waste Hauler ID No.

15939

Operations Manager

Title

ASB-41 JAN 13

Date of Notification (1)	\		1					Cneck#1	1219				
The state of the s						er / Operator	(2)	MEGE				7	
Agencies Notified	Type Notification		_				a de la companya de l	N.		-	7	1111	
ЕРА							erenterer strategerer						
DEP							and a second	ASBESTOS CONTROL & LICENSING Telephone Number ate & commercial buildings, home, etc.) # of Floors					
DOL	☑ Initial		City	State 8	7in Codo		es y control of the c				-		
						6	No.	Other than K-12) ivate & commercial buildings, home, etc.) # of Floors being demolished) Contractor (9) License Number 00817 License Number 00817 tor Amount (Specify SF or LF)					
Доон	Amendment		Imari	ansville,	143 0003	0	White	Other than K-12) ivate & commercial buildings, home, etc.) # of Floors 1 Bldg. Age 62 years being demolished) Contractor (9) de IJ 08087 License Number 00817 ittor Intainment with Negative Pressure inclosure lag Procedure xempted(*) and Non-Friable Procedure xempted(*) and Non-Friable Procedure years Amount (Specify SF or LF) Page 1 Findings Findings Findings Removal Findings Findings Removal Findings					
DCA	Cancellation			City, State & Zip Code Martinsville, NJ 08836 Name of Contact Jim Kalasky FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Square Feet 840 Current Use (Prior if being demolished) Residence (7) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 Telephone Number 609-296-6916 n Date (11) Name of OSHA Monitor Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 Telephone Number Giovebag Procedure Non-Exempted(*) and Non-Friable Procedure Normally Used Maintenance or ial Staff? (12) Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) No N/A X Siding Sous FREE Name of Registered Landfill Name of Registered Landfill									
			Jim	Kalasky				-		-		-	
	Albert Coletta Street Address City, State & Zip Code ASBESTOS CONTROL & LICENSING												
Name of Facility Where Residence	e Abatement is Takin	g Place (3)											
Street Address								- K 40)					
	Address Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Square Feet 840												
						Square Fee	(i.e., private & C				etc.)		
City (5)	Second												
Ocean City, NJ 08751	Amended Amendment # Cancellation												
County (6)		Ca	1- (7)			Residence		OCT 2 1 2016 ASBESTOS CONTROL & LICENSING Telephone Number OCT 2 1 2016 ASBESTOS CONTROL & LICENSING Telephone Number OCT 2 1 2016 ASBESTOS CONTROL & LICENSING Telephone Number 62 years Molished) Abatement Type The street of the					
Ocean		USE ONLY											
Name of Monitoring Fire	m Hired by Building (Owner (8)		ASCN	5355555555555	Name of Ab	atement Contracto	or (9)					
Street Address						Synatech, I	nc.						
City, State & Zip Code							ASBESTOS CONTROL & LICENSING Telephone Number ASBESTOS CONTROL & LICENSING Telephone Number ASBESTOS CONTROL & LICENSING Telephone Number # of Flors Bidg. Age 62 years see (Prior if being demolished) cee Abatement Contractor (9) Inc. dress Poad # 2 Zip Code Harbor, NJ 08087 License Number 916 OSHA Monitor Inc. Glovebag Procedure Mini-Enclosure Glovebag Procedure Mini-Enclosure Glovebag Procedure Non-Exempted(') and Non-Friable Procedure iption of Containing al (ACM) and systems urfacing, VAT scellaneous) Name of Registered Landfill Grows Landfill City, State Morrisville, PA Date						
Project Manager for Mo	nitorina Firm	T	alanhana	Number									
	and the second s							OCT 2 1 2016 ASBESTOS CONTROL & LICENSING Telephone Number Vate & commercial buildings, home, etc.) # of Floors 1					
Scheduled Start Date (1							H. M. C.	Ocher than K-12) rivate & commercial buildings, home, etc.) # of Floors 1					
		(only one)	nber 28, 2	2016						Line Service			
Facility Closed	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors 840 4 1 62 years Courrent Use (Prior if being demolished) Residence County Code (7) USE ONLY												
Abatement Per	formed Outside of N	ormal Hour	S		Ī	City, State &	Zip Code	-4 S					
CONTRACTOR CONTRACTOR					- 1	Little Egg H	arbor, NJ 08087						
	Amendment # Name of Contact Jim Kalasky Telephone Number Square Feet Synatech, Inc. Street Address Start Date (10) Scheduled Completion Date (11) November 28, 2016												
Scope of Work (Check a	all that apply)						ATION pe of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) uare Feet # of Floors 840 1 rent Use (Prior if being demolished) sidence me of Abatement Contractor (9) natech, Inc. pet Address Radio Road rent Use (Prior if being demolished) sidence me of OSHA Monitor natech, Inc. pet Address Radio Road rephone Number -296-6916 rent OSHA Monitor natech, Inc. pet Address Radio Road rent OSHA Monitor natech, Inc. pet Address Radio Road rent Oshaptor rent						
□ >3 of or > 3 If			Danavati					t with Negative Press	Bldg. Age 62 years Dense Number 00817 Dense Pressure Periable Procedure Abatement Type (Specify or LF)				
	f	H					1						
Z = 100 01 01 <u>1</u> 200 1			Demond	JII		L		NR0.70	License Number 00817 Negative Pressure d Non-Friable Procedure Mount (Specify SF or LF)				
Locati	on of	Ils Locat	ion Norm	olly Hood		X		*) and Non-Friable Pro	_				
		Solely b	y Maintei	nance or				Amount (Specify	Aba	atem	ent T	Гуре	
					1	Material	(ACM)						
								100 10000-000			т		
,	7								Re	Z	nca	En	
									mo	ера	sde	clos	
		Yes	No	N/A					val	=	late	ure	
Exterior			Y			6:4:-		200.05		_	(D	\Box	
			^			Sidir	ıg	900 SF	X				
Name of Registered Was	ste Hauler	NJDEP \	Vaste	Cubic \	Yards of V	Naste	Name of Registe	I ered Landfill				4	
Synatech, Inc.		Hauler II		00									
City, State		27	429	100000	al Data								
				Dispusa	ai Dale		Oity, State		ITelephone Numb dings, home, etc.) Bldg. Age 62 years Number 00817 ressure e Procedure Abatement T Removal X Removal X				
Little Egg Harbor, NJ	I=					2016	Morrisville, PA		ITelephone Numb Idildings, home, etc.) Bldg. Age 62 years Pressure ble Procedure ecify X Removal X In the pair Repair X				
Completed By	Title			Signatu	ire	, (1		Date					
Ruthetta Roots	Admini	strative As	sistant	y, State & Zip Code rrtinsville, NJ 08836 me of Contact n Kalasky Telephone Number									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2620 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 18 OCT 2 1 2016 Virginia Dato Agencies Notified Type Notification Street Address □ EPA ✓ Initial **⋈** DOLWD ASBESTOS CONTROL & Amended City, State, Zip Code X DHSS LICENSING Amendment # □ DCA Emergency (including North Bergen, NJ 07047 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Virginia Dato FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Bergen, NJ 07047 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 29 / 16 __10__/__30__/__16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM__AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥3 sf or >3 If Renovation Mini-Enclosure > 160 sf or >260 lf Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Encapsulate Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Pipe insulation 85 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N levtic Teutre Wena Owner 10/18/2016 ASB-41

Ch935				(Pursu	ant to	NJA	ASBESTOS ABACC 8:60-7 and 12:1			D,E		₩ k#	G	5.00	1
Date of Notification (1)	10/17/16		Midd	lesex C			perator (2) College		The state of the s	Check # OCT 2 1 2016 ASBESTOS CONTROL & LICENSING LICENSING Dhone Number 12) 12) 18 (Other than K-12) private and commercial buildings, c.) # of Floors Bldg. Age ~ 70 If being demolished) mental Services, Inc. ge Road, Suite 100 07058 License Number 00852 tal Laboratories, LLC N 3 Ontainment with Negative Pressure Enclosure on Procedure Friable Procedure Friable Procedure Amount R R R E R E R N R S S L U U R A R S S L U U R A R S S S L U U R A R S S S L U U R A R S S S L U U R A R S S S R S S S S S S S S S S S S S					
Agencies Notified [X] EPA	Type of Notifica	0-200711717		Address Woodk	oridg	e A	venue		and the same of th	ASBES	STOS CON	ITRO)L 8	2	ann strong agest, branch on
[] DEP [X] DOL	Notification [] Emergency [] Amended Notification	/		tate, Zip C on, NJ (8				b	LICENSIN				-
[X] DOH	[] Cancellation			of Contact		r			Tele	ohone Numb	er. 7				
					FACIL	ITY	INFORMATION								
Name of Facility When Building 216, Mi Street Address		aking P	lace (3)				Тур	e of Facility (4) School (K. Subchapte Other (i.e. homes, e	-12) er 8 (Other th private and	an K-12) commercial b	uilding	gs,		
2600 Woodbridg	ge Ave.								uare Feet						
City (5) Edison		Count	5	X			ty Code (7) TE USE ONLY)	Cur	ehouse	if being dem)			_
Name of Monitoring F				ASCM No	0.		Name of Abatem				milene In	_			
Matrix New Wor	rld Engineeri	ng, Ind	С.	00121				Jupit	er Environn	nental Se	rvices, in	J.			
Street Address							Street Address	323 (Changebrid	ge Road	Suite 10)			
26 Columbia Tu City, State, Zip Code	Ігпріке					+	City, State, Zip C		oriarigosira	90 . (00.0)					_
Florham Park, N	J 07932							Pine	Brook, NJ	07058					
Project Manager for N		Te	lephor	e Number	r		Telephone Numb				License N				
Gavin Gilmore				35-9040					-575-8700			U	785) _	
Scheduled Start Date 11/1/1	6	1	2/31/		1)			Iris E	or Environmer	ntal Labor	atories, L	LC			
Occupancy Status Du [X] Facility Clos	uring Abatement (Check o	nly on	e) d of Abate	ement		Street Address	2333	Route 22 '	\//					
[X] Facility Clos	Performed Outside	e of Non	mal Fa	cility Hour	smem s –		City, State, Zip 0		Noute 22	V V					
Des	cribe:								on, NJ 0708	33					
	cribe: partially vac	Jani, and	ı weer	end work											_
Scope of Work (Chec	ck all that apply)								[] Full C	Containment v	with Negative	Press	sure		
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥				[X]	Ren	nova	tion		[] Glove	- Enclosure bag Procedu - Friable Proc	re edure				
				cation								12535		mer	it
	on of	1		ly Used ly by			Desc Asbestos	cription s – Co			Amount			Е	E
Locati Asbestos –			aintena	ance/Cus			Mater	rial (A	CM)						1
Material		to	odial S	taff (12)			(i.e., the insulation,				SF OI LF)		1 37	1.00	L
<u>TO BE A</u> In Fa (13	cility	Ye	s N	o N/A			or other n					Α	I R	S	SU
Bathrooms and for	mer offices		X		Sur	faci	ng – plaster, joir	nt cor	mpound		4355 SF	X			
Throughout former			X		VA							X			
Throughout			Х		TSI							- 1/		_	-
Sprinkler room			Х		Trir		e board				300 SF				
Name of Registered Jupiter Environ	_{Waste Hauler} mental Servi	ces	Haule	P Waste r ID No. 782		2222	bic Yards Waste 50	151555	Name of Registe Alliance Lar						
City, State			04	UZ		Dis	sposal Date		City, State						
Pine Brook, NJ							2/15/16		Taylor, PA						
Completed By (Print		Tit					Signature	1	/			7/40			
Pane Repic		G	ener	al Mana	ager		1/2		(1	10/17	110			
A CD 41												S CONTROL & ENSING Property of the state of			

CH835	\mathcal{D}		NOTI	FICATI (Pursua	ON OF	F A	ASBESTOS ABA C 8:60-7 and 12:1:	1 EME 20-7)	N1			Chec	k# (23	50	
Date of Notification (1)	7/16			Building nivers		Ор	perator (2)		Carlo de Philippe	D) E C		$\mathbb{W}_{\underline{}}$			Water Same	_
Agencies Notified	Type of Notification		et Ado							m			T. C. Carlotte		-	
[x] EPA	r t (visial	100	00 M	orris /	Ave.					1111 00	T 2 1	2016		1	/	
[] DEP	[x] Initial Notification		01.1	7:- 0-	al a	_							\dashv		1	
	[] Emergency			, Zip Co NJ 07						ASBES	TOC 00	NITO	11 8			
	[] Amended Notification	UII	1011,	145 07	003					ASBES	TOP CC	MA I NO)L 0		+	-15
[X] DOH	Nothication	Nan	ne of (Contact					-	Telephone Nun	nber-1401	140				
[x] DCA	[] Cancellation												-1411	-2.500		
				F	ACILIT	Y	INFORMATION	2 2 4 4 2						_		-
Name of Facility When	e Abatement is Taki	ng Place	(3)	-0-6-0-0-0-0				Type	of Facility	/ (4) ol (K-12)						
St Paul/Highland	d Campus - Ke	an Uni	ivers	sity				×] Subo	ol (K-12) chapter 8 (Othe (i.e. private and	r than K-1	2) cial buil	dinas			
Street Address								[]	home	es, etc.)	a commen	CIGI DOI	unig.	41		
Mt. Paul Road (off Ridge Road)								# of Elec		Bldg.	A 00			-111-0
,,,,,							t. O. d. (7)	Squar 3000	e Feet	# of Floo	rs	~80	nge			
City (5)		County (6	5)				ty Code (7) TE USE ONLY)			Prior if being de	molished)					
Jefferson Twps.	, NJ 07438 N	Morris			(0)			Office	/dorm					_		_
Name of Monitoring F	irm Hired by Building	g Owner		SCM No			Name of Abatem	ent Con	tractor (9)		Inc				
TTI Environmen			00	003				upiter	Envir	onmental S	ervices	, 1110.				
Street Address							Street Address			:	-l Cuita	100				
9 East Stow Roa	ad						3	323 Cr	nange	bridge Road	a, Suite	100	-			
City, State, Zip Code							City, State, Zip C	ode Dino E	Prook	NJ 07058						
Marlton, NJ 080									STOOK,	143 07 030	Licen	se Num	ber		- 3	-
Project Manager for N	Nonitoring Firm			Number			Telephone Numb	973-5	75-87	00	-1330		00	852	2	
Jim Gerardi	(40) Cahad	. Comple		-8800			Name of OSHA	Monitor								
Scheduled Start Date 10/31/	16	12/3	31/16					Iris Er	nvironi	mental Labo	oratorie	s, LL	C			_
Occupancy Status Du	iring Abatement (Ch	eck only	one)	£ Alvata	no ont		Street Address	1222 [Pouto	22 West						
[X] Facility Clos	sed/Vacated During erformed Outside of	Normal	enod (Facilit	v Hours	-				Toute	ZZ VVCSt						
Des	cribe:			•			City, State, Zip (Union	n, NJ 0	7083						
[] Other - Des	cribe: partially vacate	<u>ed</u>						Offici	1, 140 0					3		
Scope of Work (Chec	k all that apply)								[X] I	Full Containmer	nt with Ne	gative F	ress	ure		
[1 Demolition				[]	Renov	vati	ion		[x] N	Mini – Enclosure	Э					
[] Demolition [x] ≥3 sf or ≥3 l	f			r 1						Glovebag Proce Ion – Friable Pr						
[] ≥160 sf or ≥	260 If								[] V	ion – Friable Fi	T		Λh	aton	nent	-
-			Locat				Dose	cription o	of				Typ		ICIIL	
1			nally l lolely l				Asbestos				Amo		R	R	E	
Locati Asbestos –				e/Cus				rial (ACI			(Spe	cify	E M	E	N	C
Material	(ACM)	todia	al Staf	f (12)			(i.e., the insulation,				31 01	LI)	0	A		L
TO BE A							or other r						V	1		0
(1:		Yes	No	N/A									A	R		S
25.00			37		Diss	0.20	itin a kuoll				12,000	SF	X			
Throughout			X	-	VAT		ceiling/wall				10,500		X			
Throughout			X	-	TSI						600 LF		X			
Throughout			X	-	131											
Name of Registered	Mosta Haular	INI	IDEP I		1	Cu	ibic Yards	Na	me of Re	egistered Landf	ill					
Jupiter Environ	mental Service	10 00000	uler II				Waste	Al	liance	Landfill						
Jupiter Livitori	Thomas doi vide		04782	2			80	0:1	y, State					-		
City, State							sposal Date 2/14/16		y, State aylor, I	PA						
Pine Brook, NJ		1 70				14	Signature/	7	2 y 101 , 1	, ,	TD	ate				
Completed By (Print	or Type)	Title	oral	Mana	nger		Signature		1	RT	1	0/16/	16			
Pane Repic		Ger	icial	ivialia	igei		An		(_		

ASB-411

			NO			- ASBESTOS AE IAC 8:60-7 and 12:			E C E	1 W d	G. /#	Op le	649
Date of Notification (1)	10/17/16				g Owner/0 tate Un	Operator (2) iversity				11 10 9	7	1	11
Agencies Notified [X] EPA	Type of Notificat [x] Initial			oddress Norma	l Avenu	ie		The second secon	OCT 2	1 2016	L		
[X] DOL	Notification [] Emergency [] Amended Notification	U	ppe		tclair, N	J 07043	Charles of the Charle	AS		TOS CONTROL & ICENSING e Number Other than K-12) te and commercial buildings, f Floors Bldg. Age			
[] DCA	[] Cancellation			f Contac erdin	7.0			Tele	ASBESTOS CONTROL & LICENSING Telephone Number Incidity (4) Chool (K-12) Ubchapter 8 (Other than K-12) Uther (i.e. private and commercial buildings, iomes, etc.) Telephone Number Incidity (4) Chool (K-12) Ubchapter 8 (Other than K-12) Uther (i.e. private and commercial buildings, iomes, etc.) The private and commercial build				
			arry r	CIUIII		INFORMATION			-				
Name of Facility When	e Ahatement is Ta	king Plac	ce (3)		FACILITY	INFORMATION	Type of F	Eacility (4)					
Mallory Hall, Mo							[]	School (K	(-12)	an V 10)			
Street Address 1 Normal Avenue			,		77.		- 11	Other (i.e homes, e	er 6 (Other th . private and (etc.)	commercia	l buildir	igs,	
C:4/5\		0	(0)		10-	-1. 0 -1 - /7\	Square F	eet		4 3223		9	
City (5) Upper Montclair		County Essex				nty Code (7) ATE USE ONLY)	30000 Current U		1000	The second secon	70	S2-171	
Name of Monitoring Fi		ng Owne	200	SCM N	(200)	Name of Abatem							
Detail Associate	s, Inc.			00012			Jupiter E	nvironr	nental Sei	rvices, li	ONTROL & SING on K-12) commercial buildings, Bldg. Age ~ 70 ished) vices, Inc. Suite 100 License Number 0085 tories, LLC h Negative Pressure lure Amount R R R R R R SF or LF) M P O A V I A R L O SF X 000 SF X 0 O LF X I Date		
300 Grand Ave.						Street Address	323 Char	naehrid	ne Road	Suite 10			
City, State, Zip Code						City, State, Zip C		igopria	ge rtoau,	Ount 11	,,,		
Englewood, NJ (ok, NJ	07058				
Project Manager for Me Anthony Valentin				Number 6708		Telephone Numb	ber 973-575	-8700		License I			52
Scheduled Start Date ((10) Sche	d. Compl		Date (11		Name of OSHA	Monitor		ntal Labora	atories,			,
	d/Vacated During	Entire Pe	eriod o	of Abater		Street Address	2333 Roi						
Descr						City, State, Zip C	Code						
	ribe: partially vaca	nt, and v	veeke	nd work			Union, N	IJ 0708					
Scope of Work (Check	all that apply)						[]			ith Negativ	e Press	sure	
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	60 If			[X]	Renova	tion	[x] [] []	Gloveb	ag Procedure				
		2.70	Locat	7.7		Dana	alaklara af				1000000		ment
Location	n of		mally l Solely l				ription of – Containin	g		Amount			EE
Asbestos – Co Material (A			tenand al Staf	ce/Cus			ial (ACM) mal systems						N N C C
TO BE AB	ATED	touis	ai Stai	1 (12)		insulation, s	surfacing, V	AT,		SF OI LF)	0	1 6 1	AL
In Facil (13)	ity	Yes	No	N/A		or other m	iscellaneou	s)			Α	I R	P O S S U U
exterior - in phases			Х		Curtain	wall caulk		***************************************	1	00 SF			
Throughout			Х		VAT						1000		
Throughout			Х		TSI			×	2	50 LF	X		
Name of Registered W	aste Hauler	I N.I	DEP V		Cut	oic Yards	Name o	f Register	ed Landfill				
Jupiter Environm		s Ha	uler IE 04782	No.	Of	Waste 80	Allian	ce Lan					
City, State Pine Brook, NJ						posal Date 2/15/16 +	City, Sta						
Completed By (Print or	Type)	Title			1 12	Signature,	Taylo	, FA		Date			
Pane Repic	2 F 51		eral	Mana	ger	,/		_	2		7/16		

ASB-41

Note: Work to be done in phases. First phase is to start on 10/26/16 with expected completion on/about 12/31/16. Some 20000 SF of VAT and 250 LF of TSI is to be removed. Amendments will be sent for other phases.

Date of Notification (1) 10/18/2016					of Building O national Fla			es, Inc	1110	In-H		141	2011	Ĵ
Agencies Notified	Type Notification)			Address State High	 hwav # 3	36		ASI	SES L	IOS	CO	VITR JG	OL 8
× EPA × DEP × DOL	Amended Amendmen	t #		City, S	tate, Zip Cod n Beach, N	е								
DOH DCA	Emergency justification Cancellatio)			of Contact Stapperfe	nne/Proj	ect Mn	gr.	Telephor	ne Nu	mber	, was	aged to a	
Name of Facility Where	Abatement is Taki	ng Place (3)	FAC	ILITY INFO	RMATION		pe of Facility	(4)	7000				
International Flavor	s&Fragrances	.5 . 1000 (-,					School (K-1						
Street Address 1515 US Highway #	# 36						×	Subchapter	8 (Other tha	n K-1 merc	2) ial bui	ldings	, hon	nes,
City (5) Union Beach							Squ	uare Feet	# of Floor	rs		Bldg.	Age	ara
County (6) Monmouth					Code (7) USE ONLY)			rent Use (Pri	or if being de	molisi	ned)			-
Name of Monitoring Firm Garden State Envir	Hired by Building onmental	Owner (8)		ASCI	M No.			patement Cor rporation	ntractor (9)					Plate as on tagen or
Street Address 555 S. Broad Street						Str	reet Addr					-		
City, State, Zip Code Glen Rock, NJ 0745	52			A. The Comment of the Comment				Zip Code d Park, NJ	07424					
Project Manager for Mon Bruce Wolf	itoring Firm			Telepho 201-6	one No. 52-1119	Tel	lephone 73-225-	No.	Licer		0.	-		
Start Date (10) 10-28-2016		Schedule 10-31-2	ed Cor 2016	mpletion	Date (11)	Na	me of OS	SHA Monitor						
Occupancy Status During	Abatement (Chec						eet Addr			5, L				
Facility Closed/Vaca X Abatement Performe X Other – Describe: s	ed Outside of Norn	Period of A	bater Hour	nent s		L		ute 22 Wes	st					******
Other - Describe: Scope of Work (Check Al								J 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттат Арргу)	Territoria	enova emolil				× G	ini-Enclosure lovebag Proc	_{edure} wrap	o/cu	ıt		0	The second of
			Locati									Abate	emen	t
Location Asbestos-Containing (Material (ACM)	Used	d Sole ntena	ly by	Asbestos	Descript Containin	tion of g Materia	al (ACM)	Amount			13		
TO BE ABA In Facilit (13)			odial S (12)		(i.e. the	ermal syste surfacing, ther misce	ems insu VAT, or	lation,	(Specify SF or LF		Remova	Repair	ncapsul	Enclosure
		Yes	No	N/A							<u>m</u>		ate	Te
lab #11				X		elbov	NS		30/ea		×			
lab #11				X		counter	tops		125 SF	8	x		11/86 8 25-11-	
lab # 11	5			X	li	inoleum/	mastic		600 SF		х			
Name of Registered Waste	e Hauler		TN	JDEP W	aste C	Subic Yards	2	Name of B	Pagistared La	- 4611				
_ilich Corporation			Н	auler ID 3724		f Waste	J		v.S Landfil					
City, State Woodland Park, New	Jersey				D	isposal Da	ate	City, State Morrisvil						
Completed by Momo Glavatovic		Title vice p	resid	ent		Signati	ure ()	demolished) icense No. 1104 ries, LLC gative Pressure rap/cut on-Friable Procedure Abatemer Type unt cify LF) Removal Repair Repair Repair Landfill				

neck#2617	N	778 IOTIF		TION	OF ASI	nw Jerasy 365106 AB C 8:60 and 5			OCI	2 1		16
ste of Notification (1)		-22	7	Nama	al Guilding	Owner/Operato	r (2)		/			
10 / 14 /	16	_	l	Micke	le Caller	nder	1	ASB	FSTOS	S CC	INC	ROL
gencies Notified Type Notific	cation				Address				f the	No	Al-	7
EPA 🔀 Initial								1	1		i	
Z DOLWD Amende	7777		1	City, 5	tata, Zip (oda		411			÷	\neg
	nent #	dia m		Willin	gboro, N	1 08046		I V			,	
DCA Emerge (NJAC 5:23-8) Subtification		កពលពិ	1		of Contac			Telephone No	mber			\neg
☐ Cancell	ation			Kevin	Mathis		+ = 1 0.0					- 1
				-	-	FORMATION					_	-
lame of Fecility Where Abstement is	Taking	Pipce i	31	1 7	10111 ()	- OKAATION		acility (4)				
ivate house			-/				Control of the contro					
Street Address							- Subcr	ol (K-12) Septer 8 (Other than K-1	2)	scarco con		1
का आक्र है जे क्या कार कार मंग्री								(i.e., private and comm	ercial bul	iding	8,	
ily (5)							Square F		Blo	g. As	16	
Villingboro, NJ 08046												
County (8)				Coun	y Code (7)	STATE USE ON	Y) Current 1	Jse (Prior If being demo	lished)	_		-
urlington					1.	5		7				
larme of Monitoring Firm Hirad by Bu	ilding O	whose (1	ASCM	No.	Name of Abai	ement Contra	ctor (9)				
						Gr Tech LLC	3	9795 - 1975 - 1975 - 1975 - 1975 - 1975		٠		
Street Address	1	-		-		Street Addres						
						576 Valley B	d #283					
City, State, Zip Code						City. State, Z						
						Wayne, NJ 0						
Project Managar for Monitoring Firm			Tel	phone	Nto.	Telephone No		License No.				
						973-638-177		01127				
Start Date (10)	1			rtion Da		Name of DSH	IA Monitar					
10 / 16 / 16				9 1.	10	Envirovision		,Inc				
Decupancy Status During Abatement						Street Addres						
Facility Closed/Vacated During El Abstement Performed Dutside of					arib-	20-21 Wagst		idg .# 35E				
Time of Abstament:AM	PN	tacany t	PM	re - L/193 	AM	City, State. Z.						
						Fair Lawn, 1			- M	Ner		
scope of Work (Check all that apply)	Jii							ontamination with naga with Negativa Pressure		urg		
∑ >3 af or >3 if ∑ ≥ 160 sf or ≥260 if		⊠ Re	novet	lon		AAini.	Encineura	••••		11172		
EU 2 180 St Of 2280 IT		LJ Da	moliti	PIQ		Glov North	edag Procedu	and Non-Friable Proce	idata Mata	mint.		
		la	Loca	tion	T	Toronto Contraction of the Contr	1000		Mary palabolication	etem	MAL T	YOM
Location of	OL4:	Hon	iorma d Sal	ally ally by		Descript				_	1	
Asbastos-Containing Material (A) TO BE ABATED	וואנ	Ma	nten:	ance/		eatos Containing a., thermal syste			Remove	Repair	Encapsulat	Enclosure
IN Facility		Cuel		Staff?		aurfaoing.	VAT. OF	SIF OF LF)	PW C	3	Spi	sure
(13)		-	(12)		-	other miscel	lanaous)		1		ale	-
		Yes	No	-					Tower .	-	-	
laster bedroom				X	VATE	oor tiles		250 SF	X		U	Ш
Jenici Donivorii	5000000 mm			X	Transit	siding		550 SF	X			
		m								П	П	
exterior siding			_	-	-				- 13	1	lead	
		1 1						10			Ш	
xierior siding			-		e Hauler ID N	Dubic Yards of	Matte Mame	of Registered Landfill				
xterior siding						1	100					
xterior siding Name of Registered Waste Hauler Tech LLC				00337		TBD		F. Inc				
xterior siding Name of Registered Waste Hauter Fr Tech LLC City, State						Disposal Det	City, S	Tate			_	_
Name of Registered Waste Hauler Fr Tech LLC City, State Vayne, NJ 07470						Disposal Det	City, S Tullyt			_		
xterior siding Name of Registered Waste Hauter Fr Tech LLC City, State	THO					Disposal Det	City, S Tullyt	owp, PA	Deta			

Check#2618	89177 NO	TIFIC	CATIO	N OF A	New Jersey SBESTOS ABA AC 8:60 and 6:1	TEMENT				Œ	2011 2011
Date of Notification (1)	_				ng Owner/Operator				_	_	_
10 17 /	16		1			(2)	ASI	BEŞT	96	CO	NTA
Agencies Notified Type Notification	on			et Address	Douglas		1 4 1	4	I CEI	121	NG
☐ EPA ☑ Initial ☑ Amended				at Madrage		60	-1	1/	/		į
☑ DOLWD ☐ Amended ☐ Amended ☐ Amended	z		City.	State, Zip	Code			V	1 7		-
□ DCA ☑ Emergency	(Includ	ing	Mon	telair, NJ	07043		v.				1
(NJAC 5:23-8) justification) Cancellation	4		Heam	e of Conta	cl		Telephone Nu	nbar			
T] calicaliator			Bran	don Roge	63			_			
Name of Facility Where Abatement is Tak			FA	CILITY	NFORMATION			-			-
Private house	ing Ple	ce (3)			All March Ed Gran	Type of Facili	3 1 1				
Street Address		-				School (Ka	12) or 6 (Other than K-1	41			
						Other (i.e.	. Drivate and commi	ercial b	uildin	ga.	
Cny (5)	-					Souare Feet	2.)			1000000	
Montclair, NJ 07043						adness Last	# OI PIGGES	18	ildg. A	4g &	
County (8)			Cou	ray Code (7)	(STATE USE ONLY)	Current Use (Prior if being demoi	ished)			
Essex Name of Monitoring Firm Hired by Building		-781				-	7.55 	- 6			
The state of building	Unite	r (B)	ASCM	No.	Name of Abeleme	ent Contractor (9)		-		
Street Address	-				Gr Tech LLC						
					Street Address 576 Valley Rd #	WO D 3					
City. State, Zip Code					City, Stete, Zip C	ode		-			
Project Manager for Monitoring Firm	_	Tel	aphone	No.	Wayne, NJ 0747	70	License No.			_	
Start Date (10) Sch		1_			973-638-1777		01127				
				ste (11)	Name of OSHA N	Sonitor			_		
Occupancy Status During Abatement (Che	ek set	4001		16	Envirovision Co	maultants,Inc	3		22		
Facility Closed/Vacated During Entire E	arina e	4 Aber	ment		Street Address						
Biggiamont Cortomacal Costella action				ecribe	20-21 Wagaraw City, Stele, Zip Co	Road, Bldg A	35E				
Time of Abatement: AM-	PNU	PRE		AM	Fair Lawn, NJ O						-
Scope of Work (Check all that apply)			THE RESIDENCE OF THE PARTY OF T	The District of the	Clean up	and decontam	imiten with negative	e pres	5U/8		
	100 p	enovat	поп		Mini-Encl	osure	egalive Pressure				
	See 1	amplitie	Pro		Glovebag	Procedure [Tent with Negative Ion-Friable Procedu	Proc	eru2		
					Non-Eyer		OUSCHARGE STOCKED	-	story.	and T	
>3 sf or >3 if > 180 sf or >260 if	L L	t Local			☐ Non-Exer	more of years		200	-	1	-
>3 sf or >3 if > 160 sf or >250 if Location of Asbestos-Containing Material (ACM)	Us	Marma ed Sole	lly sty by	Asha	Description of	f		R		52	ado
>3 sf or >3 if > 160 sf or >260 if Location of Asbestos-Contenting Material (ACM) IO BE ABATED	Us	Norma led Sole aintena	fly sty by ince/	Aşbei (i.e	Description of the Containing Met thermal systems in	f rarial (ACM) naulation.	Amount (Specify	Romic	cha		Endosure
>3 sf or >3 if > 160 sf or >250 if Location of Asbestos-Containing Material (ACM)	Us	Marma ed Sole	fly sty by ince/	Asbai (i.e	Description or stor Containing Met thermal systems in surfacing, VAT.	f rarial (ACM) naulation, or		Removal	Repair	Sula	
Location of Asbestos-Containing Material (ACM) 10 BE ABATED 1N Facility (13)	Us M Ou Yes	Norma led Sole aintena stodial (12)	Ily sty by ince/ Staff?	Asbe (i.e	Description of the Containing Met thermal systems in	f rarial (ACM) naulation, or	(Specify	Removal	cpair	Encapsulate	
Location of Asbestos-Containing Material (ACM) 10 BE ABATED 1N Facility (13)	Us M Ou	Morma led Sole aintena stodial (12)	Ily sty by ince/ stam?	Asber (i.e	Description of the Containing Met to Containing Met thermal systems in surfacing, VAT, other miscellaneo	f rarial (ACM) naulation, or	(Specify SIF or LF)		cpair	suate [
Location of Asbestos-Containing Material (ACM) 10 BE ABATED 1N Facility (13)	Us M Ou Yes	Norma led Sole aintena stodial (12)	Ily sty by ince/ stam?	{i.e	Description of the Containing Met to Containing Met thermal systems in surfacing, VAT, other miscellaneo	f rarial (ACM) naulation, or	(Specify	Removal 🛛	chair [][sulate 🔲 🗆	
Location of Asbestos-Containing Material (ACM) 10 BE ABATED 1N Facility (13)	Us M Ou	Normalied Sole aintena stodial (12)	Ily sty by ince/ Staff?	{i.e	Description of the Containing Met to Containing Met thermal systems in surfacing, VAT, other miscellaneo	f rarial (ACM) naulation, or	(Specify SIF or LF)		coair OOC	Sulate	
Location of Asbestos-Containing Material (ACM) 10 BE ABATED 1N Facility (13)	Vs M Cu Yes	Norma ied Sole ied Sole ied Sole intena stodial (12) No	Illy sty by ince/ steff?	{i.e	Description of the Containing Met to Containing Met thermal systems in surfacing, VAT, other miscellaneo	f rarial (ACM) naulation, or	(Specify SIF or LF)		coalr 0001	anata	
Location of Asbestos-Contenting Materies (ACM) 10 BE ABATED IN Facility (13) Basement	Us M Cu	Normaled Sole alintena stodial (12) No	N/A	{i.e	Description or store Containing Met. thermal systems in surfacing, VAT. other miscellaned	f erial (ACM) naulation. or ous)	(Specify S/F or LF)		cpair 0000	C C C salens	
Location of Location of Asbestos-Contening Materies (ACM) 10 RE ABATED IN Facility (13) Basement Name of Registered Weste Hauler Or Tech LLC	Vs M Cu Yes	Normaled Sole alintena stodial (12) No	N/A N/A	Pipe insu	Description of State Containing Materials by Stans In Surfacing, VAT, other miscellaneous Lation	f mrial (ACM) nsulation. or ous)	(Specify SIF or LF)		cpair	O O O onerve	
Location of Asbestos-Conteining Material (ACM) IO BE ABATED IN Facility	Vs M Cu Yes	Normaled Sole alintena stodial (12) No	N/A	Pipe insu	Description or store Containing Met. thermal systems in surfacing, VAT. other miscellaned	f erial (ACM) naulation. or ous)	(Specify SIF or LF)		cpair 0000	O O O	
Location of Location of Asbestos-Contening Materies (ACM) 10 RE ABATED IN Facility (13) Basement Name of Registered Weste Hauler Or Tech LLC	Vs M Cu Yes	Normaled Sole alintena stodial (12) No	N/A N/A	Pipe insu	Description of the Containing Material Parameter Surfacing, VAT, other miscellaneous Lation	f arial (ACM) nsulation. or ous) Name of Ragi	(Specify SIF or LF) 100 LF		cpair 0000	and	