Name of Building Owner/Operator (2) Palinfield MF LLC ZPM Management LLc Agencies Notified Type Notification Street Address 40 Broad Street EPA Initial DEP Amended City, State, Zip Code X DOL 2016 Amendment # NYC, NY 10004 Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) 138 E 7th Street Other (i.e. private & commercial buildings, homes, City (5) etc.) Square Feet # of Floors Plainfield Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) Union County (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tristate Cleaning Solutions, Inc. Street Address Street Address 124-17 18th Avenue City, State, Zip Code City, State, Zip Code College Point, NY 11356 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 718-353-8400 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/17/2016 11/20/2016 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, ncapsulate Custodial Staff? Enclosure (Specify In Facility Removal Repair surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A Boiler Room X **Pipes** 10 SF Boiler Room X Breeching 54 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste City, State Disposal Date City, State Completed by Signature Date Vicky Secretary 10/18/2016

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 10/4/2016 Plainfield MF LLC ZPM Management LLC Agencies Notified Type Notification Street Address 40 Broad Street EPA Initial City, State, Zip Code DEP Amended DOL Amendment # NYC, NY 10004 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 2016 School (K-12) Subchapter 8 (Other than K-12 Street Address Other (i.e. private & commercial buildings, homes 138 East 7th Street etc.) City (5) Square Feet # of Floors Bldg. Age Plainfield County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/15/2016 10/17/2016 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate (i.e. thermal systems insulation, TO BE ABATED (Specify Enclosure Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Boiler Room **Pipes** 10 SF X X

Boiler Room		х		Breeching		54 SF	X	-	-
Name of Registered Waste Hauler		00.4393-03900	P Waste	Cubic Yards of Waste	Name of	Registered Land	fill		
City, State		Disposal Date	City, State	е					
Completed by	Signature		Tr	Date		 			

Secretary

Vicky

10/4/2016

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

OCT 2 5 2016

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly. NOCK I. NOTIFICATION INFORMATION 10 21 / 2016 Date of Notification: ☐ Emergency (must include justification) Amended ☐ Cancellation Type of Work: Demolition □ Renovation II. BUILDING INFORMATION **General Growth Properties** Name of Building Owner/Operator: 60606 Street Address: 110 N. Whacker Drive City: Chicago State: Zip: Telephone No.: 410-992-6581 Name of Contact: Kelly Webb III. FACILITY INFORMATION Woodbridge Center Mall Name of Facility Where Work Activity is to Take Place: Commercial Describe Facility Use: 07095 Street Address: 250 Woodbridge Ctr Drive City: Woodbridge NJ Zip: County Name: Middlesex County Code (State Use Only): / 2016 Scheduled Start Date: 11 / 7 / 2016 11 Scheduled Completion Date: Occupancy Status During Activity (check only one): ☐ Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: 9pm-7am Other—Describe: Scope of Work (check all that apply): 980 SF Percentage Asbestos: Square Footage: 980 SF Percentage Asbestos: Mastic Mastic Square Footage: IV. CONTRACTOR INFORMATION 856-755-0099 Shade Environmental, LLC Telephone No.: Company Name: City: Maple Shade State: NJ 08052 Street Address: 623 Cutler Avenue New Jersey Asbestos License Number (if applicable): Monitoring Firm (if applicable): Criterion Laboratories, Inc. 215-244-1300 Telephone No.: V. SIGNATURE Completed By Vice President of Operations Christina Lynch Title: (type or print legibly): October 21, 2016 Date: Signature:

Date of Notification (1) 10/17/2016	01010				Building Ow MEALY		erator (2)							
Agencies Notified	Type Notification		St	reet Ado	iress						107 2 B	101	į.	10	
EPA DEP DOL	Initial Amended Amendment #				, Zip Code		040			2011					
DOH DCA	Emergency (ir justification) Cancellation	ncluding	0.000	ame of 0 ACOB	Contact MEALY					Tele	phone Num	ber			
				FACIL	ITY INFOR	OITAMS	ON	Tuno o	f Facility (4						
Name of Facility Where PRIVATE HOUSE Street Address	Abatement is Taking	Place (3)						So	chool (K-12) 3 (Othe	er than K-12 k commercia) al buildi	ngs,	nomes	s,
City (5)					- 				c.)		Floors	Bl	dg. A	-	
Maplewood County (6)				ounty C	ode (7) SE ONLY)			Curren	t Use (Prio	r if bei	ng demolish	ed)			
Essex Name of Monitoring Firm N/A	n Hired by Building O	wner (8)		ASCM	No.		Name o	f Abate	ement Cont	ractor	(9)	*****			
Street Address							Street A		LIN STR	EET					
City, State, Zip Code						-	City, Sta		Code N ,NJ,07	524					
Project Manager for Mo	nitoring Firm	pi	T	elephon	e No.		Telepho 973-3				License N 01274	0.			
Start Date (10) 10/27/2016		Scheduled		pletion D	Date (11)				A Monitor TEMENT	LLC					
Occupancy Status Durin	ng Abatement (Check	Only One)				Street A			FFT	>				
Facility Closed/Var Abatement Perform Other – Describe:	cated During Entire P med Outside of Norm OCCUPIED	eriod of Al al Facility I	atem Hours	ent			City, St	ate, Zi	LIN STR Code N, NJ ,0		}				
Scope of Work (Check	All That Apply)						7,2776								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				XX	Min Glo	i-Enclosure	edure	h Negative F			e	
		Т						1 1401	1-LXemplec	() (10 1401111101		Abat	ement	
Location Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED cility	N Used Mair	Location ormali Solel ntenar odial Solel (12)	y y by nce/		os Cont thermal surfa	scription taining M I systems cing, VA miscellan	aterial insula T, or		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
BASEM	MENT	100	X	1	Р	PIPE II	NSULA	TION		1	20LF	X			
			235												
Name of Registered W	aste Hauler		17/03/3	JDEP W		250 A 5-24 C	: Yards		Name of	Regis	tered Landfi	II .			
TRI STATE TRAN			1/6/05	auler ID /A	No.	of Wa		i.			NTERPRI	SES			
City, State RANDALL AVE BR	RONX, NY					TBD	sal Date	/	City, Stat	e NER	VA RD W		ESB	JRG	OH-
Completed by VICTOR ESPIRIT	J	Title PRO	JECT	MAN	AGER	15	Signature 1		UM/		project (Fig.	o/17/	201	3	=

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

ite of Notification (1)		Nam	e of Buildi	ng Owne D	nA De	or (2) moliti	on		3	43	8	2			
gencies Notified	October 21, 2016 Type of Notification	otification		Stree	t Address	2	156 Ca	ımplai	n Road		S				
X] EPA] DEP X] DOL	Amende	d Notificat nent#		City	State, Zip	Code I	Hillsbo	ough,	NJ 08844		OCT 2 F	201	Õ.); 	
x] DOH		ncy (includ	ling	Non	ne of Conta	act			Tel	lephone "	Tumbar				
] DCA	justifica Cancella			Nan	Ar	itonio I	Dimuzi	0		/ 1		e i je		and the second	
	1 ,		FA	CILIT	Y INFO	RMAT	TION								\neg
R	Abatement is Taking Pl Lesidence	ace (3)						Type	of Facility (4) [] [X]	School (Subchar Other (i	k-12) oter 8 (other .e., private &	than k-l	2) ercial b	uilding	S,
Street Address										homes,		Bldg. A	ae		\dashv
0.7		County (6	6)	Cou	nty Code ((7)		Squar	e feet 2400 sf	# of F	2	Diug. A	80		
City		55 1 55 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(ST.	ATE USE	ONLY)		Curre	nt Use (Prior if	being de	molished)				
Summit		Union							Residen						
Name of Monitoring Fi	rm Hired by Building O	wner (8)		ASO	CM No.		Name of	Abaten	nent Contractor (Guardia	an Cont	racting, I	nc.			
Ivamic of Mountain	Guardian Contracti					Street Ac	ldress								
Street Address	1889 Route 9, Unit					G: C:	7:-	Code		Unit 61					
City State Zin Code						City, Sta	te, Zip	Toms F	River, N	lew Jersey	0875	5-127	1		
	Toms River, NJ 08	755	elephone Num	her			Telepho		ber		License Nu	mber			
Project Manager for M Nicholas	Comitoring Firm	1 7	32-349-993	2			732-34	19-993	2		00624				
Scheduled Start Date (S	cheduled Com	pletion I	Date (11)		Name of	OSHA	Monitor E.M.S.	L. Ana	lytical				-
10/2	1/16		10/24/16			-	Street A	ddress			- 23				
	ing Abatement (Check of Facility Closed/Vacated	only one) During E	ntire Period of	Abatem	ent				1056 S	Stelton !	Road			-	
[x]	Abatement Performed	Outside of	Normal Facili	ty Hours		1	City, St	ate, Zip	Code		T Tompo	. 0885	4		
[]	Other - Describe										New Jerse				_
				-17-0-183			[Full Containmen	nt with No	egative Press	sure			
Scope of Work (Chec	k all that apply)						[*	Mini-Enclosure Glovebag Proce	dure					
[x]	>3 sf or ≥3 lf		r 1	enovatio			[X	J	Glovebag Proces	(*) and N	Ion-Friable I	rocedu	re		
[]	≥160 sf or ≥260 lf		[] D	emolitio	n		L	1	Tion Diemp			-	ement T	vne	
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			Is Location				Descript bestos-C	tion of	ina		Amount	R	R E	E N	E
Loca	ation of		lormally used	1		ASI	Material	(ACM)	(S	pecify SF	M	P	C	C
Asbestos-Contain	ing Material (ACM) ABATED	Main	Solely by tenance/Cust	odial		(i.e	., therm	al syste	ems		or LF)	0	A	A P	C
	Facility	1120000	Staff			ins	ulation, VAT		ing,			V	R	S U	S
	(13)		(12)			oth	ner misc	ellaneo	ous)			A		L	F
		YES	NO	N/A								L		Е	E
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Basement		X		Asocsi	tos pip									+	
		-							191				_		-
		_			-										
NJDEP Waste					ID No.	Cubic Y	ards of V	Waste	Name of Reg		andfill				
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste 20						3_	T ou	Ctoto	T.R.R.F						
City State		Dispos 10/24	al Date		City	, State Ilvtow	n, Pennsylva	ania					_		
Toms	Toms River, New Jersey						1 1 4	/	1			Da 10	te /21/20)16	
Completed by (Prin					Signatu			100				1 10	141141		

Toms River, New Jersey 08755

OCT 2 5 2015

DEMOLITION / RENOVATION NOTIFICATION

perator	Project #:	Postmark:		Notificati	4.00	4	
	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	. П.	IS ASBESTOS PRESENT? (Yes	:/No):	Y
[,	FACILITY INFORMATION (identify owner, removal cor	ntractor and other o	perator)				
	OWNER NAME: DnA Demolition						
	Address: 2156 Camplain Ro	ad					
	City: Hillsborough St	ate: NJ		Zip:	08844		
	Contact: Antonio Dimuzio			Tel:	732-713-4496		
	REMOVAL CONTRACTOR: Guardian	Contracting, Ir	nc.		NJ License: 00624		
	Address: 1889 Rou	ite 9, Unit 61					
	City: Toms River S	tate: New Je	rsey	Zip:	08755		
		Fernicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
		tate:		Zip:		8	
	Contact:			Tel:			
	TYPE OF OPERATION (D - Demo O - Ordered Den	no R - Renovatio	n E - Emergency	Renovation):	E	4	
IV.	FACILITY DESCRIPTION (Including building name, n						
V.		umoor and moor to					
	Building Name: Residence						
	Address: 152 Maple Street				Thion		
	City: Summit	State: New J	ersey	County	v: Union		
	Site Location: Basement		1		00		
	Building Size: 2400 sf	# of Floors:	2	22.03030	Years: 80		
	Present Use: Residence		Prior Use:	Reside		7111	
VI.	PROCEDURE, INCLUDING ANALYTICAL METHO	D, IF APPROPRL	ATE, USED TO DE	TECT THE PI	RESENCE OF ASBESTOS MATE	RIAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUI	DING:		1		Noni Asbesto	friable s Materi
VII.			RACM		LOCATION	Not	To Be
	 Regulated ACM to be removed Category I ACM not removed 		To Be Removed		LOCATION		noved
	Category II ACM not removed		Kemovec			Cat I	Cat
	Pipes (Linear feet): 40 lf	Asbe	stos pipe wrap		Basement		
	Surface Area (Square feet):						
	RACM Off Facility Component (Cubic feet):						
	ICICIAL CIT I GOTTA'S TOTAL						

	OF DEMOLITION	AND RENOV	ATION (continued
NOTIFICATION	OF DEMOLITION	THE TUTTO		. 1 122 .

				TISED	
DI	ESCRIPTION OF PLANNED DEMOLITION OR F	ENOVATION WORK	K, AND METHOD(S) TO BE	OCT 2	5 2016
A	DESCRIPTION OF WORK PRACTICES AND ENC IND RENOVATION SITE: emoval to take place using negative pressure glove-bag met rith a surfactant/water mix. All waste to be double bagged, urfaces where removal took place. All materials to be kept	thed Prior to removal, wo	ork area to be isolated, negative air	r units to be put in place. All asce	disposal Encapsulation of all
	WASTE TRANSPORTER #1 Name: Guard	lian Contracting, I	nc.		
		Route 9, Unit 61			22
	T. Divor	State:	New Jersey	Zip: 08'	755
	Niche	olas Fernicola			
	Contact Person.	7145 1 01111 1 1 1			
	WASTE TRANSPORTER #2 Name:				
1	Address:	No.		Zip:	
	City:	State:			
	Contact Person:				
iii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
		dentown Road			
	C 11 +	State:	Pennsylvania	Zip: 19	9007
)1494	
	Telephone: 215-943-9732 IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	ASE IDENTIFY THE AGENC	CY BELOW AND ATTACH	COPY OF ORDER
iv.	IF DEMOLITION ORDERED BY A GOVERNMENT	EIVI IIOE IV	Title:		
	Name:		7.1.10		
	Authority:		Date Ordered to Begin (MM/DD/YY):	
	Date of Order (MM/DD/YY):		Date Ordered to Begin (WHYDD: 1 - /	
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 cond	litions or would cause o	equipment damage or an unrea	isonable financial burden:	
					DREVIOUSLY NONFRIABLE
xvi.	DESCRIPTION OF PROCEDURES TO BE FO ASBESTOS MATERIAL BECOMES CRUMBI	LLOWED IN THE EV LED, PULVERIZED, (ENT THAT UNEXPECTED OR REDUCED TO POWDER	ASBESTOS IS FOUND OR	PREVIOUSE! NO. 112
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINE THE DEMOLITION OR RENOVATION AND AVAILABLE FOR INSPECTION DURING NO Nicholas Fernicola / Project Mana	ORMAL BUSINESS H	NS OF THIS REGULATION HE REQUIRED TRAINING HOURS. (Required after Nove	ember 20, 1991)	RT M) WILL BE ONSITE DURING BY THIS PERSON WILL BE October 21, 2016 (Date)
	(Printed Name/Title)		(Signature of Owner	1	
xviii.	I CERTIFY THAT THE ABOVE INFORMAT Nicholas Fernicola / Project Mana		(Signature of Owne	r/Operator)	October 21, 2016 (Date)
	(Printed Name/Title)		(Signature of Owne	i/Operator)	

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pencies Notified		IM The	URL	, Zip Go	 de								
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	in a made and the			Contact				1					
	Emergency (including justification)	F 182	enie vi	PEREIF	RΑ			1 1 1 1				H	
] poH	Canceliation		EACH	ITY INF	ORMATION		pe of Facility	4)	227 25	2016	3	11	100
DCA	Diags.	(3)	1,500			13		20	OCT 25	201	J	1	
Name of Facility When	e Abaiement is Taking Place	(0)					Subchapte	8 (Othe	er than K-12) commercial build	ings, h	omes	.] [
BANK OF AMERI	CA					L	Other (Le.	private 8			1013	-	
Street Address						4.00	quare Feet	1 # 0	1000	dg, A9 5	= 		
15 YAWPO AVE.						1 /	r-nn	1-1-	- DSSILIELL				
City (5)						-+	Current Use (P	rior if be	ing demolished)				
OAKLAND, NJ		1	County	Code (7)							<u> </u>	
County (6)		Ì	(STATE	USE ON		Nome 0	f Abatement C	contracto	r (9)			1	
	= = Coo Owne	r (8)	ASC	M No.		CHINE	I ENTERP	RISE	ROUP, LLC				
Name of Monitoring	Firm Hired by Building Owner	* Y=4			i	Strant /	Address			F 7-3	29		10
New York Er	nvironmental					370 \	N. PLEASA	MIVIE	W AVE., SUIT		_		1
Street Andress				-			Tin Code						-
88 Harbor						HAC	KENSACK	NJ 07	601 License No.				1
City, State, Zip Cod	e	Ē				Taled	noné No.		01229				1
Port Was	shington, NY 11050			phone No		973-	928-6900		01220				-
Project Manager fo	Monitoring		1516	-944-9	9500	Name	of OSHA Mor	nitor	* * * * *				1
Michael	Baudo	heduled (Complei	ion Date	(1.)	N	lew York	Enviro	nmental				
Start Date (10)	1	0/31/20	15			Stree	t Address	_					
10/22/2016	During Abatement (Chack C	only One)					38 Harbor						
Occupancy Status	During Absternant (Per ed/Vacated During Entire Per Performed Outside of Normal	dod of Abi	atemen	l .		City,	State, Zip Co	18 	NIV 11050				_
Facility Close	ed/Vacated During Entire Pal Performed Outside of Normal	Facility H	פוניםו			P	on wasni	ngton	NY 11050_				
TEI Other - Desi	الما الما الما								t with Negetive Pr	essure			
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		l N	Jormally	1	Asbestos	Descrip Containi	1.00100100110	GM)	Amount (Specify	Ren	Ref	cap	
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Asbestos-C	ontaining Material (ACM)	Use	iormally o Solely internant todial S	y by cel	(i.e. the	Containi	1.00100100110	CM)	(Specify	Removal	Repair	Encapsulate	STORES OF
Asbestos-C	ontaining Material (ACM) O BE ABATED In Facility	Use	iormally o Solely internan	y by cel taff?	(i.e. the	Containi	ng Material (^ tems insulatio VAT, or	CM)	(Specify SF or LF)		Repair	capsulate	4 0 0 0 C
Asbestos-C	ontaining Material (ACM)	Use	iormally o Solely internant todial S	y by cel	(I.e. the	Containi mal sys surfacing ther misc	ng Matenar (~ tems insulatio (, VAT, or relianeous)	all and a second	(Specify	Removal 54	Repair	capsulate	W 11/20
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<u>11</u>	ontaining Material (ACM) O BE ABATED In Facility (13)	Use Ma	lormally o Solely internantodial S (12)	y by cel cel taff?	(i.e. the	Containing and systems of the contai	ng Material (A tems insulation I, VAT, or pelianeous)	Name	(Specify SF or LF)		Repair	capsulate	SOURCE AND ASSESSMENT OF THE PROPERTY OF THE P
	ontaining Material (ACM) O BE ABATED In Facility (13) BASEMENT	Use Ma	lormally o Solely internantodial S (12)	y by cel cel carry	(i.e. the	Containi mal sys surfacing ther misc	ng Material (Attems insulation), VAT, or helianeous) d sheetrock	Name	(Specify SF or LF)		Repell	capsulate	STATE AND ADDRESS OF THE PARTY
	ontaining Material (ACM) O BE ABATED In Facility (13) BASEMENT	Use iwa Cus	Jormally of Solely internantodial S (12)	NJDEP I	ACI ACI Waste D No.	Containing and systems of the containing the contai	ng Material (~ tems insulation , VAT, or relianeous) d sheetrock	Name 110 S	(Specify SF or LF) 3500 SF TRegistered Land SAND COMPA		Repair	capsulate	SDATES.
	ontaining Material (ACM) O BE ABATED In Facility (13) BASEMENT	Use iwa Cus	Jormally of Solely internantodial S (12)	y by cel cel carry	ACI ACI Waste D No.	Containing and systems of the miscong the miscong the miscong the miscong the miscong and the	ng Material (~ tems insulation , VAT, or relianeous) d sheetrock ards ree	Name 110 S	(Specify SF or LF) 3500 SF TRegistered Land SAND COMPA		Repair	capsulate	ADVITOR
Name of Reg SUNN EN	ontaining Material (ACM) O BE ABATED In Facility (13) BASEMENT	Use iwa Cus	Jormally of Solely internantodial S (12)	NJDEP I	ACI ACI Waste D No.	Containing and system of the containing and system of the containing and the containing a	ng Material (Attems insulation), VAT, or sellaneous) dishectrock ards al Date ompletion	Name 110 S	(Specify SF or LF) 3500 SF at Registered Lance	X. X. N.Y. Date	Company Compan		ADVITOR
Name of Reg	ontaining Material (AON) O BE ABATED In Facility (13) BASEMENT Sistered Waste Hauler TERPRISE GROUP, L	Ves ivis	Jormally of Solely of Solely internantodial S (12)	y by cel taff?	ACI ACI Waste D.No.	Containing and system of the containing and system of the containing and the containing a	ng Material (~ tems insulation , VAT, or relianeous) d sheetrock ards ree	Name 110 S	(Specify SF or LF) 3500 SF TRegistered Land SAND COMPA	X. X. N.Y. Date	Repair 20/1		COVER OF
Name of Reg SUNN EN' City, State HACKENS	ontaining Material (ACM) O BE ABATED In Facility (13) BASEMENT distered Waste Hauler TERPRISE GROUP, LI	Ves ivis	Jormally of Solely of Solely internantodial S (12)	y by cel taff?	ACI ACI Waste D No.	Containing and system of the containing and system of the containing and containi	ng Material (Attems insulation), VAT, or sellaneous) d sheetrock ards e al Date ompletion; ignature	Name of 110 S Oity, S MEI	(Specify SF or LF) 3500 SF TRegistered Land SAND COMPA	Date 10/2	20/1	6	

NOTIFICATION OF ASBESTOS ARATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

	(1					and 12:120-7)	101	100					
	ate of Notification (1) 10/20/2016				ng Ov in	mer/Operator	(2)						
	Type Notification	27	Street	Address	2			OOT 0		2010			
Agencies Notified		J11	SCIECT	MUCHES			- 42	OCT 2	. 0 2	CIU			
[]EPA	[X] Initial	on											
[]DEP				State, 2									
[X]DOL	[]Amended Notificati	on	Mon	tclai	r,N	J,07042							
[X] DOH	1100222000	5.5305.00	Name o	f Contac	ct		Telephone	Number		_			
[]DCA	[X] EMERGENCY		Jil	1 Ste	in		,,						
	[]Cancellation	n								-			
					TY IN	FORMATION	E 5 7 11:	(4)					
Name of Facility Who	ere Abatement is	Takir	ng Plac	ce (3)			Type of Facili	CY (4)					
Jill Stein							[]School (o= +h	on K	-121		
Street Add15							[X]Other (i	.e., priv	ate &	CON	mer-	-	
Street Hddill			-					ildings,					
						E.	Square Feet	# of Flo	ors	Bla	g. A	ge	
City	Co	unty	(6) Ess	ex	100 mm	ty Code (7)	3200	3		10000	10		
Maria barata					(STA	TE USE ONLY)	Current Use (I	rior if b	eing	demo	olis	ned)	
Montclair													
Name of Monitoring	Firm hired by Bu	ildin	g ASC	M No.			ment Contractor						
Owner (8) N/A						AZTECH M	ANAGEMENT	inc.					
Street Address						Street Addres	s						
2						86 Chris	topher St						
City, State, Zip Co	de .				-+	City, State,	Zip Code						
ordy, boads, arp oo.							r, NJ 0704	12					
Project Manager for	Monitoring Firm	TO	lenhon	e Number	-	Telephone Num			Lice	nse :	Numb	er	
Project Manager 101	MOIII COLLING TITE		/A	- 1144	-	(973) 744			00	373	L		
	(10) 0-13			Data (111	Name of OSHA				1			
Scheduled Start Dat	The state of the s		2/16	Date (:	T T 1	N/A							
10/21/16 Month Day	Year Mont		Day	Year		-1/22						5-0-0	
Occupancy Status Du	ring Abatement	Check	only	one)		Street Addres	s						
[X]Facility Clo of Abatemer	osed/Vacated Dur	ing E	ntire 1	Period									
[]Abatement Pe	erformed Outside			Facility	r	City, State,	Zip Code						
	cribe: «OffHours cribe: «Other Occ			rint"									
		-00.000	y Desc.										
Scope of Work (Chec	k all that apply	()				[]Full	Containment wi	th Negativ	ve Pr	essu	re		
[X]≥3 sf or		100		vation			-Enclosure						
[]≥160 sf	or ≥260 lf		[]Demo	olition			ebag Procedure Friable Procedu	re					
			Is							Aba	teme		Type
Locatio			Locati Normal			Description Asbestos-Con		Amoun	t.	R	R	E	E
Asbestos-Co Material			Used Solel			Material		(Speci:		E	E	CA	C
TO BE A			By Mai	n-		(i.e., therma	l systems	SF or	3	0	PA	PS	0 5
In Faci	lity	(tenanc Custodi	Lal		sulation, surf		LF)		A	I	U	U
(13)	Yes	taff (12) N/A	(or other misce	straneons)			L	24	L	R
Basement		163	140	X	Pi	pe Insula	ation	135	LF	X			
Desement		-	-			-							
		-		1									
	Wests Henrica	1	NJDEP V	Jaste	Carl	oic Yards	Name of Regi	stered La	ndfil	1	1		1
Name of Registered AZTECH MANA		. I	Hauler	ID No.		Waste 1.5	Minerva				IN	C	
ANTECH MANA			17040	U		1 D-1-							
City, State	- 07010					sposal Date	City, State Waynesh	מודים ' ס	hio	44	68	2	
Montclair, N.	J 07042				1	10/24/16	Madairest	229, 0					
Completed By (Print	or Type) Titl	e				Signatur	e/ / _/	1/	Ь	ate			
Constantine \		esid	ent			17	months allow	bille -	1	10/2	0/20	16	
						1 (10	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W. Last					

						FOS ABATEMENT and 12:120-7)			(3 /, 1)			, e 19	
Date of Notificatio						Owner/Operator			E 45	-3		1	
10/21/2016	6		Wal	ter	J C	ogan							
Agencies Notified	Type Notification	on s	Street	: Addre	ess				nc.	T 25	2	016	
[]EPA	[X]Initial								00		_	010	*****
[]DEP	Notificati	on	City,	State	Zip	Code							
	[]Amended				W 850	e,NJ,07009	9	(2)				-	
[X] DOL	Notificati						_	ephone N	to see he as				
[X] DOH	[]EMERGENCY			of Cont ter	2000000000	ogan	rer	ephone i					
[]DCA	[]Cancellatio	n	****		0 0	ogan	-	-					
				FACI	LITY I	INFORMATION							
Name of Facility Wh	nere Abatement is	Takin	g Pla	ce (3)			Type of	Facility	(4)				
Walter J Coga	an						[]Sc	hool (K-	12)				
Street Addres		-						bchapter					
Street Addres	*8							her (i.e ial buil					
							Square F	eet #	of Flo	ors	Bld	g. Ag	e
City (5	Cou	inty (6) Ess	ex	1 1000000	nty Code (7)	1500	0	2		8	0	
Cedar Grove					(SI	ATE USE ONLY)	Current	Use (Pri	or if be	eing d	lemo	lishe	ed)
												-5027/3	
Name of Monitoring	Firm hired by But	llding	ASC	M No.		Name of Abate							
Owner (8) N/A						AZTECH M	IANAGEM	IENT,	Inc.				
Street Address						Street Addres							
						86 Chris		St.					
City, State, Zip Co	ode					City, State,							
						Montclai	ir, NJ	07042					
Project Manager for	Monitoring Firm	20120-00		e Numb	er	Telephone Num				Licens			r
		N/	A			(973)744	1-8800			003	371		
Scheduled Start Dat	te (10) Sched.	Compl	etion	Date	(11)	Name of OSHA	Monitor						
10/31/16	11/:	1/16	5			N/A							
Month Day Occupancy Status Du	Year Month		onlu	Year		Street Addres							
	osed/Vacated Duri					Street Addres	.5						
of Abateme	nt erformed Outside	of No	רבתים!	Facili	tar	City Chats	Tin Code						
	cribe: «OffHours D			eacill	C.Y	City, State,	Zip Code						
[]other - Des	cribe: «Other Occu	pancy	Desc	ript»									
Scope of Work (Chec	ck all that apply)					0 1 1		*******				
[X]>3 sf o	r >3 1f	[2	XlRen	ovation	1	75 J.E. S.	Containme Enclosure		Negativ	e Pres	ssui	ce	
75.4 F4 5 (1 5	or ≥260 lf	170		olition		15 ** (C) (C) (C) (C) (C)	ebag Proce						
			Is		1	[]Non-E	Friable Pr	cocedure		2	bat	ement	Type
Locatio	on of		ocati ormal			Description	on of						EE
Asbestos-Co			Used	Ī		Asbestos-Con Material			Amount (Specif		RE	F	N N
Material TO BE A		В	Solel y Mai	n-		(i.e., thermal			SF or	~	M	P	A L P O
In Fac:	(A)	Ct	enanc istodi	al	in	sulation, surf		I,	LF)		VA	I .	SSUUU
(13	3)	Yes	aff (12) N/A		or other misce	ellaneous)				L	R	L R E
Basement				X	Pipe	e insulati	on		120]	L£ %	2		
					_								
													_
Name of Registered	Waste Hauler	No	DEP V	Vaste	100	bic Yards	Name of	Registe	ered Lan	dfill			
AZTECH MANA			704	ID No.	of	Waste 1.5	Mine	erva E	nterp	ris	e :	INC	
City, State		1-	104		Di	sposal Date	City, S	State			ű,		
Montclair, N	J 07042				0.000	11/2/16		nesbur	g, Oh	io ·	44	688	
55							357		/				
Completed By (Prin						Signature	9	1-1	/	Dat		/20= 0	
Constantine '	Vivian Pre	side	nt			1/	1	lua 11	,	10	/21	/2016	
						1 19	10/100	1/10					

CR # 3114

Date of Notification (1) Name of Building Owner/Operator (2) Sears Holdings 9 19 / 16 Agencies Notified Street Address Type Notification **⊠** EPA 3333Beverly Road ☑ DOLWD City, State, Zip Code Amendment #3-10/20/16 M DHSS Hoffman Estates IL 60179 ☐ Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Sears #1434 (Willowbrook Mall) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) # of Floors Bldg. Age Square Feet City (5) 300000 76 2 wayne County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Department Store Passaic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) BRISTOL ENVIRONMENTAL, INC. Creative Environmental Solutions Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 New York NY 10018 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00509 215-788-6040 Amarr Soler 212-290-6323 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) BRISTOL ENVIRONMENTAL, INC. 10 / 3 / 16 3 / 21 / 17 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Renovation Mini-Enclosure ☐ Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Remova Encapsulate Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes N/A No X 360 SF \boxtimes Fireproofing 1st Floor Women's Clothing П П NJDEP Waste Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. 30 20990 Disposal Date City, State City, State WAYNESBURG, OH 44688 NEW CASTLE, DE 19720 tbd Completed By (Print or Type) Title Signature 10/20/16 Estimator Pat Decaro talrick

ASB-41 MAY 11 PO / 6 / / /

Pa 2

Date of Notification (1)		T	Name	of Building	Own	er/Operator (2	2)	1		4	4 (4)	-			
9 / 19	_ /	16			Sea	rs Holdin	igs			图 图 语				- 40	
	e Notificatio	on				Address 3Beverly	Roa	d	in the same			. ~			
	Amended		1001		City, S	tate, Zip C	ode			OCT 2	5 20	10		10	
	mendment			6	353			IL 60179							
	mergency ustification)		ing		Name	of Contact				Telephone Nu	mber		100	8	
	Cancellation									AD4.5	Kiris				
					FΔC	ILITY IN	FOR	MATION	188 - 177		7				
Name of Facility Where Abate	ment is Tak	cina Pla	ice (3)	1746	7121111111		MATION	Type of Facility	(4)					
Sears #1434 (Willowbro			(School (K-12	1, 2					
Street Address	zon man,								Subchapter 8	Other than K-	12)	- 1			
50 US Highway 46									Other (i.e., pr		nerciai b	ullo	ings	5,	
City (5)		10.00		_					Square Feet	# of Floors	Е	ldg	. Ag	е	
wayne									300000	2		76			
County (6)					Coun	ty Code (7))(STAT	TE USE ONLY)	Current Use (Pri	or if being demo	olished)			_	
Passaic					937-0003-00	, , ,	•		Department						
Name of Monitoring Firm Hired	by Buildin	a Own	er (8)		ASCM	No.	Nan	ne of Abateme	ent Contractor (9)						
	reative Environmental Solutions								VIRONMENTA						
Street Address	eet Address							et Address							
39 West 37th Street, 14th	eet Address 39 West 37 th Street, 14 th Floor							123 BEAVE	R STREET						
City, State, Zip Code								, State, Zip C	ode						
New York NY 10018								RISTOL, PA							
Project Manager for Monitoring	Firm		-1-	Tele	phone	No.	Tele	ephone No.		License No.					
Amarr Soler				21	2-290	-6323	2	15-788-6040)	00509					
Start Date (10)	Scl	hedule	d Coñ	iple	tion Da	te (11)	Nan	ne of OSHA N	Monitor				-		
_ 10_ / _ 3_ / _ 16	3	3	/_	21	_ / _	17	В	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During Aba	tement (Ch	neck on	ly one	e)			Stre	et Address							
					ment		1	123 BEAVE	R STREET						
						cribe	City	, State, Zip C	ode				-		
Time of Abatement:/	AM	PM/ <u>9:0</u>	<u>0</u> PM	- <u>8:0</u>	MA <u>0</u> 0		В	RISTOL, PA	19007						
Scope of Work (Check all that	apply)														
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		_	Rend						tainment with Neg closure g Procedure empted (*) and No		dure				
			ls L	ocat	ion			_				bat	eme	ent T	vpe
Location of				rma				Description of		120 20	1000				1
			Jsed Maint		ely by ince/			Containing Ma rmal systems		Amount (Specify	Kemova	18	Repair	Encapsulate	Enclosure
IN Facility		(Staff?	(1.6		urfacing, VAT		SF or LF)	oval		7	Insc	Sure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(12)	T N1/A	-	oth	ner miscellane	eous)					ate	10
2 nd floor				No	N/A	Vat/mas	stic			8000 SF		1			
				7		Mastic				20 SF		-			
1st Floor Hallway		_		Vat/mas	stic			150 SF		1					
!st Floor Stockroom		7		Vat/mas	stic		11	700 SF	×						
	auler		, 1,	IN	JDEP V			oic Yards of	Name of Regis	stered Landfill					
		INC.			auler II 20990	O No.	Wa:			LANDFILL					
City, State		-			Dis	posal Date	City, State								
NEW CASTLE, DE 1972	0						th	od	WAYNESE	BURG, OH 44	888				
Completed By (Print or Type)	1	Title						Signature	0 000	? [-0	Date	/	1	<u> </u>	
Pat Decaro	West 37 th Street, 14 th Floor State, Zip Code w York NY 10018 ct Manager for Monitoring Firm narr Soler Date (10) 10 / 3 / 16							Patrick	1. D.C.	w/gl	10/	12	0/1	16	

PaI

Date of Notification (1)				Name o	of Building	Owner	/Operator (2	2)			42	-1	
9 / 19 / _	16	3		Sear	s Holdin	gs							
Agencies Notified Type Notifica	tion	-		Street A	Address							1	
⊠ EPA ⊠ Initial				3333	Beverly	Road			COT	n c nr	10		
⊠ DOLWD ⊠ Amended		0/20	116	City, St	ate, Zip Co	ode			501	m or lark	14		
☐ DCA ☐ Emergence			10	Hoff	man Esta	ates IL	60179						
DCA Emergence DCA justification		lullig	T	Name o	of Contact				Telephone Nun	nber		1	
☐ Cancellat								One I					
				FAC	ILITY INF	ORM	IATION						
Name of Facility Where Abatement is T	aking P	lace ((3)					Type of Facility (4)	30			
Sears #1434 (Willowbrook Mal	I)							School (K-12)		0)			
Street Address								☐ Subchapter 8☑ Other (i.e., pr	Other than K-1	2) ercial bui	ldina	S.	
50 US Highway 46								homes, etc.)				1	
City (5)								Square Feet	# of Floors	Blo	g. Ag	е	
wayne								300000	2	7	6		
County (6)				Count	y Code (7)	(STATE	USE ONLY)	Current Use (Pri	or if being demol	ished)			
Passaic								Department	Store				
Name of Monitoring Firm Hired by Build	ding Ow	ner (8	3) /	ASCM N	No.	Name	of Abateme	ent Contractor (9)					
Creative Environmental Solution						BR	ISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Street	t Address						
39 West 37th Street, 14th Floor						112	23 BEAVE	R STREET					
City, State, Zip Code						City, S	State, Zip Ci	ode					
New York NY 10018							ISTOL, PA						
Project Manager for Monitoring Firm			Tele	phone N	No.	Telep	hone No.		License No.				
Amarr Soler				2-290-			5-788-6040)	00509				
	Schedul	ed Co	mple	tion Dat	e (11)	Name	of OSHA N	Monitor					
10 /3 /16				/		BR	ISTOL EN	VIRONMENTAL	_, INC.				
Occupancy Status During Abatement (Stree	t Address						
☐ Facility Closed/Vacated During Enti				ment		112	23 BEAVE	R STREET					
Abatement Performed Outside of N	ormal F	acility	Hour	s - Desi	cribe	City.	State, Zip C	ode					
Time of Abatement:AM	_PM/9	:00P	M- <u>8:0</u>	MA <u>0</u>		- N. C.	RISTOL, PA						
Scope of Work (Check all that apply)									***********				
	-	-						tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			novati molitic					g Procedure					
≥ 100 Si 0i ≥200 li	_	_ 50.	Homes				☐ Non-Exe	empted (*) and No	n-Friable Proced	dure			
			Locat			T 198				Ab	atem	ent T	ype
Location of			lorma d Sole	lly ely by	Acho		Description	of aterial (ACM)	Amount	Re	Repair	En	En
Asbestos-Containing Material (ACM TO BE ABATED	/I)	Ma	intena	ince/			nal systems		(Specify	Removal	pair	caps	Enclosure
IN Facility		Cust	odial (12)	Staff?	1		rfacing, VAT		SF or LF)	<u>a</u>	100	Encapsulate	ure
(13)		Yes	No.	N/A		otne	er miscellane	eous)				te	
New Stock Room Area-2 ND Floor					Spray-C	n Fire	eproofing		980 SF				
					-	-	eproofing		1560 SF		П	П	П
Middle Area of 2nd Floor Outside New Stock Room Area-	Middle Area of 2 nd Floor						· -		480 SF		1		T
Outside New Stock Room Area-	Floor						eproofing						믐
Middle area of first floor					1 2 2		eproofing	TN 15	3000 SF			Ш	
Name of Registered Waste Hauler			100	JDEP \		Cubic	c Yards of	Name of Regis					
SERVICE TRANSPORT GROU	P, INC.			lauler II 20990		30		1 1000000000000000000000000000000000000	LANDFILL				
City, State							osal Date	City, State	NIDO ON CO	.00			
NEW CASTLE, DE 19720						tbo	d	WAYNESE	BURG, OH 446	88			
Completed By (Print or Type)	Title						Signature	100.	0 10	Date /	. /	1	
Pat Decaro	Es	tima	tor				fatrie	LA. De	aw / sk	10/3	40/1	0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

MA AK	Si .	- (Pursu	ant to	NJAC 8	3:60 and 5:16)						_
Date of Notification (1)			Na	me of E	Building Ov	wner/Operator (2))					
10 /	18 / 16		I	Dioces	se of Can	nden		00T 25	r.c.c.			
Agencies Notified	Type Notification		Str	reet Ad	dress			UU1 4 J	ZU10			
⊠ EPA	☐ Initial		(631 M	arket Stre	eet						
⊠ DOLWD			Cit	ty, Stat	e, Zip Cod	е						
☑ DOH	Amendment #				en, NJ 08							
□ DCA	☐ Emergency (in justification)	cluding			Contact			Telephone Numb	er			
(NJAC 5:23-8)	Cancellation			Pat W	illiams		1.					
				FACIL	ITY INFO	ORMATION						
Name of Facility Where	Abatement is Takin	g Place (3					Type of Facility (4)				
Gate of Heaven Ce	metary Mainten	ance Bu	ilding				School (K-12)	Other than K 12	V			
Street Address	metary manree.						Subchapter 8 Other (i.e., priv	vate and commen	rcial buil	dings		
300 West White Ho	orse Pike						homes, etc.)	Mariana and American				
	or or the						Square Feet	# of Floors		g. Age	4	
City (5) Berlin							1,650	1	8	0		
				County	Code (7)(S	STATE USE ONLY)	Current Use (Price		shed)			
County (6) Camden	3.1						Maintenance	Building				
Name of Monitoring Firm	n Hired by Building	Owner (8) -AS	SCM No	0. 1	Name of Abateme	ent Contractor (9)					
MDG Environmen		9.11.11.12	,			Shade Enviro	onmental, LLC					
Street Address	tai, LLO					Street Address						
1000 Maplewood	Drive Suite 207					623 Cutler A	venue					
	Dilve, Gaite 201					City, State, Zip C	ode					
City, State, Zip Code Maple Shade, NJ	08052					Maple Shade	e, NJ 08052					-
Project Manager for Mo			Telepl	hone N	0.	Telephone No.		License No.				
Chris Macri	mitoring i iiii			-755-9	- 1	856-755-009	9	00842				
	Sche	eduled Co				Name of OSHA	Monitor					
Start Date (10) 10 / 10		10 /				EMSL Analy	tical, Inc.					
Occupancy Status Duri						Street Address						
Facility Closed/Vac	ated During Entire F	Period of A	Abatem	ent		200 Route 1	30 North					
☐ Abatement Perform	ed Outside of Norm	al Facility	Hours	- Desc	ribe	City, State, Zip C	Code					
Time of Abatement	:AM	PM/	_PM	^	MA	Cinnaminso	n, NJ 08077					
Scope of Work (Check								-tive Dressure				
D 100 40 40 10 40 10 40 10 10 10 10 10 10 10 10 10 10 10 10 10							ntainment with Neg	gative Plessure				
≥3 sf or ≥3 lf		□ Re	novatio molitio	n n		☐ Gloveh	an Procedure					
≥160 sf or ≥260 lf		M 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			⊠ Non-E>	empted (*) and No	n-Friable Proced	iure	0.10.00	t T	uno
	1	2.5	Locati						-	_	ent T	T
Locati			Normall ed Sole	550		Description stos Containing N	of	Amount	Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing	ng Material (ACM)	1	intenar	7.0	Asbes (i.e.	thermal system	s insulation,	(Specify	Nov	ar	aps	osu
TO BE A		Cus	todial S	Staff?		surfacing, VA	T, or	SF or LF)	<u> =</u>		ulat	ē
(1:			(12)	N1/A		other miscellar	neous)				CD	
		Yes	No	N/A		01 .		1.5 SF		П	П	T
Exterior		\boxtimes				v Glazing					+	+
1st Floor					Floor T	ile and Mastic		168 SF		1	屵	-
1st Floor					Ceiling	Panel Mastic		1,650 SF			닏	1-
Shed Exterior					Transit	e Siding		225 SF				L
Name of Registered V	Vaste Hauler			JDEP '		Cubic Yards of	Character and the result of the second secon	istered Landfill				
Jack Robinson \		Service	H	lauler II		Waste 20		orth Landfill				
City, State						Disposal Date	City, State	o DA				
Voorhees, NJ						10/28/2016		E, FA	Deta			
Completed By (Print of	or Type)	Title				Signature	X		Date	0/	7,	
Christina Lynch	2000 04	Opera	tions	Manag	ger		10/1	8/1	Q			

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Date of Notification (1)				Name of	Building (Owner/0	Operator	(2)		- 1-		ī	-		
				Turkey	Island C	orpora	ation								
Agencies Notified	Type Notification			Street A	ddress						OCT	2 5	201	õ	- 5
⊠ EPA	No.		9	P.O. Bo	x 426										Paris
DEP	Amended			City, Sta	te, Zip Co	de									
DOL				Plainsb	oro NJ C	8536									
⊠ DOH	justification)	ncrading		Name of	Contact					Tele	phoneNum	ber			
DCA	Cancellation			Project	Manage	г									
				FACI	LITY INFO	DRMAT	ION						7 1		
Name of Facility Where A	batement is Taking	Place (3)					Тур	e of Facility (4	1)					
facility															
Street Address															
31 Shalks Crossing								\boxtimes	(i) (USG):-	rivate &	commercia	Dulle	ııngs,	nome	es,
City (5)								Squ		# of	Floors	В	ldg. A	ge	
Plainsboro								572	TBD		TBD		Т	BD	
County (6)	October 21, 2016 ncies Notified EPA DEP DOL DOH DCA Type Notification EPA Amended Amendmen Emergency justification) Cancellation To accellation To acce			County (Code (7)										
Middlesex				(STATE U	JSE ONLY)					b	uildina				
	Hired by Building (Owner (8)		ASCN	1 No.		Name								
AET, Inc.		, ,	AGOINTAG.								-,				
Street Address			<u> </u>				-								
POSSESSION NESSESSION										N STE 209					
The state of the s							-			SIEZ	09				
Landa and the second se	7	P.O. Box 426 City, State, Zip Code Plainsboro NJ 08536 Name of Contact Project Manager FACILITY INFORMATION g Place (3) County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Telephone No. (908) 218-1108 (973) 759 - 5000 Scheduled Completion Date (11) 11/7/17 The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Feliphone No. (908) 218-1108 (973) 759 - 5000 O0781 Renovation Demolition Renovation Demolition Renovation Demolition Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Yes No N/A Pipe insulation Normally Yes No N/A Normally Yes No													
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Other - Describe:	a Outside of North	ai raciiity	noui	S											
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	у		(12))						SF	OI LF)	10 IT	Repair	nsd	uso
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		Yes	No	N/A									_		
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Name of Registered Wast	e Hauler		199			11 THE RESERVE			Name of F	Register	ed Landfill				
Freehold Carting			18			OI VV2			Cumberle	and C	/ REI / C	RO'	NC	TDI	RE
City, State				139	JJ	Disno		<u> </u>			יוום ו.ל	110	VVO	117	XI.
Freehold, NJ									CONTRACTOR TODOLOGICA		oriol / Ma	rricy	اماا	ο Λ.	
Completed by		Title							ivewburg	/ Impe			me, I	H	
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Michael Cooper		Presid	ent								10/2	21/16)	.1	

NO CK	10	10-1-11	(Pu												
Date of Notification (1)					Name	of Building	Owne	er/Operator ((2)						
	ancies Notified EPA DOLWD DOH DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Place Residence eet Address y (5) Runnemede unty (6) Camden me of Monitoring Firm Hired by Building Owner Mgmt. & Environmental Consulting Servet Address PO Box 341 y, State, Zip Code Chesterfield, NJ 08515 Diject Manager for Monitoring Firm Bill Weisgarber art Date (10) 11 / 7 / 16 11 ccupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facil Time of Abatement: AMPM/	_		Herr	man Dole	sch				The amount of the con-					
Agencies Notified	and			Street Address OCT 2 5 2016											
⊠ EPA	ancies Notified			001 2 3 2010											
⊠ DOLWD			Street Address												
☑ DOH	Amendme	nt #1						20070							
□ DCA	☐ Emergence	y (incl	luding					08078							
	Name of Building Owner/Operator (2) Herman Dolesch	elephone Nu	mber												
	_ Caricellatio	011							-						
Name of Facility Where	(2)	1 // 0) L	OIL	MATION	Ti	Type of Facility (4)								
	Abatement is 1	riace	(3)					100	. Nj						
			717								Other than K-	12)			
Street Address					Other (i.e., private and commercial buildings,									gs,	
City (5)						-	5.5.2828.505.515.225.116.116.	# of Floors	B	lda A	Age				
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				*	AGCIVI	NO.	10.000						e Abatement Type Removal		
Street Address		3					Stre	et Address	10000						
PO Box 341							62								
City, State, Zip Code	74						City	State, Zip C	Coc	de					
Chesterfield, NJ 08515							M	aple Shade	e,	NJ 08052					
Project Manager for Mon	Tele	phone	No.	Tele	phone No.			License No.							
Bill Weisgarber				60	9-298	-4070	85	56-755-009	19		00842				
Start Date (10)	S	chedu	uled Co	omple	tion Da	te (11)	Nan	ne of OSHA I	Mo	nitor					
11 /7 /	_16	1	1/	_1	_ /	16	E	MSL Analy	tic	cal, Inc.					
Occupancy Status Durin	g Abatement (C	Check	only o	ne)			Stre	et Address							
							20	00 Route 1	30	North					
		PIV	1/	-PIVI		Alvi	С	innaminso	n,	NJ 08077					
Scope of Work (Check a	Il that apply)							⊠ Full Cor	nta	inment with Negat	ive Pressure				
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Mini-En	nclo	osure					
≥160 sf or ≥260 lf			☐ De	moliti	on						Friable Proce	dure			
			lo	1 000	tion	T		- INOTI-EX	CII	ipica () and iven i	1 114510 1 1000		hater	nent	Type
Landing	- ef							Description	of				1		
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(13)	**	- 0	100	T .	Teamore	-	oth	ner miscellan	neo	ous)				le	
			Yes	No	N/A				_				+_	+=	-
Crawlspace						Duct In	sula	tion			62 SF	-			44
1 st Floor	The same of the sa			\boxtimes		Vermic	ulite				300 SF				
							10000000			Name of Registe	red Landfill				
Freehold Cartage									Cumberland	County La	ndfill				
City, State	V				,000		-			City, State				/10-//-	
Freehold, NJ	nold, NJ 11/11/2016 Newburg, PA														
Completed By (Print or	Гуре)	Title		-			1	Signature				Date			
	vesamoss.	0	perat	ions	Mana	ger		Start	~			10/2	11/	210	
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Ralco Builders 129 Sea Girt Avenue							
Karo							
Cirt Avenue							
120 802 (1) / Voltas							
129 Sea Gitti.							
Manasquan, NJ 08736							
Manasquan, NJ 0075							
Total							
ATION							
Type of Facility (4) [] School (k-12)							
Other (i.e., private & continuorent							
homes, etc.)							
Square feet # of Floors 60							
2000 sf 1 Current Use (Prior if being demolished)							
Current Use (Prior II being dem							
(0)							
Name of Abatement Contractor (9) Guardian Contracting, Inc.							
1007100							
City, State, Zip Code Toms River, New Jersey 08755-1271							
Telephone Number 00624							
Name of OSHA Monitor Name of OSHA Monitor							
E.WI.U.Z.							
Street Address 1056 Stelton Road							
City, State, Zip Code Piscataway, New Jersey 08854							
P ISCALA 1. Sy							
Full Containment with Negative Pressure							
Mini-Enclosure							
[] Glovebag Procedure [X] Non-Exempted (*) and Non-Friable Procedure							
[x] Non-Exempted () and () Abatement Type							
Description of Amount R R E E							
heatos-Containing (Specify SF) M P							
Material (ACM)							
thermal systems							
insulation, surfacing,							
VAT, or other miscellaneous)							
2000 sf X							
pestos siding							
Name of Registered Landfill							
Cubic Yards of Waste Name of Registered Editor							
3							
te City, State Tullytown, Pennsylvania Date							
4 10/20/1							
gnature							
- asbestos licensure exempted activities.							
1							

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

	Date Rece	eived
)CT 2	J 2016	

DEMOLITION / RENOVATION NOTIFICATION

Operator	Project#:	Postmark:		Notificat	ion:								
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled):	0	П.	IS ASBESTOS PRESENT? (Yes	/No): \frac{1}{2}	Y						
88 			erator)										
III.	FACILITY INFORMATION (identify owner, removal contractor OWNER NAME: Ralco Builders	1 and other op	orator)										
	O Wilder III and a second a second and a second a second and a second a second and a second and a second and												
	Address: 129 Sea Girt Avenue	277		Zip:	08736								
	City: Manasquan State:	NJ		100000000000000000000000000000000000000	732-223-2005								
	Contact: Joanne			Tel:	20.504								
	REMOVAL CONTRACTOR: Guardian Cont		o. 		NJ License: 00624								
	Address: 1889 Route 9,	Unit 61											
	City: Toms River State:	New Jer	sey	Zip:	08755								
	Contact: Nicholas Fern	icola		Tel:	732-349-9932								
	OTHER OPERATOR (if different)				NJ License:								
	Address:												
	City: State:			Zip:									
	Contact:		Tel:										
		2 - Renovation	E - Emergency	Renovation):	D								
IV.	11120:0:0:												
V.	FACILITY DESCRIPTION (Including building name, number and floor or room number) Residence												
	A2 Control Assense												
	Address: 43 Central Avenue				v: Ocean								
	City: Manasquan State:	New Je	rsey	County	y: Ocean								
	Site Location: Exterior				60								
	Building Size: 2000 sf # of Fl	loors:	1		1 0.177.27								
	Present Use: Residence		Prior Use:	Resid									
VI.	Present Use: Residence That Got Procedure, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:												
	IS MATERIAL ASSUMED TO BE ASBESTOS?						riable						
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		D 4 (2) (Asbestos Not 7	s Materia To Be						
	1. Regulated ACM to be removed		RACM To Be		LOCATION	Rem	noved						
	Category I ACM not removed Category II ACM not removed		Removed			Cat I	Cat I						
	Pipes (Linear feet):												
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Aches	tos siding		Exterior								
	Surface Area (Square feet): 2000 sf	ASUES	oo oranig				-						
	RACM Off Facility Component (Cubic feet):												
	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)			31/16	Complete: 1	1/1/16							

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Χ.	DESCRIPTION OF PLANNED DEMOLITION OR RENG	OVATION W	ORK, AND METHOD(S)	10 85 0350	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINE AND RENOVATION SITE:	ERING CONT	TROLS TO BE USED TO I	PREVENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be roped o removed by non-friable procedures. All waste will be placed in do	round below and the asbestos will be al.			
xii.	WASTE TRANSPORTER #1 Name: Guardian	Contracting	g, Inc.		
	Address: 1889 Rout	te 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicholas I	Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.				
	Location: Bordenton	wn Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT A	GENCY, PLE	EASE IDENTIFY THE AG	ENCY BELOW AND ATTA	ACH COPY OF ORDER
	Name:		Title:		
	Authority:			Tr.	
	Date of Order (MM/DD/YY):		Date Ordered to Beg	in (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS		1		
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions or	would cause	equipment damage or an ur	reasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWE ASBESTOS MATERIAL BECOMES CRUMBLED, PU	D IN THE EV LVERIZED, (VENT THAT UNEXPECTE OR REDUCED TO POWD	ED ASBESTOS IS FOUND ER	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN TH THE DEMOLITION OR RENOVATION AND EVIDEN AVAILABLE FOR INSPECTION DURING NORMAL	NCE THAT T	HE REQUIRED TRAININ	G HAS BEEN ACCOMPLE	PART M) WILL BE ONSITE DURING SHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	-	(Signature of Own	er/Operator)	October 20, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS C	ORRECT.			
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owr	ner/Operator)	October 20, 2016 (Date)

State of How Jersey

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FACILITY INFORMATION Name of Facility Where Abstraction is Tricing Piston (5) Street Address Z S M DUESEY ESSAY TURNALL City (6) LS CLIN (7) COUNTRY (8) COUNTRY (8) COUNTRY (9) Notice of Modern Foot (1) Street Address CS WEST SHOULT THAT COUNTRY Code (7) (STATE USE CUTTOR Use Prior If being derivalished) Notice of Modern Conference (9) Best Removal Inc (9) Figure 1 of Modern Conference (9) Best Removal Inc (9) Project Manager for Monitoring Pierri Telephone Too. City (9) Conference (1) Street Address CS WEST SHOULT THAT CIty State. 250 Code CALTER NOT 07871 Frequency (1) Frequency (1) Street Address CS WEST SHOULT THAT CIty State. 250 Code CALTER NOT 07871 Frequency (1) Frequency (1) Street Address CS WEST SHOULT THAT CIty State. 250 Code CALTER NOT 07871 Frequency (1) Frequency (1) Frequency (1) Frequency (1) Street Date (10) Street Date (10) Street Address CS WEST SHOULT THAT CIty State. 250 Code CALTER NOT 07871 Frequency (1) Frequency (1) Frequency (1) Frequency (1) Street Date (10) Street Address CS WEST SHOULT THAT CIty State. 250 Code CALTER NOT 07871 Frequency (1)	
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County-Code (7) STATE USE Current Use (Prior II being describing on CAD OFFICE) LAZS Names of Mentioring Form Novel by Building Owner ASCAI No. (6) EH Best Removal Inc E E Street Address G S WEST SHOLE TRAIL Cay, Same, Zip Code STATE USE Control of E E Street Address G S WEST SHOLE TRAIL Cay, Same, Zip Code STATE USE Control of E E Street Address G S WEST SHOLE TRAIL Cay, Same, Zip Code STATE USE Control of E E Best Removal Inc E E Street Address G S S WEST SHOLE TRAIL Cay, Same, Zip Code STATE USE Code Street Address G S S WEST SHOLE TRAIL Cay, Same, Zip Code Hackensack, N. J. 07601 Telephone No. Telephone	
County (6) FIDOLOSE CONTO Code (7) STATE USE Custom Use (Prior II being destrollabed) CAD ORGA LANGS Names of Manifesting Firm Nived by Building Coverse (ASCAI No. (No. 1) Best Removal Inc (1) Best Removal Inc (2) Cay, State, Zip Code School, Zip Code Hackensack, N. J. 07601 Telephone No. Telephone No. Telephone No. Telephone No. School, Zip Code School, Z	
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Names of Maritaning Farm Wood by Balling Courses (5) E H Street Address G S WEST SHOLE TRAC Cay, Same, Zip Code CARTA ONT O7871 Project Manager for Morelloring Farm Telephones No. 7. VON DOSHLEN Stant Date (10) Stant	
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Completed by	
J. Maiorano Estimator Do net use the form for sebestor beams are provided activities.	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Nar	ne of Bu	ilding Ow	ner/Opera	tor (2)	_			12		77	
10/20/2016						Mac M	anage	ement Pro	perties			~)	15	
[X] EPA [X] Initial	Notification	on		eet Addr		3005 R	oute	88				17	100	
[x] DOI Amend	lment #		Cit	y, State,	Zip Code	Point P	leasa	nt, NJ 08'			2.5	2015		
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City	County (6)			unty Coc	ie (7) SE ONLY)		Squa.	are feet 1800 sf	# of	Floors	Bldg.	Age 60		
Toms River	Ocean				,		Curi	rent Use (Pri	ior if being idence	demolished)				
Name of Monitoring Firm Hired by Building (Owner (8)		AS	CM No.		Name of	Abate	ment Contra	ctor (9)	т				
N/A						Street A	ddrocc	Gua	ardian Co	ntracting, I	nc.		Les young les	_
Street Address									9 Route	9, Unit 61				_
City, State, Zip Code						City, Sta		Tor	ns River,	New Jerse		55-12	71	
Project Manager for Monitoring Firm	Tel	ephone Nun	nber			Telephor	19-99	32		License Nu 00624	imber			_
Scheduled Start Date (10) 11/1/16	Sch	neduled Con 11/2/16	npletion l	Date (11)				Л.S.L. Ar	nalytical				
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L J]		enovation emolition			[[[x	j]	Mini-Enclos Glovebag Pr	ocedure	Negative Press		re		
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Asbestos-Containing Material (ACM) TO BE ABATED in facility	Nor S Mainter	Staff (12)			Asb N (i.e. inst	Descript estos-Co Material (, therma ilation, s VAT er misce	ontain (ACM Il syste surfact , or	ing) ems ing,	(:	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
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City, State Toms River, New Jersey			Disposa 11/3/1	6	Pr		State ytow	n, Pennsy	lvania		Dat	e		
Completed by (Print or Type) Nicholas Fernicola	Project	t Manager		Signat				-	1		1000000	/20/20)16	
	*Do	not use th	nis form	for ast	estos lice	nsure ex	empte	d activities	5.					

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

Date Received

5 2015

DEMOLITION / RENOVATION NOTIFICATION

perator	Project #:	Postmark:		Notificat							
	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled):	0	П.	IS ASBESTOS PRESENT? (Ye	s/No):	Y				
Ι.	FACILITY INFORMATION (identify owner, removal contractor	r and other op	perator)								
	OWNER NAME: Mac Managem										
	Address: 3005 Route 88										
	City: Point Pleasant State:	New Jer	sey	Zip:	08742						
	Contact: Mike Colucci			Tel:	848-565-6930						
	REMOVAL CONTRACTOR: Guardian Cont	racting, In	c.		NJ License: 00624						
	Address: 1889 Route 9,	Unit 61									
3 20 21 10 2	City: Toms River State:	New Jer	sey	Zip:	Zip: 08755						
	Contact: Nicholas Ferni	icola		Tel:	732-349-9932						
	OTHER OPERATOR (if different)				NJ License:						
	Address:										
-	City: State:		Zip:								
	Contact:			Tel:							
V.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovation	E - Emergency	Renovation):	D						
V.	FACILITY DESCRIPTION (Including building name, number	and floor or r	room number)								
	Building Name: Residence										
	Address: 601 Baron Street										
	City: Toms River State:	New Je	ersey	County	y: Ocean						
	Site Location: Exterior										
	Building Size: 1800 sf # of Flo	oors:	1	Age in Years: 60							
	Present Use: Residence		Prior Use:								
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A		TE, USED TO DE	TECT THE P	RESENCE OF ASBESTOS MATE	ERIAL:					
	IS MATERIAL ASSUMED TO BE ASBESTOS?						friable				
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM		T O CATION	700000	То Ве				
	Regulated ACM to be removed Category I ACM not removed		To Be		LOCATION	Ren	noved				
	Category II ACM not removed		Removed	b)		Cat I	Cat				
	Pipes (Linear feet):			4							
	Surface Area (Square feet): 1750 sf	Asbes	tos siding		Exterior						
mise-se	RACM Off Facility Component (Cubic feet):		, i								
			11/		Complete: 11/2/16						

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Х.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
	Address: 1889 Route 9, Unit 61
	City: Toms River State: New Jersey Zip: 08755
	Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name:
	Address:
	City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.
	Location: Bordentown Road
	City: Tullytown State: Pennsylvania Zip: 19007
	Telephone: 215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:
	Authority:
	Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):
XV.	FOR EMERGENCY RENOVATIONS
	Date and Hour of Emergency (MM/DD/YY):
	Description of the Sudden, Unexpected Event:
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.—(Required after November 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Owner/Operator) October 20, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	Nicholas Fernicola / Project Manager (Printed Name/Title) October 20, 2016 (Signature of Owner/Operator) (Date)

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DOH Emergency (including justification) Cancellation	1	JEFF	Contac PERE	IRA		11.		19 12 1 1 1		17	Ŧ	
ame of Facility Where Abatement is Taking Place	(3)	FAC	ILITY IN	FORMATION		Type of Facility School (K	-12)	001 -	2016	15		
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treet Address 15 YAWPO AVE.,						Square Feet		#Basment	Bldg. A 45	ge 	# de* =	14
Sity (5) - OAKLAND, NJ		O-wat	y Code	(7)		3500 Current Use		eing demolished)				2000
County (6)		(STAT	E USE O	NLY)	Name	e of Abatement	Contract	or (9)				
BERGEN Name of Monitoring Firm Hired by Building Owner Name of Monitoring Firm Hired by Building Owner	(8)	AS	CM No.		SU	NN ENTERF	RISE		TE 0.3	220		
ENVIRO-PRO UNLTD CORP. Street Address					370 W. PLEASANTVIEW AVE., GOTTE							
2721 KINGS HIGHWAY #6L City, State, Zip Code					HA	CKENSACK	, NJ 07	7601 License No.				-
BROOKLYN, NY 11229 Project Manager for Monitoring Firm		Tele	phone N 8-801-	io. 2231	97	phone No. 3-928-6900		01229				_
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)/31/20 nly One)				-	eet Address 721 KINGS I						
Occupancy Status During Abatement (Check O Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	od of Aba Facility H	atemen ours	t		011	ny, State, Zip Co BROOKLYN,	de					
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mai	Location ormally d Solely intenant odial Si (12)	by cel	Asbestos ((i.e. ther	contair mal sy	ription of ning Material (A ystems insulationg, VAT, or scalianeous)	CM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	In the same of the
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Name of Registered Waste Haufer SUNN ENTERPRISE GROUP, LL	5		NJ-952	2	Dispo	sal Date	City St					
City. State HACKENSACK, NJ 07601						Completion Signature	27/	1	Date 10/2	1/20	16	
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City, State, Zip Code						Street A 185 V	reeland A	ve.			_	_	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Name of Facility Where Abate	ment is Taking	DI	(0)	FA	CILITY IN	FORMA	TION						-		
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North Bergen								Square Feet	# (of Floor	S		Bldg.	Δηρ	
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Name of Monitoring Firm Hired	by Building Ow	(0)	,			'' —						: : : : : : : : : : : : : : : : : : :			
Competent Supervisor	by Building Ow	ner (8)	ASC	M No.		Name	of Abatement Cor	tracto	r (9)				-	
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City, State, Zip Code							L.	Rt. 46 West Su	uite 1	4					
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Project Manager for Monitoring	Firm			T-1-1				wa, NJ 07512							
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Start Date (10)	1 00	hodul	24 0					332-4244		0115	55				
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Occupancy Status During Abate	ment (Check O	nly On	10					as above							
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Abatement Performed Outs	side of Normal F	od of <i>A</i> Facility	Abater	ment											
Other - Describe:		domity	i ioui.	3			City, St	ate, Zip Code					-77		
Scope of Work (Check All That /	Apply)														
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roject Manager for Month	loring Firm			Telepho	ne No.		Teleph				Licens).			
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i iih Geleski		Supe	rviso	r				Ju	lig Delle	1/2		10/	20/1	6		
						CATEGORIST CO.	-	- market	-	-						-

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	-21-16			INGIIN	EA	RT	HTEC	H COM	ITRA	CTIN	6			_
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™ DOH	justification)			Name	of Contac		1		Telepho	one Number	er .			
□ DCA	Cancellation					200			<u> </u>				_	_
				FA	CILITY IN	ORA	IATION							_
Name of Facility Where	Abatement is Takir	ng Plac	e (3)					Type of Facility						
	RESIDER	uce						School (K-1		han K-12)	À.			
Street Address								Other (i.e., phomes, etc.	private & c		l build			
City (5)								Square Feet	# of F	oors	100	lg. A		
	MARGA	TE						1500			-	0	<u>.</u>	-
County (6)					nty Code (7) (S	TATE	Current Use (P	CAM-		nea)			1
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Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Na		CM CD	INC					
(8)	LIP					Str	eet Address						on de	
Street Address							369		RUCE	AL				=
City, State, Zip Code						City	, State, Zip Co	LE SHI		MJ	0	80	52	_
Project Manager for Mor	itoring Firm		Tele	phone	No.	Tel	ephone No.	9-01123	Licen	se No.	111			
			-					9-0472		099	7	_		=
Start Date (10)	1	duled (ite (11)	Nar	ne of OSHA M	Ionitor N /	1					
10-31-1	6	0 -		-11		Ch	eet Address	19/						=
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Facility Closed/Vacate	ed During Entire Po	enod ot al Facili	tv Hou	rs		City	, State, Zip Co	ode						
Other - Describe:	Outside of North	31 1 00 0011	., 1,00			J.,								_
Scope of Work (Check a	Il that apply)						П С	tainment with Ne	agativo Pro	occure.				
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City, State		T	=1-			Dis	posal Date	City, State	45 14a	TVIL	LE			
	HADE NI						Signature -	17		Date			11	
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) CONTRIAC 10-21-16 EARTHTECH Type Notification Street Address Agencies Notified Initial DEPA Amended City, State, Zip Code Amendment #_ DOL. GREENFIE Emergency (including DOH DCA justification) Cancellation BRUCE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet Bldg. Age # of Floors City (5) 2000 OCHANI CITY 50+ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished County (6) MACAM CAPE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. KLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code 08055 MAPLE License No Telephone No. Telephone No. Project Manager for Monitoring Firm 856-779-0472 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 11-1-16 Street Address Occupancy Status During Abatement (Check only one) A 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 Mini-Enclosure Renovation __≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Removal Custodial TO BE ABATED SF or LF) surfacing, VAT, or Staff? IN Facility other miscellaneous) (12)(13)N/A Yes No 500 SF SIDING Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste CITMI Disposal Date City. State City, State WOOD MAPLE

Completed By

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Signature

10-21-16

Date of Notification (1) Name of Building Owner/Operator (2) 10-71-16 EARTHTECH CONTRACTING Agencies Notified Type Notification Street Address Initial Am BPA DBP Amended City, State, Zip Code DOL. Amendment# GREENFIEL Emergency (including DCA justification) Name of Contact Cancellation BRUCE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Street Address Subchapter 8 (Other than K-12)

Other (i.e., private & commercial buildings, Subchapter 8 (Other than K-12) homes, etc.) City (5) # of Floors Square Feet Bldg. Age 2000 50+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) CAPF MACAMIT Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) KLEMCO Street Address Street Address City, State, Zip Code City, State, Zip Code MAPLE Project Manager for Monitoring Firm Telephone No. Telephone No. 856-779-Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure __≥3 sf or ≥3 lf ✓≥160 sf or ≥260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount Encapsulate TO BE ABATED Custodial (i.e., thermal systems insulation, Enclosure (Specify Removal Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A SIDING TRANSITE 500 SE Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste ((tm()) City, State Disposal Date City, State MADIE WOODB Completed By Signature UP. MICHAU ASB-41

State of New Jersey

	ITON)	FICATION Pursuant	N OF ASBES to NJAC 8:6	TOS ABATE 0 and 12:120	MENT D)	9	29-16	20.0	0	3/	# 201
Date of Notification (1)		Name	of Building Ow	ner/Operator	(2)	/				10	
Date of Notification (1)		1430	AR CONTROL	ger Edli	JANEL	M. C	PIBMEN	1			
Agencies Notified Type Notification		Street	Address								
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DEP Amended		City, St	ate, Zip Code		2 1 2	117	083	5-5			
DOL Amendment #_ Emergency (inc	duding			JLBW,	LK.	ال ا	Telephone Numb				_
DOH justification)	adding	Name	of Contact	P.M. 0	160:5	1)	releptione ridina)GI			
DCA Cancellation		<u>_</u>	CHITY INFOR		DILIS			_		* /	
Name of Facility Where Abatement is Taking F	Place (3)	PAC	MELL HALON	IMMITON	Type of	Facility (4)	n.		-, 4		
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Name of Monitoring Firm Hired by Building Ov	vner (8)		CM No.	0.0000000000000000000000000000000000000	e of Abate	ment Cont	ractor (9)		0	c	
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2200 Paterson Perk)	Ciby	State Zin	Code (oy Rd., Su		non :	3100 V	
City, State, Zip Code		do	./ ¬					0:	773	51	
NOTT BERGEN NEW JES	5-1-6	J. Falan	none No.	Telé	phone No.	AND FULL	License No	- Janes		d/	
Project Manager for Monitoring Firm		C C	128642		12-98	2-10	70 0/3	08	FEET	and the same	~~~
Start Date (10)	Scheduled (Completio	n Date (11)	Nam	ne of OSHA	Monitor	la (; 2		ļĊ,	177	
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Facility Closed/Vacated During Entire Pe		tement	7	1			OCT 25	201	5	-	21
Abatement Performed Outside of Norma	I Facility Ho	ours (D .	City	, State, Zip	Code				i	1
Other – Describe:			The same				A				
Scope of Work (Check All That Apply)			1		proved		ASBLE TO	J.			
23 sf or ≥3 lf		ovation		5		Containme -Enclosure	ent with Negative F	ressur	e		
≥160 sf or ≥260 lf	Den Den	nolition	and the same of th		[Glov	ebag Pro	cedure	2001220	694		
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	(Pursuant to NJAC 8:60 and	12:120)	29-16		1.3	600
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Agencies Notified Type Notification	Street Address					
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DOL Amendment # Emergency (including		WICK, N-J	Telephone Numb	er -	-	
DOH justification)	Name of Contact	1. OKRIEN	relebitorie Marris	CI		
DCA Cancellation	ZOLHMULT		T = - F		- 1 1	
	FACILITY INFORMATI	Type of Facility (4)				
Name of Facility Where Abatement is Taking Place (3)						
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Street Address		Other (i.e. priv	rate & commercial	buildings	s, home	es,
MS		etc.)				
City (5)		Square Feet	# of Floors	Bidg.		
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Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contr				
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City, State, Zip Code		City, State, Zip Code	Ú Ú		1	
	A2047	Morganussel	e NIT.	07	75/	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No).		
Project Manager for Monitoring 1 min	26/28/24-6583	732-982-101	0 0/3	08		
Cont Data (40)	ed Completion Date (11)	Name of OSHA Monitor		, V	II.	7.7
Start Date (10) Schedule NO NO						
		Street Address				
Occupancy Status During Abatement (Check Only Or		Oli Cot / Ida i Cot	OCT 2 5	2016	111	J.
Facility Closed/Vacated During Entire Period of	Abatement	City, State, Zip Code	001 2 3	2010		1
Abatement Performed Outside of Normal Facility Other – Describe:	Hours	City, State, Zip Gode	Quality and a second			
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Scope of Work (Check All That Apply)	(A)		110E41	51F415		
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le le	Location	0/		At	ateme	nt
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TO BE ABATED		al systems insulation,	(Specify SF or LF)	Removal	Encapsulate Repair	Enclosure
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Name of Registered Waste Hauler	NJDEP Waste Cub	c Yards Name of	Registered Landfil	It		
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Completed by Title	0 .	Signature	7. D	rate	. 1	