BLANKET

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

Date of Notification (1)				Name	of Buildin	ng Owner/Operator (	2)					
6 /17 /	16			Pri	nceton (	Iniversity-Office	of Designand	Construction	123			
Agencies Notified Type Notific	ation		1	Stree	t Address							
☐ EPA ☐ Initial				200	Elm Dr		4 4 5 4 4 7		10.			
☑ DOLWD ☑ Amende		914.0	1	City, S	State, Zip	Code						
	nent # <u>1-9/</u>			Pri	nceton, l	NJ 08544						
DCA Emerger (NJAC 5:23-8) justificat		ing	İ	Name	of Contac	ct		Telephone Nu	ımber			
☐ Cancella	ition			Ro	bert Orte	ego						
				FA	CILITY II	NFORMATION				-		
Name of Facility Where Abatement is	Taking Pla	ice (3)	)				Type of Facility (	4)				
Princeton University 1901 Lau	ghlin Ha	11					School (K-12)		401			
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr	Other than K-	nercial b	uildin	as.	
Pyne Dr.							homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
Princeton					. 22.00   120							
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being dem	olished)			
MERCER												
Name of Monitoring Firm Hired by Buil	ding Owne	er (8)	1	ASCM	No.	Name of Abateme						
ATC Group Services LLC						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Street Address						
Bromley Corporate Center-Thi	ree Terri	Lane	)			1123 BEAVE			1			
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring Firm		T		hone		Telephone No.		License No.				
Michael Keehn			_330		-8800	215-788-6040		00509				
Start Date (10) 6 / 27 / 16	Scheduled <i>C.</i> A			ion Da		Name of OSHA M BRISTOL EN	lonitor VIRONMENTAL	, INC.				
Occupancy Status During Abatement (	Check onl	y one	)			Street Address						
□ Facility Closed/Vacated During Entitle				nent		1123 BEAVER	R STREET					
☐ Abatement Performed Outside of N Time of Abatement: 7:00AM-11:3						City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)						BRIOTOE, TA	10007				-	
							ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	_	Renov Demo										
□ ≥ 100 Si 0i ≥200 ii	ш,	Jemo	neioi	2			mpted (*) and Nor	-Friable Proce	dure			
		Is Lo							At	atem	ent T	ype
Location of	11	Norr sed S				Description o			Re	R	m	m
Asbestos-Containing Material (ACN TO BE ABATED		∆ainte			Asbe	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	Removal	Repair	cap	Enclosure
IN Facility	Ct	ustodi		taff?	1	surfacing, VAT,	or	SF or LF)	\sigma		Encapsulate	sure
(13)	Vo		2)	N/A	-	other miscellane	ous)				ate	
	Ye		-	IN/A	F16	la and machin		150 SF		$\vdash$		
Throughout			-	<u> </u>		le and mastic				H	H	
Throughout					Pipe in	sulation		200 LF		H		
		X	1						$ \parallel$ $\perp$			
											Ш	Ш
Name of Registered Waste Hauler	10		1.00/200	DEP V		Cubic Yards of Waste	Name of Registe	ered Landfill NORTH LAN	DELL			
BRISTOL ENVIRONMENTAL, IN	¥0.		,	18706	i	District Control	V - 17 - 10 - 10 - 10 - 10 - 10 - 10 - 10	TOTAL MAIN	ar a d harter			
City, State BRISTOL, PA 19007						Disposal Date	City, State MORRISVIL	LE, PA 1906	7			
Completed By (Print or Type)	Title					Signature	fi -	/	Date /	1		
Brian Scafiro	Estim	ator				Min	Screlis	1/2	9/2/	16		

ASB-41 MAY 11 B 5 / 6 0 8 6

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

BLANKET NOTICE

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

					T 6.1 -		( D. 11-11	_	10	2)					
Date of Notification (1)	17 /	16			12				wner/Operator ( ersity-Office		d Construction				
										~'Zā īā 'ē E F ' ' !	72 17011 177 613				
Agencies Notified	Type Notific	cation			1000000		ddress Im Dr								
DOLWD 8642	☐ Amende				Cit	y, Sta	ite, Zip C	ode	9	6 L.II			10 mm		
☑ DHSS 8635	Amendn	-			1000000	•	eton, N								
DCA (NJAC 5:23-8)	☐ Emerge	-	ciuain	9	Na	me of	Contact				Telephone Num	ber			
(NJAC 3.23-6)	☐ Cancella				F	Robei	rt Orteg	0.0			-				
			-						RMATION		_1				
Name of Facility Where	A hatement is	Takino	Place	(3)		AOIL	LIFE SIXI		KINATION	Type of Facility	(4)				
Princeton Universit				. (0)						School (K-1					
Street Address	ty toot Lec	9:11111	116.11					-		☐ Subchapter	8 (Other than K-12				
Pyne Dr.										M Other (i.e., ) homes, etc	orivate and comme	rcial b	ullair	igs,	
City (5)			-							Square Feet		E	ildg. /	Age	
Princeton														Ÿ	
County (6)					TC	ounty	Code (7)	/ST/	ATE USE ONLY)	Current Use (P	rior if being demolis	heď)			
MERCER							.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,					
Name of Monitoring Firm	Hired by Bui	Idina O	wner	(8)	TASC	IM No	) 1	Na	ame of Abateme	ent Contractor (9	)				
ATC Group Service		ionig o		(~)						VIRONMENTA					
Street Address	- CLO								reet Address						
Bromley Corporate	Center-Thi	ree Te	erri La	ane				102112	1123 BEAVE	RSTREET					
City, State, Zip Code	OCHIO! III								ty, State, Zip Co						
Burlington, NJ 0801	16								BRISTOL, PA						
Project Manager for Moni	Stall and the st		13110-	TTe	lepho	ne No	).		lephone No.		License No.				
Michael Keehn				1	609-3				215-788-6040		00509				
Start Date (10)		Schedu	uled C	omp	letion	Date (	(11)	Na	me of OSHA M	lonitor					***********
6_ / 27_ /		9					80.00	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During		Check	only o	one)				Str	reet Address						
□ Facility Closed/Vacate					emen	t		1	123 BEAVER	STREET					
Abatement Performed	Outside of N	ormal F	Facility	у Но	urs - E	escrit)	be		y, State, Zip Co						
Time of Abatement: 7	:00AM-11:30	DPM/_		PM		AM		Е	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)														
	* * **		N 0-		45				☐ Full Cont ☐ Mini-Encl	ainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re ☐ De						⊠ Glovebag						
									Non-Exer     Non-Exer	mpted (*) and No	n-Friable Procedur				
					ation							At	atem	ent T	уре
Location				d So	ially ilely by	,	Ashasi		Description of Containing Mat		Amount	Re	Re	En	En
Asbestos-Containing N		4)	Ma	inten	ance/		(i.e.,	the	ermal systems i	nsulation,	(Specify	Remova	Repair	caps	Enclosure
IN Facilit			Cust	odia (12	l Staff	?		S	surfacing, VAT,	or	SF or LF)	al		Encapsulate	ure
(13)		-	Yes	No	1	A		oti	her miscellaned	ous)				e e	
Throughout		_	П	×			loor tile	e ar	nd mastic		150 SF				
Throughout					15	Р	ipe inst	ulat	tion		200 LF				
Tinoagnozi						+	•								
					1	+						П	П	П	П
Name of Registered Waste	a Haulor				NJDE	P Was	ste T	Cut	oic Yards of	Name of Regis	tered Landfill				
BRISTOL ENVIRONS		IC.		- 1	Haule	ID N		Wa			. NORTH LANDE	ILL			
					187	06		Dist	posal Date	City, State				-	
City, State BRISTOL, PA 19007								_,0			LLE, PA 19067				
		7:0							Signature		Dat	е ,			
Completed By (Print or Typ	pe)	Title	61 mm - 6	0=					Signature	1.0.1	1 6	/	7/	16	
Brian Scafiro		ESI	timat	or					Krian	product!	T	111	11	0	

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6 / _	17 / 16			Prince	ton Univ	wner/Operator (2) versity-Office o	f Design and C	Construction !!	9: 8	9		
,0,,0,00 ,10,,,00	Type Notification		St	treet Add	dress			. 141.5.5.2	ATEL			
EPA				200 Eli				100	10			
DOLWD		010146	C		e, Zip Cod							
DHSS	Amendment #1-			Prince	ton, NJ	08544						
] DCA	☐ Emergency (inc justification)	luaing	N	lame of	Contact			Telephone Number	ſ			
(NJAC 5:23-8)	☐ Cancellation			Rober	t Ortego	)						
	Caricellation					ORMATION						
				FACIL	III INC	OKIGIATION	Type of Facility (	(4)				
ame of Facility Where	Abatement is Taking	Place (3)					School (K-12					
Princeton Univers	ity McCosh Hall						Cubahanter 8	(Other than K-12)				
treet Address							Other (i.e., pr	rivate and commerci	al build	ings,		
Washington Rd							homes, etc.)		Dida	. Age		
		***************************************					Square Feet	# of Floors	Diuy	. Age		
ity (5)												_
Princeton			1	County	Code (7)(	STATE USE ONLY)	Current Use (Pr	for if being demolish	ed)			
County (6)				000,								
MERCER		(0)		SCM No		Name of Abatem	ent Contractor (9)					
Name of Monitoring Fir	m Hired by Building C	wner (8)	A	SCIVI INC	,	PRISTOL FN	VIRONMENTA	L. INC.				
ATC Group Service	ces LLC						· · · · · · · · · · · · · · · · · · ·	•		3000		
Street Address						Street Address	DOTREET					
Bromley Corpora	te Center-Three T	erri Lan	е			1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 08	016					BRISTOL, P.	A 19007					_
			Teler	ohone N	0.	Telephone No.		License No.				
Project Manager for M	onitoning Firm			9-386-8		215-788-604	0	00509				
Michael Keehn		duled Cor				Name of OSHA	Monitor					
Start Date (10)					. ( )	BRISTOL EN	NVIRONMENTA	AL, INC.				
6 / 27	1 16 01	U H	إمان	<u> </u>								
Occupancy Status Du	ring Abatement (Chec	k only or	ne)			Street Address	-D CIDEET					
M Facility ClosedNac	ated During Entire Pe	eriod of A	bater	ment	500	1123 BEAVE					-	-
Abstamant Perform	ned Outside of Norma t: <u>7:00</u> AM- <u>11:30</u> PM	l Facility	Hour	S - Desc	ribe	City, State, Zip C BRISTOL, P						
		_						anativo Dressure				
Scope of Work (Check	( all that apply)					☐ Full Co Mini-Er	intainment With N	egative Pressure				
≥3 sf or ≥3 lf		⊠ Rer				M Clayet	an Procedure					
≥160 sf or ≥260 lf		☐ Der	nontic	311		⊠ Non-E	xempted (*) and N	Non-Friable Procedu	ire			_
		le.	Loca	tion					Ab	ateme	ent T	yp
	and the control of	,	lorma			Description	n of		Re	Re	E	Elicioadio
Local	tion of	Use	d Sol	ely by	Asbe	etos Containing I	Material (ACM)	Amount (Specify	Remova	Repair	Encapsulate	0
Asbestos-Contain	ing Material (ACM) ABATED			ance/	(i.e	e., thermal system	ns insulation,	SF or LF)	oval	_	nsc	1
	acility	Cust	odial (12)	Staff?		surfacing, VA other miscella	neous)		11.000		ate	
	13)	No.				Other Thiodolia	\$					
70.33		Yes	No	IN/A	Floor	ile and mastic		150 SF				1
Throughout				1		nsulation		200 LF				1
Throughout			$\boxtimes$		ripe ii	iouiuioi.			П	П		
			$\boxtimes$							1	-	1
			П	П								
				NJDEP	Maste	Cubic Yards of	Name of Re	egistered Landfill				
	Waste Hauler			Hauler I		Waste	G.R.O.V	V.S. NORTH LAN	DFILL			
Name of Registered	RONMENTAL, INC			1870								
Name of Registered BRISTOL ENVIR						Disposal Date	City, State		_			
BRISTOL ENVI						N 200		STALLE DY 400C	7			
BRISTOL ENVIR							MORRIS	SVILLE, PA 1906				
BRISTOL ENVI	9007	itle				Signature			7 Date	/ /	9	

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

Oc# 3043

Date of Notification (1)	47 / 40		1.3	Prince	eton Uni	Owner/Operator (2)	f Design and	Construction 14	9: 8	9		
	17 / 16				4.50			, , , , ,				
gencies Notified	Type Notification		S	treet Ac								
] EPA	☐ Initial			200 E	**************************************	4-2						
	Amended Amendment #_		C	55000	te, Zip Co			12-0 12-0 00-00-00-00-00-00-00-00-00-00-00-00-0				
DHSS 7655	☐ Emergency (inc				eton, NJ	08544		Telephone Number	er			
DCA (NJAC 5:23-8)	justification)		N		Contact							
(140) 10 0.20 0)	□ Cancellation			Robe	rt Orteg	0		L		_		
				FACI	LITY INF	ORMATION						-
lame of Facility Where A	batement is Taking	Place (	3)		2.72		Type of Facility (					
Princeton University	v McCosh Hall						School (K-12	(Other than K-12)				
	, moore						Other (i.e., pr	ivate and commerc	ial build	dings	y	
Street Address							homes, etc.)					-
Washington Rd							Square Feet	# of Floors	Bldg	g. Age	3	
City (5)												_
Princeton				County	Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
County (6)				oou,								
MERCER		/0	1	SCM N	0	Name of Abateme	ent Contractor (9)					
Name of Monitoring Firm	Hired by Building C	wner (8	)   ^	SCIVITY	0.	BRISTOL FN	VIRONMENTA	L, INC.				
ATC Group Service	s LLC					Street Address						
Street Address						1123 BEAVE	RSTREET					
Bromley Corporate	Center-Three Te	erri Lai	ne									
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 080	16					BRISTOL, PA	1 19007	License No.		_		
Project Manager for Mon				hone N		Telephone No.	v	00509				
1 10,000			000	9-386-8	0.088	215-788-6040	)	00000				
Michael Keehn								-	500000			
Michael Keehn	Sched	luled Co	mplet	ion Date	e (11)	Name of OSHA N	Monitor	1 1110				
Start Date (10)		luled Co	mplet		e (11)	Name of OSHA N	Monitor VIRONMENTA	L, INC.				
Start Date (10)  6 / 27 /	16	9_ /	mplet 2	ion Date	e (11)	Name of OSHA M BRISTOL EN Street Address	VIRONMENTA	L, INC.				
Start Date (10) 6 / 27 /	16	9 / k only o	mplet 2 ne)	ion Date	e (11)	Name of OSHA N BRISTOL EN	VIRONMENTA	L, INC.				
Start Date (10) 6 / 27 / Occupancy Status During	g Abatement (Check	9 / k only o	mplet 2 ne)	ion Date	16	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE	VIRONMENTA R STREET	L, INC.				
Start Date (10) 6 / 27 / Occupancy Status During Facility Closed/Vacate	g Abatement (Checked During Entire Pe	k only o	ne) Abaten	nent	e (11) 16	Name of OSHA M BRISTOL EN Street Address	R STREET	L, INC.				
Start Date (10) 6 / 27 / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: 7	g Abatement (Checked During Entire Ped Outside of Normal 7:00AM-11:30PM/	k only o	ne) Abaten	nent	e (11) 16	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode A 19007					
Start Date (10) 6 / 27 / Occupancy Status During Facility Closed/Vacate	g Abatement (Checked During Entire Ped Outside of Normal 7:00AM-11:30PM/	9 / k only o riod of A Facility	ne) Abaten Hours	nent S - Desc	e (11) 16	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode A 19007					
Start Date (10) 6 / 27 / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: 7 Scope of Work (Check a	g Abatement (Checked During Entire Ped Outside of Normal 7:00AM-11:30PM/	9 / k only o riod of A Facility F	ne) Abaten Hours PM	nentAM	e (11) 16	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA	R STREET ode A 19007 Intainment with Neclosure	egative Pressure				
Start Date (10) 6 / 27 / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: 7	g Abatement (Checked During Entire Ped Outside of Normal 7:00AM-11:30PM/	9 / k only o riod of A Facility F	ne) Abaten Hours	nentAM	e (11) 16	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/	R STREET ode A 19007 Intainment with Neclosure	egative Pressure	re			
Start Date (10) 6 / 27 / Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: 7 Scope of Work (Check a	g Abatement (Checked During Entire Ped Outside of Normal 7:00AM-11:30PM/	y / k only o oriod of / Facility F	ne) Abaten Hours PM	nent s - Desc AM	e (11) 16	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/	R STREET ode A 19007 Intainment with Neclosure		re Ab	atem	ent T	ур
Start Date (10) 6 / 27 / Occupancy Status During  ☐ Facility Closed/Vacate ☐ Abatement Performer Time of Abatement: 7  Scope of Work (Check a  ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	g Abatement (Checked During Entire Ped Outside of Normal 7:00 AM-11:30 PM/	g / k only o oriod of / Facility F	ne) Abaten Hours PM	nent s - DescAM	e (11) 16	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ex	R STREET ode A 19007 Intainment with Neclosure ag Procedure empted (*) and N	egative Pressure on-Friable Procedu	Ab	-		
Start Date (10) 6 / 27 / Occupancy Status During  Stacility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	g Abatement (Checked During Entire Ped Outside of Normal 7:00AM-11:30PM/	g / k only o riod of / Facility Facility De	ne) Abatem Hours PM- novation Locati Normal	nent s - Desc AM on ion	e (11) 16 cribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ext	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM)	egative Pressure on-Friable Procedu	Ab	-		
Start Date (10) 6 / 27 / Occupancy Status During  Stacility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing	g Abatement (Checked During Entire Perd Outside of Normal 7:00AM-11:30PM/	k only o	ne) Abaten Hours PM novation Locat Normal d Sole intena	nent s - Desc AM on ion illy sly by nce/	e (11) 16 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ex  Description estos Containing M a., thermal systems	R STREET ode A 19007 Intainment with Neclosure ag Procedure empted (*) and N of aterial (ACM) is insulation,	egative Pressure on-Friable Procedu	e A Removal	atem Repair		
Start Date (10) 6 / 27 / Occupancy Status During  Second Facility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing TO BE AB IN Facil	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	k only o	ne) Abaten Hours PM novation Locat Normal d Sole intena	nent s - Desc AM on ion illy sly by nce/	e (11) 16 cribe	Name of OSHA N BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Exc	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) is insulation, T, or	on-Friable Procedu	Ab	-	Encapsulate	T
Start Date (10) 6 / 27 / Occupancy Status During Seacility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing TO BE AB	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locat Normal d Sole intena todial ( (12)	nent s - Desc AM on nlly sly by nce/ Staff?	e (11) 16 cribe	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ex  Description estos Containing M a., thermal systems	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) is insulation, T, or	on-Friable Procedu	Ab	-		
Start Date (10) 6 / 27 / Occupancy Status During  Second Facility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing TO BE AB IN Facil	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	k only o	ne) Abaten Hours PM- novation Locat Normal d Sole intena todial 3 (12) No	nent s - Desc AM on ion illy sly by nce/ Staff?	(11) 16 Asbe (i.e	Name of OSHA IN BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Ex Description estos Containing Me thermal systems surfacing, VA other miscellan	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) is insulation, T, or	on-Friable Procedu	Ab	-		
Start Date (10) 6 / 27 / Occupancy Status During  Second Facility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing TO BE AB IN Facil	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locat Normal d Sole intena todial ( (12)	nent s - Desc AM on nlly sly by nce/ Staff?	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Exc Description estos Containing M e., thermal systems surfacing, VA other miscellan	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) is insulation, T, or	egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	-		
Start Date (10)  6 / 27 / Occupancy Status During  Facility Closed/Vacate  Abatement Performer Time of Abatement: 7  Scope of Work (Check a  3 ≥ 3 sf or ≥ 3 lf  2160 sf or ≥ 260 lf  Location  Asbestos-Containing TO BE AB IN Faci (13)	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	g / k only o riod of / Facility F	ne) Abaten Hours PM- novation Locat Normal d Sole intena todial 3 (12) No	nent s - Desc AM on ion illy sly by nce/ Staff?	Asbe (i.e	Name of OSHA IN BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Ex Description estos Containing Me thermal systems surfacing, VA other miscellan	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) is insulation, T, or	egative Pressure on-Friable Procedu  Amount (Specify SF or LF)	Removal	-		
Start Date (10)  6 / 27 /  Occupancy Status During  Seacility Closed/Vacate  Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location  Asbestos-Containing TO BE AB IN Facil (13)	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locativormal d Sole intena todial 3 (12) No	nent s - Desc AM on ion illy sly by nce/ Staff?	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Exc Description estos Containing M e., thermal systems surfacing, VA other miscellan	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) is insulation, T, or	egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	-		ype
Start Date (10)  6 / 27 / Occupancy Status During  Facility Closed/Vacate  Abatement Performer Time of Abatement: 7  Scope of Work (Check a  3 ≥ 3 sf or ≥ 3 lf  2160 sf or ≥ 260 lf  Location  Asbestos-Containing TO BE AB IN Faci (13)	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locati Normal d Sole intena todial 3 (12) No	nent s - Desc AM on ion illy sly by nce/ Staff?	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Exc Description estos Containing M e., thermal systems surfacing, VA other miscellan	R STREET ode A 19007  Atainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or	egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)	Removal	-		
Start Date (10)  6 / 27 / Occupancy Status During  Facility Closed/Vacate  Abatement Performer Time of Abatement: 7  Scope of Work (Check a  3 23 sf or 23 lf 2160 sf or 2260 lf  Location  Asbestos-Containing TO BE AB IN Faci (13)	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locativormal d Sole intena todial 3 (12) No	nent s - Desc AM on ion illy sly by nce/ Staff?	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ext  Description estos Containing M e., thermal systems surfacing, VA other miscellan  ille and mastic	R STREET ode A 19007 Intainment with Neclosure ag Procedure empted (*) and N of aterial (ACM) is insulation, T, or eous)	Amount (Specify SF or LF)  150 SF  200 LF	Removal	-		
Start Date (10) 6 / 27 / Occupancy Status During  Seacility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  3 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf  Location Asbestos-Containing TO BE AB IN Faci (13)  Throughout  Throughout	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/Sall that apply)  In of g Material (ACM) (ATED sall)	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locati Normal d Sole intena todial 3 (12) No	nent s - Desc AM on n ion illy sly by nce/ Staff?	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ext  Description estos Containing M es, thermal systems surfacing, VA other miscellan  ille and mastic esulation  Cubic Yards of	R STREET ode A 19007 Intainment with Neclosure ag Procedure empted (*) and N of aterial (ACM) is insulation, T, or eous)	egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)  150 SF  200 LF	A Removal	-		
Start Date (10)  6 / 27 / Occupancy Status During  Facility Closed/Vacate  Abatement Performed Time of Abatement: 7  Scope of Work (Check a  >3 sf or >3 lf  >160 sf or >260 lf  Location  Asbestos-Containing TO BE AB IN Faci (13)  Throughout  Throughout  Name of Registered Wa	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/ In of g Material (ACM) ATED Sility	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locati Normal d Sole intena todial 3 (12) No	nent s - Desc AM on n ion illy sly by nce/ Staff?  N/A	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ext  Description estos Containing M e., thermal systems surfacing, VA other miscellan  ille and mastic	R STREET ode A 19007 Intainment with Neclosure ag Procedure empted (*) and N of aterial (ACM) is insulation, T, or eous)  Name of Reg G.R.O.W	Amount (Specify SF or LF)  150 SF  200 LF	A Removal	-		
Start Date (10) 6 / 27 / Occupancy Status During  Facility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location Asbestos-Containing TO BE AB IN Faci (13)  Throughout  Throughout  Name of Registered Wa BRISTOL ENVIRO	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/ In of g Material (ACM) ATED Sility	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locati Normal d Sole intena todial 3 (12) No	nent s - Desc AM on n ion illy sly by nce/ Staff?	Asbe (i.e	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA  Full Cor Mini-En Gloveba Non-Ext  Description estos Containing M es, thermal systems surfacing, VA other miscellan  ille and mastic esulation  Cubic Yards of	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)  Name of Reg G.R.O.W.	Amount (Specify SF or LF)  150 SF 200 LF	Ab Removal	-		T
Start Date (10) 6 / 27 / Occupancy Status During  Seacility Closed/Vacate Abatement Performed Time of Abatement: 7  Scope of Work (Check a  3 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf  Location Asbestos-Containing TO BE AB IN Faci (13)  Throughout  Throughout  Name of Registered Wa BRISTOL ENVIRO  City, State	g Abatement (Checked During Entire Perd Outside of Normal 7:00 AM-11:30 PM/Sall that apply)  In of g Material (ACM) ATED salt and the salt apply of the salt	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locati Normal d Sole intena todial 3 (12) No	nent s - Desc AM on n ion illy sly by nce/ Staff?  N/A	Asbe (i.e	Name of OSHA IN BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, P/  Full Cor Mini-En Gloveba Non-Ex  Description estos Containing Me at, thermal systems surfacing, VA other miscellan  ille and mastic asulation  Cubic Yards of Waste	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)  Name of Reg G.R.O.W.	egative Pressure  on-Friable Procedu  Amount (Specify SF or LF)  150 SF  200 LF	Ab Removal	-		1
Start Date (10)  6	g Abatement (Checked During Entire Per do Outside of Normal 7:00 AM-11:30 PM/sell that apply)  In of g Material (ACM) ATED Hillity  Seste Hauler SMENTAL, INC.	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locati Normal d Sole intena todial 3 (12) No	nent s - Desc AM on n ion illy sly by nce/ Staff?  N/A	Asbe (i.e	Name of OSHA IN BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Ex  Description estos Containing Me thermal systems surfacing, VA other miscellan  ille and mastic sulation  Cubic Yards of Waste  Disposal Date	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)  Name of Reg G.R.O.W.	Amount (Specify SF or LF)  150 SF 200 LF  gistered Landfill S. NORTH LANG	Ab Removal	-		1
Start Date (10) 6 / 27 / Occupancy Status During  Seacility Closed/Vacate  Abatement Performed Time of Abatement: 7  Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location  Asbestos-Containing TO BE AB IN Faci (13)  Throughout  Throughout  Name of Registered Wa BRISTOL ENVIRO  City, State	g Abatement (Checked During Entire Per do Outside of Normal 7:00 AM-11:30 PM/sall that apply)  In of g Material (ACM) ATED Hillity  Saste Hauler SMENTAL, INC.  107  Type)	g / k only o riod of / Facility F	ne) Abaten Hours PM novation Locat Normal d Sole intena todial (12) No	nent s - Desc AM on n ion illy sly by nce/ Staff?  N/A	Asbe (i.e	Name of OSHA IN BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, P/  Full Cor Mini-En Gloveba Non-Ex  Description estos Containing Me thermal systems surfacing, VA other miscellan  ille and mastic sulation  Cubic Yards of Waste  Disposal Date  Signature	R STREET ode A 19007  Intainment with Neclosure ag Procedure empted (*) and N  of aterial (ACM) s insulation, T, or eous)  Name of Reg G.R.O.W.	Amount (Specify SF or LF)  150 SF 200 LF  gistered Landfill S. NORTH LANG	A Removal	-		T

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

Date of Notification	n (1)				wner/Operator	(2)						
9/2/2016		E	thnie D	esr	cosiers							
Agencies Notified	Type Notificatio	n Str	eet Addres	S		2016	SEP 12	AM 9	: [ ]	)		
[ ]EPA	Notification	on Cit	y, State,	Zip (	lode							
[ ]DEP	[ ]Amended				NJ,07003				TAL.	L.		
[X] DOL	Notification	on	ne of Conta		-	Telephone						
[X]DOH	[ ]EMERGENCY	1 2 2 2 2 2 2	thnie I		osiers							
[ ]DCA	[ ]Cancellation							-				
			FACILI	TY II	NFORMATION							
Name of Facility Wh Ethnie Desro		Taking	Place (3)			Type of Facili [ ]School (	(K-12)	er tha	an K	-12	ı.	
Street Address						[X]Other (i buildings,	e., priv	ate &	CON	mer	cial	
						Square Feet	# of Flo	ors	1	-	ge	
City (5)	Cou	nty (6)		100000000000000000000000000000000000000	nty Code (7) ATE USE ONLY)	1800	2		9		- 11	
Bloomfield		Essex				Current Use (F		eing	aemo	LIS.	nea)	
Name of Monitoring Owner (8) N/A	Firm hired by Bui	lding	ASCM No.			ment Contractor  IANAGEMENT						
Street Address					Street Addres	s						
					86 Chris	stopher St	•					
City, State, Zip Co	ode				City, State, Montclai	Zip Code r, NJ 0704	12					
Project Manager for	Maritanian Wine	me l en	hone Number	-	Telephone Num			Licen	se 1	Jumb	er	
Project Manager for	Monitoring Firm	N/A	none numbe.		(973) 744			003				
Scheduled Start Date 09 14	ce (10) Sched.	Complet	ion Date (	841	Name of OSHA	Monitor						
Occupancy Status Du	osed/Vacated Duri	Check on	ly one)		Street Addres	s						
[ ]Abatement Pe Hours - Des	erformed Outside cribe: Off Hours cribe: Other Occu	Descrip	t»	T.	City, State,	Zip Code					1	
Scope of Work (Chec	ck all that apply)							VALUE				
[X] >3 sf o		[X]F	Renovation Demolition		[ ]Mini- [X]Glove	Containment wi- Enclosure bag Procedure Friable Procedu		∕e Pre	ssu	re		
			Is ation			•			Abat	eme	nt 1	Type E
Location Asbestos-Co Material TO BE A In Faci	ontaining (ACM) BATED ility	Nor U So By Mai Cust Staf	mally sed lely ntenance todial f (12) No N/A		Description Asbestos-Con Material (i.e., thermal sulation, surf or other misce	ntaining (ACM) 1 systems Facing, VAT,	Amoun (Special SF or LF)	fy	REMOVAL	REPAIR	NCAPSUL	NCHOSDRE
Basement			X	Pip	e Insulat	cion	90LF		X			
				<u> </u>								
Name of Registered AZTECH MANA		Haul	P Waste Ler ID No.	1000000	bic Yards Waste 1.5	Name of Regi Minerva				INC	3	
City, State Montclair, No	J 07042		100		sposal Date 09/20/2016	City, State Waynesb	urg, Ol	hio	44	688	3	
Completed By (Print Constantine		siden	t		Signature	To all	1/-	10000	te /2/2	016	S	
					-	or far an	Hun					

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

Date of Notification	n (1)	N				)wner/Operator	(2)			-			
9/2/2016			Ste	ve So	chii	ΞÍ							
Agencies Notified	Type Notificatio	n s	treet	Addres	s		r	IRIP CED I	5 11		n. :	0	
[ ]EPA	[X] Initial						4	2016 SEP	2 48	-	<i>5</i> - (	U	
[ ]DEP	Notification	on c	-	State,	_				ė.		T AVI		
[X]DOL	[ ]Amended Notification		Mon	tcla	ir, N	J,07043						L	
[X]DOH	Nothitoati		Name o	f Conta	act		Telephone	Number	-110		_		
[ ]DCA	[ ]EMERGENCY		Ste	ve S	chif	f	100						
	[ ]Cancellation	n								51			
				1 - 100	ITY I	NFORMATION	Type of Facili	÷					
Name of Facility Wh		Takin	g Plac	de (3)									
Steve Schiff	-						[ ]School (		er than	ı K	-12		
Street Address							[X]Other (i	e., priva	ite & c	OI			
								ngs, homes,					
	Carr	nty (	<i>6</i> \		Com	nty Code (7)	Square Feet 2200	# of Floo	ors B		g. ‡ 96	ge	
City (5)	Cou	ncy (	0)			ATE USE ONLY)	Current Use (I		eina de	-	7-25	ned)	
Montclair	1	Esse	×				Carrent ose (-		g				
Name of Monitoring	Firm hired by Bui	lding	ASC	M No.		Name of Abate	ment Contractor	(9)					-
Owner (8)	*	-				AZTECH M	MANAGEMENT,	Inc.					
N/A Street Address						Street Addres	s						
Deres marcon						86 Chris	stopher St						
City, State, Zip Co	nde					City, State,	Zip Code						
crty, state, sip oc							r, NJ 0704	12					
Project Manager for	Monitoring Firm	Tel	ephone	e Numbe	r	Telephone Num			Licens	e 1	Numb	er	
alojece manager roa			/A			(973) 744			003	71	_		
Scheduled Start Dat	te (10) Sched.	Compl	etion	Date (	11)	Name of OSHA	Monitor						
09 13	2016 09		16	2016		N/A							
Month Day	Year Month		ay	Year									
Occupancy Status Du [X] Facility Cl of Abateme	osed/Vacated Duri	Check ng En	only tire F	one) Period		Street Addres	s						
[ ]Abatement P	erformed Outside			Cacilit	У	City, State,	Zip Code						
	cribe: Off Hours cribe: Other Occu			ript									
Scope of Work (Chec													
			-1 D				Containment wi -Enclosure	th Negative	e Pres	su:	re e		
[X]≥3 sf or [ ]>160 sf	r >3 lf or >260 lf			vation lition			bag Procedure						
- 1-						[ ]Non-H	Friable Procedu	re	7.7			0	
Locatio	on of		Is ocatio			Descripti	on of				геше	E	E
Asbestos-Co			ormal: Used	_		Asbestos-Cor	ntaining	Amount	1	3	R E	C	C
Material TO BE A			Solely			Material (i.e., therma		(Specif SF or	7 7	P P	PA	AP	LO
In Fac:			ıstodi aff (:		in	sulation, surf	facing, VAT,	LF)		Z A	I	S	S
(13	3)	Yes	No	N/A		or other misce	ellaneous)		1		R	L	R
Basement				X	Piz	oe Insulat	cion	125LE	7	X			
Da Domerio													
Name of Registered	Waste Hauler	N.	DEP W	aste	Cu	bic Yards	Name of Regi	stered Lan	dfill				
AZTECH MANA			7040	ID No.	of	Waste 1.5	Minerva	Enterp	rise	a	IN	2	
City, State						sposal Date	City, State						
Montclair, N	J 07042					09-17-2016	6 Waynesb	urg, Oh	nio 4	4	688	3	
Completed By (Prin	t or Type) Title	6				Signatur	e / , /_	-1/	Dat	e			
Constantine	***		ent			1	-1/-/	1/. 7			016		
							en pullus	1116622					

24000691

Date of Notification (1) 09-01-16			1	Name of E Pompto	Building On Plains	wner/Op	erator ( ian Re	2) eforme	ed Churcl	า					
Agencies Notified	Type Notification		1 7	Street Add						20	16 SEP	2 4	1 5		
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Cod n Plains		7444				. 125. 3 L1	JE N			-
DOH DCA	justification)  Cancellation		1 3	Name of 0						Tele	phone Nur	nber			
				FACIL	ITY INFO	RMATIO									
Name of Facility Where Private Residence	Abatement is Takin	g Place (3)							f Facility (4 chool (K-12						
Street Address								S	ubchapter 8 ther (i.e. pr	(Othe	er than K-12 commerci	2) al buildi	ngs, l	nome	s,
O:h: /5\								Square	c.) Feet	# of	Floors	Bio	ig. Ag	je	-
City (5) Pompton Plains								• • • • • • • • • • • • • • • • • • • •							
County (6) Morris				County C (STATE U	ode (7) SE ONLY)		_	Curren	t Use (Prio	r if bei	ng demolisi	ned)			
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM	No.				ement Cont		(9)		5-1-0		
N/A								Address	racting LL	.C.					_
Street Address	et Address							7th St.							
City, State, Zip Code								tate, Zip n City	Code NJ 0708	7					
Project Manager for Mo	nitoring Firm			Telephon	e No.			one No 216-96			License N 01206	No.			
Start Date (10) 09-13-16		Scheduled 09-15-1		npletion D	Date (11)				A Monitor racting Ll	_C					
Occupancy Status Duri	ng Abatement (Che	ck Only One	;)					Addres							
Facility Closed/Va	cated During Entire	Period of Al	paten	nent				7th St.							
Abatement Perform Other – Describe:	med Outside of Nor	mai Facility	Hours			_			NJ 0708	7					
Scope of Work (Check	All That Apply)							7							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Transcript .	enova emoli				-	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure				е	
		Π.		,				1401	PEXCHIPTO	( ) 4.				ement	t
Location	on of		Locat orma			Des	scription	n of					Ту	pe	
Asbestos-Containir	ng Material (ACM)		l Sole ntena	ely by ince/		tos Cont	aining N	Material			Amount Specify	70		Enc	Ш
TO BE A			odial	Staff?	(1.e.		cing, VA	AT, or	ition,		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13	3)		(12)			other m	niscella	neous)				val	air	ulate	ure
1st F	loor	Yes	No X	N/A			VAT			1	40 SF	X			
Baser			X	-			VAT				300 SF	X			
2000															
Name of Registered W			11 1	NJDEP W Hauler ID		Cubic of Was	Yards ste		1		ered Landi esource l		an/I	acil	itv
Delfa Contracting I	LC		100	35240	estatado	1	10		1		esource i	NECOV	ery f	auli	ity
City, State Union City, NJ						09-16	sal Date 3-16	9	City, Stat		A				
Completed by		Title	B. A	0000		S	Signatur	e ,	4			Date 09-01-	16		
Jaime Delgado		Proj.	ivian	ager.				1	5						

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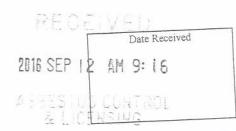
Date of Notification (1)	1012		12: 0.00 ANG 12:	129)		
Agencies Notified	9-5-16	Name of E	Ruilding Owner/Open	(2) 411 SFP	V8. 54.49:	
	Type Notification	Street Add	ress 2, 0	141159-	10EATITY	
	Amended	City State	10 130	× 1457	CB CLATA	OL
DOH	Amendment #	City, State,	Zip Code Plensen	tulle 3/7	y Line 11	2 08232
DCA	justification)  Cancellation	Name of Co	ARCH.	wife Ne		de
		-	MAH		Telephone Nur	niber
Name of Facety Where Al	hatement is Taking Place (3)	FACELITY	INFORMATION			
	Wearhouse (	Blde)		Type of Facility		
Street Address		1	1	School (K-12	2) 8 (Other than K-1)	
City (5)	4de . 50 Isi	and H	rec	Other (i.e., pr fromes, etc.)	Resid 2 mmman	2) iai buildimas,
1A	handie City			Square Feet	# of Floors	Bldg. Age
County (6) Attn	de	County Cod	e (7) (STATE	20000	1-4	10
Name of Monitoring Firm Hi	ndh Dair	COSE CAVILY)		Current Use (Prix	a ii being demois EHN 1005E	hed)
	led by Etaking Owner	ASCIM No.	Name of Abatem	ent Contractor (9)		
Street Address			Street Address	of LLC		
City, State, Zip Code			12/2	Burling 7	ton Aus	
- A Come			City, State, Zio Co	xie /	111 2	
Project Manager for Monitori	ng Firm   Teleg	inone No.	Telephone No.	unco 11	11 0801	is
Start Date (10)			605-346-	-0916	License No.	7)
FIRST TO	S-16 Schedused Complete 10-1-/	on Date (11)	Name of OSHA Mo	nitor //	-01076	
Occupancy Status During Ab	Stement (Chart miss and)		Street Address	Self		
Facility Closed/Vacated Du	Time Entire President of the	enat	- OBEET AGE ESS	72		
Other - Describe: JAC	Lit		City, State, Zip Cod	e		
Scope of Work (Check all that	apply)					
]≥3 sf or ≥3 lf ]≥160 sf or ≥260 lf	Renovation		Full Contain	nment with Negativ	e Pressure	
72 100 St 01 2200 II	Demotion			Amondan		
	Is Location			Med (7) and Non-Fri	able Procedure	
Location of Ashestos Continue No.	Vormally Used Solely by	,	Document of	Williands		Abatement Type
Asbestos-Containing Material TO SE ABATED	Custodial	Asbesto	Description of s Containing Material	(ACM)	enount -	1 1 1
(13)	Staff? (12)	1	nermal systems inside surfacing, VAT, or		For LF)	Enca Enca
	Yes No N	li .	Ane miscellaneous)	nacian na	For LF) Removal	Enclosure Encapsulate Repair
1200-		1	1 / him		-	ate
Floor HIE		-	11=3 A=1	36	005F V	FIH
		_F100,	THE OHOW	74	DSFV	
- 10		Distance of the last of the la				
me of Registered Waste Haute	MDS Hauter	Waste C	ubic Yards Na Waste /	ane of Registered L	andral	
Delanco N.	<u> </u>	Di	sposed Date Car	VIM OF 1	PA O	- Indiana
repleted By 51411	Time WP		Signature	whytown	Dates 1	
			1-94		1-71-16	5
	* Do not use this form	for asbestos lie	zensura exempted a	ctivities.	9-5-4	6

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	(1 0	II Suarre	fDn	iilding Own	er/Operator	(2)	o Dia	ocal		30.	14	1	
· · · · · · (1)		T	vame of Bu	]	er/Operator Lertch W	recking	3015	SEP !	2 FM	-6.1E			
s of Notification (1) September 6, 2016			Street Addi	ress		DI-		0					
ice Notified Type of Notification	ion				5115 Bel	mar Br	να. 		CERCI	HG			
Encies Notification [X] Initial Notification [X] Amended Notification [Initial Notification of the Initial Notific	fication		City, State	, Zip Code	Wall, N.	07727			ne Numbe				
Antenantaria	cluding		Name of (					Telepho	ne rem				
X ] DOH [ ] Cancellation				Doug	-7XO) I								
] DCA		FAC	ILITY D	NFORMA	ATION	Type of	Facility (	4)	ool (k-12)				
ame of Facility Where Abatement is Taking Place (3	3)						Į.			/ at an thor	k-12)	huild	ings.
Residence							[ X	i Oti	ochapter 8 ner (i.e., pr mes, etc.)	ivate & co	mmercia	Dund	шъ,
street Address							foat		of Floors	Bld	g. Age	0	
	inty (6)		County (	Code (7) USE ONL	Y)	Square		101	1	hed)	- 0	0	
City	illey (v)		(STAIR	032 0112		Currer	it Use (Pi Re	rior if bei	ng demolis				
Lakewood	ean				II Name 0	f Abatem		+ (0)		ing. Inc.	e ==== <u>=</u>		
Name of Monitoring Firm Hired by Building Owne	er (8)		ASCM	No.			GL	laiulaii	Contract				
Name of Monitoring Firm Filed of 2.3			1		1	Address	18	89 Rou	te 9, Un	it 61	20-21-12		
Street Address					City, S	tate, Zip (	Code T	oms Riv	ver, New	Jersey (	)8755-	1271	
City, State, Zip Code					Teleph	none Num	ber		Lic	ense Numl 1624	per		
	Teleph	none Num	ber		732-	349-993 of OSH	32	г					
Project Manager for Monitoring Firm	Sched	luled Com	pletion Dat	te (11)	Name	of OSHA	E	E.M.S.L	. Analyt	ical			
Scheduled Start Date (10) 9/16/16	9.	/19/16			Stree	t Address		1056 St	elton Ro	ad			
Status During Abatement (Check offi	y one) puring Entire	Period of	Abatemen	it		7					00051		
Cocupancy States   Facility Closed/Vacated D     Abatement Performed Ou	itside of Noi	rmal Facil	ity Hours		City,	, State, Zi			way, Ne			_	
Other - Describe						1	Full Cor	ntainment	with Nega	ative Press	ure		
t all that apply)					Ī	j	Mini-Er	nclosure					
Scope of Work (Check all that apply)	r	1 1	Renovation			[ ]	Gloveb	ag Proced kempted (	*) and No	n-Friable P	rocedure		
[ ] >3 sf or ≥3 lf	[		Demolition			[x]			1		Abater	ment T	ype
$\begin{bmatrix} x \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$					1	cription	nf.				R	R	E N
	Is	Location	1		Ashesto	os-Conta	ining			mount ecify SF	E M	E P	C
Location of	Not	mally us	ed		Mate	rial (AC	M)		(0)	or LF)	0	A	A P
Language Containing Material (ACIVI)	Mointer	Solely by nance/Cu	stodial		(i.e., th	ermal sy ion, surf	acing,				V	R	S
TO BE ADATED	Mainte	Staff				VAT. or					A		U
in facility (13)		(12)			other 1	miscella	neous)				L		E
(12)	YES	NO	N/A						75	0 sf	X		-
		X		Asbest	os contaii	ning stu	cco					-	+
Exterior	-										_	+	+
										1611			
			** 1	ID No. T	Cubic Yar	ds of Was	ste N	ame of R T.R.R.	egistered L	andilli			
Name of Registered Waste Hauler	- 1	NJDEP W	aste Hauler 20223	1	3	1 5: 0	tota						
Guardian Conduction	ic.		Dispo	osal Date 0/16		Tully	town, I	Pennsyl	vania			ate	16
City, State Toms River, New Jersey	/ Title		9/20	Signat	ure	\.		1			9	/6/20	10
1 and by (Print of Type)	Proj	ect Mar	ager		11	nealth Ott	empted	activities	ĭ.				
Nicholas Fernicola		*Do not 1	use this fo	orm for ast	estos ticei	D 101 C C 50	100						

FUARDIAN CONTRACTING, INC. 889 ROUTE 9 FUITE 61 FOMS RIVER, NEW JERSEY 08755



#### DEMOLITION / RENOVATION NOTIFICATION

	Postmark:	Not	ification:			
erator Project #:		п.	IS .	ASBESTOS PRESENT? (Yes/N	o): Y	
TYPE OF NOTIFICATION (O - Original R - Revised C - C	Cancelled):					
FACILITY INFORMATION (identify owner, removal contract	or and other operator)					
OWNER NAME: Lertch Wreck	ing & Disposal					
Address: 5115 Belmar Blvd			0.	7727		
City: Wall State:	New Jersey	Zi		32-681-0206		
Contact: Doug		Te		20624		_
	ntracting, Inc.			NJ License: 00624		
Address: 1889 Route 9	9, Unit 61					
Discor State:	New Jersey	Z	ъ.	98755		
Nicholas Fel	rnicola	Т	el:	132-349-9932		
Contact.				NJ License:		
OTHER OPERATOR (if different)						
Address: State	*		Zip:			
City:			Tel:			
Contact:	R - Renovation E -	Emergency Renova	ation):	D		
V. FACILITY DESCRIPTION (Including building name, num	ber and floor of fooili fi	umour				
Building Name: Residence						
Address: 366-368 Bergen Av	enue			Ocean		
City: Lakewood Sta	te: New Jersey		County:	Occan		
Site Location: Exterior				pars: 60		
	of Floors: 1		Age in Yo	VIII 011		
Building offer.	Pri	or Use:	Residen	ce and appeared Mate	RIAL	
Present Use: Residence  VI. PROCEDURE, INCLUDING ANALYTICAL METHOD	, IF APPROPRIATE, U	SED TO DETECT	THE PRE	SENCE OF ASBESTOS MATE		
VI. PROCEDURE, INCOME						
IS MATERIAL ASSUMED TO BE ASBESTOS?	12				Nonfi Asbestos	riable Mater
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDI	NG:	RACM		LOCATION	Not 7	To Be
Regulated ACM to be removed		To Be		LOCATION		Cat
Category I ACM not removed     Category II ACM not removed		Removed			Cat I	Cal
Pipes (Linear feet):						_
	A shestos (	containing stuce	00	Exterior		
Surface Area (Square feet): 750 sf	713000100					
RACM Off Facility Component (Cubic feet):					110/15	
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/	VV) Start:	9/16/16	5	Complete: 9	9/19/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION W	ORK, AND METHOD(S) TO E	SE OSED	EDELYED
			SDIE SI	P 12 5M 0.1c
	NGINEERING CONT	ROLS TO BE USED TO PREV	VENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION
				STOS CONTROL
Prior to removal, the work area around the building will be removed by wet procedures. All waste will be placed in	roped off with caution t double 6 mil. Bags, seale	ape and warning signs. Plastic sheet d and labeled and placed in a locked	ting will be placed on the gr container for disposal.	round below and the asbestos will be
WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	,, Inc.		
Address: 188	Route 9, Unit 6	1		
City: Toms River	State:	New Jersey	Zip:	08755
4.44	nolas Fernicola			4
WASTE TRANSPORTER #2 Name:				
Address:				
City:	State:		Zip:	
Contact Person:				
WASTE DISPOSAL SITE Name: T.R	.R.F.			
To the state of th	dentown Road			
	State:	Pennsylvania	Zip:	19007
			)1494	
	ENT AGENCY, PLE	ASE IDENTIFY THE AGENC	Y BELOW AND ATTA	ACH COPY OF ORDER
Name:		Title:		
Authority:				
Date of Order (MM/DD/YY):		Date Ordered to Begin (N	MM/DD/YY):	
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	equipment damage or an unreas	onable financial burden	:
DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBL	LOWED IN THE EV ED, PULVERIZED, (	ENT THAT UNEXPECTED A DR REDUCED TO POWDER	SBESTOS IS FOUND	OR PREVIOUSLY NONFRIABLE
THE DEMOLITION OR RENOVATION AND I	EVIDENCE THAT T	HE REQUIRED TRAINING HA	AS BEEN ACCOMPLI	PART M) WILL BE ONSITE DURING SHED BY THIS PERSON WILL BE
Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/O	perator)	September 6, 2016 (Date)
I CERTIFY THAT THE ABOVE INFORMATION	N IS CORRECT.		1	
Nicholas Fernicola / Project Manage (Printed Name/Title)	er	(Signature of Owner/O	perator)	September 6, 2016 (Date)
	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by wet procedures. All waste will be placed in common to the procedures of the removed by wet procedures. All waste will be placed in common to the placed in common to	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTAND RENOVATION SITE:  Prior to removal, the work area around the building will be roped off with caution to removed by wet procedures. All waste will be placed in double 6 mill. Bags, sealed waste that the placed in double 6 mill. Bags, sealed waste transporter #1 Name:  Guardian Contracting Address:  Items River State:  Contact Person: Nicholas Fernicola  WASTE TRANSPORTER #2 Name:  Address:  City: State:  Contact Person:  WASTE DISPOSAL SITE Name: T.R.R.F.  Location: Bordentown Road  City: Tullytown State:  Telephone: 215-943-9732  IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLENAME:  Authority:  Date of Order (MM/DD/YY):  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 of the DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, of the DEMOLITION OR RENOVATION AND EVIDENCE THAT TO AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HAVAILABLE FOR INSPECTION PROJECT Manager  (Printed Name/Title)  I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  Nicholas Fernicola / Project Manager	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PRE AND RENOVATION SITE:  Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheer removed by wet procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked waster transporter #1 Name: Guardian Contracting, Inc.  Address: 1889 Route 9, Unit 61  City: Toms River State: New Jersey  Contact Person: Nicholas Fernicola  WASTE TRANSPORTER #2 Name:  Address:  City: State:  Contact Person:  WASTE DISPOSAL SITE Name: T.R.R.F.  Location: Bordentown Road  City: Tullytown State: Pennsylvania  Telephone: 215-943-9732 Permit #: 16  If DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE DENTIFY THE AGENCY Name:  Authority:  Date of Order (MM/DD/YY): Date Ordered to Begin (Note)  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 unreas the properties of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreas DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED A ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER IT THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRANSNIGH AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS-HOURS. (Required after Novem Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Owner/O	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF AND RENOVATION SITE:  Prior to removel, the work area around the building will be reped off with cention tape and warning stims. Plantic theorems will be placed on this gremoved by wet procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.  WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.  Address:  1889 Route 9, Unit 61  City: Toms River State: New Jersey Zip:  Contact Person:  WASTE PRANSPORTER #2 Name:  Address:  City: State: Zip:  Contact Person:  WASTE DISPOSAL SITE Name: T.R.R.F.  Location:  Bordentown Road  City: Tullytown State: Pennsylvania Zip:  Telephone 215-943-9732 Pennit #: 101494  IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATT.  Name: Title:  Authority:  Date of Order (MM/DD/YY):  Doscription of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden  DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER  I CERTIFY THAT AN INDIVIDUAL TRANED IN THE PROVISIONS OF THIS REQUILATION (40 CFR PART 61, SUB THE DEMOLITION or RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLIA AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after Neyeriber 20, 1991)  Nicholas Fernicola / Project Manager  (Frinted Name/Title)  CERTIFY THAT ARE ABOVE INFORMATION IS CORRECT.  Nicholas Fernicola / Project Manager  (Frinted Name/Title)  CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  Nicholas Fernicola / Project Manager

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Completed by (Print or Type) Nicholas Fernicola	Title Project N	Manager	Signat	ture				/		0.0000000000000000000000000000000000000	/2016		
City, State Toms River, New Jersey			sposal Date 21/16				ennsylva	nia /		Date	a .		
Name of Registered Waste Hauler Guardian Contracting, Inc.		20223	3	2	City, S		T.R.R.F.						
	ATTENT	EP Waste Har	uler ID No	Cubic Yar	ds of Wa	ste Na	me of Regi	istered L	andfill		1		1
(0)								_		-	-		
				0 ===						-	-		-
Exterior-front of house	Х	ζ	Asbe	stos siding	5			40	00 sf	X			
(13)		(12) NO N/2	A	other		laneous)				A L		U L E	U R E
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility	Norm Sol Maintena	ocation cally used lely by nce/Custodi Staff (12)	al	Asbe Ma (i.e.,	aterial (A	ntaining ACM) systems arfacing,		0.00	Amount specify SF or LF)	R E M O V	R E P A I R	E N C A P S	E N C L O S
[ X ] ≥160 sf or ≥260 lf	[ x	[ ] Dem	olition		[ X ,	NOII-	Exempled	( ) and :	YON-T THEOLO		ement [	ype	
Scope of Work (Check all that apply)  [ ] >3 sf or ≥3 lf	[	1	ovation		[ ] [ ] [ x	Mini- Glov	-Enclosure ebag Proce	dure	legative Pres Non-Friable		re		
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated [ ] Abatement Performed C	During Entire	mal Facility	batement Hours			te, Zip Cod	le Piscat	7000	New Jerse		54		
9/19/16	9.	/20/16			Street Ac	idress	E.M.S	.L. An	alytical				
Project Manager for Monitoring Firm  Scheduled Start Date (10)		hone Numbe	er etion Date (11		732-34	e Number 9-9932 OSHA Mo			00624	umoor			
City, State, Zip Code						e, Zip Cod	Toms	River,	New Jerse License N		55-12	71	
Street Address					Street Ad	SALAW SWOOT		Route 9	, Unit 61				
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM No				Guardi	ian Cor	ntracting,	Inc.			
LB Twp.	Ocean		1000 (N	11 >	Jame of		Reside	nce					
City	County (6)		County Coo (STATE U				00 sf		Floors 1 lemolished)	Bldg.	Age 60		
Street Address							[x]	Other homes	(i.e., private s, etc.)	& com	mercial	buildin	gs,
Name of Facility Where Abatement is Taking P Residence	lace (3)					Type of T	[ ]		ol (k-12)	al. a.u. lu	12)		
		FAG	CILITY IN	FORMAT	TION	Type of F	facility (4)				10000000		
[X] DOH [] Cancell				Travis Le	_								
Emerge	ency (including ation)	g	Name of C					elephon	e Number				
[ ] DEP [ ] Amend	ed Notification ment #	n —	City, State,	Zip Code	Peahala	Park, N	J 08008	<u> </u>					
Agencies Notified Type of Notificatio  [X] EPA [X] Initial N	n Notification		Stieet Add	3	34 Wes	t Sailboa	t Lane (	39 <sup>th</sup> Str	eet)	46			
June 6, 2016			Street Add		radew	inds Bui	iders 16	SEP 1	2	و 0 حر (۱۱) و ۳۰	7-4-	1	-
Date of Notification (1)			Name of B	uilding Own	er/Operat	tor (2)	11 T.T	GD I	2 AM 9	起门.	\$ 1.11	1	

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

RECE VED

2016 SEP 12 AM 9: 7

Date Received

DEMOLITION / RENOVATION NOTIFICATION & LICENSING

Operator	Project #:	ostmark:	Notifica	tion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Car	ncelled): O	II.	IS ASBESTOS PRESENT? (Ye	es/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contractor					
	OWNER NAME: Tradewinds Builders, LL					
	Address: 34 West Sailboat Lane (8	89 <sup>th</sup> Street)				
	City: Peahala Park State:	New Jersey	Zip:	08008		
	Contact: Travis Lepley		Tel:	609-290-4081		
	REMOVAL CONTRACTOR: Guardian Contr	racting, Inc.		NJ License: 00624	4	
	Address: 1889 Route 9, U	Unit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Fernic	cola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)			NJ License:		81234
	Address:					
	City: State:		Zip:			
	Contact:		Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	- Renovation E - Emergency	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number a					
	Building Name: Residence					
	Address: 1504 Long Beach Blvd					
	City: LB Twp. State:	New Jersey	County	y: Ocean		
	Site Location: exterior					
	Building Size: 1200 sf # of Floo	ors: 1	Age ir	Years: 60		
	Present Use: Residence	Prior Use:	Resid	ence		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIATE, USED TO DE	TECT THE P	RESENCE OF ASBESTOS MATE	ERIAL:	
	\$100 miles are an exemple on the content on the con					
	IS MATERIAL ASSUMED TO BE ASBESTOS?				Nonf	friable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	8			Asbestos	
	1. Regulated ACM to be removed	RACM To Be		LOCATION	10000000	noved
	Category I ACM not removed     Category II ACM not removed	Removed			Cat I	Cat I
	Pipes (Linear feet):					
	Surface Area (Square feet): 400 sf	Asbestos siding		Exterior		
	Surface Area (Square 1996).					
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 9/1	9/16	Complete: 9.	/20/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Χ.	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION WO	ORK, AND METHOD(S) TO B	E USED	YED
				9818 SEP 12	AM 9: 17
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed.	roned off with caution to	ane and warning signs. Plastic sheeti	ENT EMISSIONS OF  A = B = 3   0   0    &                        ng will be placed on the gro	ASBESTOS AT THE DEMOLITION  CONTINUL  HOURG  bound below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	. Inc.		
AII,	NO. 200	Route 9, Unit 6			
	City: Toms River	State:	New Jersey	Zip:	08755
		nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:	80	Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
		dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 103	1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLE	ASE IDENTIFY THE AGENCY	BELOW AND ATTA	CH 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:				
	Explanation of how the event caused unsafe condi	tions or would cause e	quipment damage or an unreason	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBLI	LOWED IN THE EV ED, PULVERIZED, C	ENT THAT UNEXPECTED AS OR REDUCED TO POWDER	BESTOS IS FOUND (	DR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NO	VIDENCE THAT TH	E REQUIRED TRAINING HA	S BEEN ACCOMPLIS	HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/Ope	erator)	June 6, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIO	N IS CORRECT.			
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/Ope	erator)	June 6, 2016 (Date)

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

			(P	ursuant	to NJAC 8	8:60 ar	nd 12:12	0)	5) [	I VEN						
Date of Notification (1)	June 6, 2016				Name of Bui	ilding Ov	wner/Oper Tradev	ator (2) winds B	ilders ELL	C2 14 9: 1	2	02	45			
Agencies Notified  [X] EPA  [DEP	[ ] Amen	Notifica	ification		Street Addres	707-1	34 We	st Sailbe	oat Lane (8							
[X] DOL	[ ] Emerg		ncluding	-	Name of Cor	ntact	Peahal	a Park,	NJ 08008	elephone Number						
[x] DOH [ ] DCA	[ ] Cance	llation			Т	[ravis]	Lepley						e31/3e1/17/			
		D1		FACL	LITY INF	ORMA	ATTON	Trans of	Conilies (4)			-1-2-2-27				
	idence	Place (3	)					Type of	Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)				
Street Address									[x]	Other (i.e., private homes, etc.)			al build	ings,		
City		Count	y (6)		County Code STATE USE		)		200 sf	# of Floors	Bldg	. Age 6	0			
LB Twp.		Ocea	ın					Current		being demolished)						
Name of Monitoring Firm F	fired by Building (	)wner (	8)		ASCM No.	- 1	Name of	Abatemer	Residen							
N/A		,,,,,,,,	-,							n Contracting,	Inc.					
Street Address							Street Ac		1889 Ro							
City, State, Zip Code	City, State, Zip Code Toms River, New Jersey 08755-1271															
Project Manager for Monito	oring Firm		Telephone N				732-34	e Numbe 9-9932		License N 00624	umber					
Scheduled Start Date (10) 9/19/16			Scheduled C 9/20/16		n Date (11)			OSHA M		L. Analytical						
Occupancy Status During A	batement (Check of ity Closed/Vacated			of Abate	ment		Street Ac	idress	1056 St	elton Road						
5 5	ement Performed ( r - Describe	Outside	of Normal Fac	cility Hou	rs		City, Sta	te, Zip Co		way, New Jerse	y 088	54				
Scope of Work (Check all the	hat apply)						[ ]		Containment	with Negative Pres	sure					
[ ] >3 st	f or ≥3 lf		f 1	Renovati	on		i		rebag Procedu	re						
55	) sf or ≥260 lf		[x]	Demoliti			[x]	Non	-Exempted (*	) and Non-Friable I	Procedu	ire				
											Abat	ement '	Гуре			
Location of Asbestos-Containing M TO BE ABA' in facility (13)	(ACM)		Is Location Normally us Solely by Intenance/Cus Staff (12)	ed	59	Asbo M (i.e., insu	Description Descri	ntaining ACM) systems arfacing, or		Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L S	E N C L O S U R F		
Exterior house			X	5115.0	Asbestos	e cidin	Or .			1050 sf	X		E	E		
Exterior—house			X .		Asbestos					450 sf	X			-		
Exterior -garage			^		ASUCSIOS	o ordini	5			750 31	71					
			+													
Name of Registered Waste	Hauler ntracting, Inc.		NJDEP Waste	e Hauler I 0223	D No. Ci	ubic Yar	ds of Was		me of Registe Γ.R.R.F.	red Landfill						
City, State			20	Dispose 9/21/1			City, St	ate	ennsylvania							
Toms River, Completed by (Print or Typ Nicholas Ferr	e)	Title Proj	ect Manage		Signature		1 ullyl	J PE	Julisy I Valilla		Date 6/6.	: '2016				

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



#### DEMOLITION / RENOVATION NOTIFICATION

Operat	or Project #:	Postmark:		Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - C	ancelled):	0	П.	IS ASBESTOS PRESENT? (Y	(es/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contractor	or and other	operator)				
	OWNER NAME: Tradewinds Builders, L	LC					
	Address: 34 West Sailboat Lane	(89 <sup>th</sup> Stree	et)				
	City: Peahala Park State:	New Je	ersey	Zip:	08008		
	Contact: Travis Lepley			Tel:	609-290-4081		
	REMOVAL CONTRACTOR: Guardian Cont	tracting, I	nc.		NJ License: 0062	.4	
	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	- Renovatio	n E - Emergency	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number	and floor or	room number)				
	Building Name: Residence						
	Address: 7905 Ocean Avenue						
	City: LB Twp. State:	New Je	ersey	County:	Ocean		
	Site Location: exterior						
	Building Size: 1200 sf # of Flo	ors:	1	Age in Y	ears: 60		
	Present Use: Residence		Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIA	TE, USED TO DE	TECT THE PRE	SENCE OF ASBESTOS MATE	RIAL:	
1 mr	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	T				Nonf	riable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		D 1 50 4			Asbestos	Material
	Regulated ACM to be removed     Category I ACM not removed		RACM To Be		LOCATION		Γο Be loved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 1500 sf	Asbest	tos siding		Exterior		
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/19	)/16	Complete: 9/	20/16	

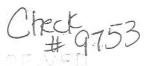
x.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION W	ORK, AND METHOD(S)	TO BE USED PEO	EIVED
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed	oped off with caution t	ape and warning signs. Plastic	A - E S	FASBESTOS AT THE DEMOLITION  OS CONTROL  ground below and the asbestos will be used.
xii.	WASTE TRANSPORTER #1 Name: Guard	lian Contracting	, Inc.		
		Route 9, Unit 6			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicho	las Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R	L.F.			
	Location: Borde	entown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	NT AGENCY, PLE	ASE IDENTIFY THE AGE	ENCY BELOW AND ATT	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begi	in (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 condition	ns or would cause e	quipment damage or an uni	reasonable financial burden	c .
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED				OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT TH	E REQUIRED TRAINING	HAS BEEN ACCOMPLI	PART M) WILL BE ONSITE DURING SHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owne	r/Operator)	June 6, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owne	r/Operator)	June 6, 2016 (Date)

CK 3909

Date of Notification (1) 09/06/2016					vner/Operate ard of Edu				1 = 1			
Agencies Notified Type Notification		1 5	Street Add 445 Mar	iress shall St	reet		2016	SEP 12 A	Ħ 9: i	9		
EPA Initial  DEP X Amended  Amendment #				, Zip Code ourg, NJ			á s e	ESTOS S E LICENS	JATAC	)L		
Emergency (ii  DOH  DCA  Emergency (ii  justification)  Cancellation	ncluding	0 9	Name of C Barry C	Contact oopersn	nith			Telephone N	umber			
			FACILI	TY INFO	RMATION	1 -	(F:::- /A)					_
Name of Facility Where Abatement is Taking Barber School Conversion to Admir Street Address	Place (3) nistrative	Offi	ces				of Facility (4) School (K-12) Subchapter 8	(Other than K-	12)			
50 Sargent Avenue						×	Other (i.e. privetc.)	rate & commer	cial buildi			3,
City (5) Phillipsburg							re Feet	# of Floors		dg. A	ge	
County (6) Warren			County Co (STATE US	ode (7) SE ONLY)		vaca	ant	if being demol	ished)			
Name of Monitoring Firm Hired by Building C Aero Environmental Services	wner (8)		ASCM	No.			tement Contr ruction Corp					
Street Address 275 Route 10E						eet Addre 5 Watc	ss hung Aven	ue				
City, State, Zip Code Succasunna, NJ 07876						, State, Z est Ora	ip Code nge, NJ 07	052				
Project Manager for Monitoring Firm Mike Berta			Telephon		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ephone N 3-669-2		License 01231				
Start Date (10) August 9, 2016	Schedule						HA Monitor r Laborator	ies Global I	nc.			
Occupancy Status During Abatement (Chec	**************************************	PO GROVE LOS III NA			Str	eet Addre	SS					
Facility Closed/Vacated During Entire F			nent				ary Street					
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hour	s			y, State, 2 chmon	Zip Code d, VA. 2322	20				
Scope of Work (Check All That Apply)						_						
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		enova emoli				H M	ini-Enclosure	nt with Negativ edure (*) and Non-Fr			-0	
						[m] N	on-Exempled	( ) and North	lable i io		emen	t
		Locat Jorma	4/5							Т	уре	_
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Mai Cust	d Sole intena	ely by ance/ Staff?		Descrip tos Containir thermal syst surfacing other misce	ng Materia tems insu VAT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	X	IN/A	- E	Fire Door	Insulation	on	28SF	X			
Basement Storage Room		X			Fire Door	Insulation	on	56SF	X			
Attic		X		HVA	C Duct Ba	inds at	Seams	100SF	X			
Name of Registered Waste Hauler		100	NJDEP W Hauler ID		Cubic Yar of Waste	ds		Registered Lan	dfill			
Future Sanitation Inc.			i iaulei ID	INU.				n Facility				
City, State Passaic, NJ 07055					Disposal [		City, State Tullytov	vn, PA				
Completed by Barbara Reed	Title Pres	iden	t		Sign	ature	a Le	ed	Date 09/06/	201	3	

Creck # 9755

Date of Notification (1)	Name of Bu	uilding Owner/Operato	161131 11 0	FRACTOR	8			
Agencies Notified Type Notification	Street Add	21 12	I La Las Au	6	1		m <sub>1</sub>	
☐ EPA ☐ Initial ☐ Amended Amendment #	City, State		L NT	0775	7	, Line	1	
DOH Emergency (inclusion)	uding Name of C	ontact KURR	2	Telephone Numb	per\		-	7
L BOX		TYINFORMATION	Type of Facility (4)					$\dashv$
Name of Facility Where Abatement is Taking Pl	200 (3) 22 ///2		School (K-12	_				
Street Address	D D A	16		(Other than K-12)	buildir	ngs, h	omes	۵,
City (5)	NJT (	577/2	Square Feet	# of Floors	100000000000000000000000000000000000000	g. Aģ		-
County (6) Monmouth	County Co (STATE US	ode (7)		anily I	d)	lle.	ns	
Name of Monitoring Firm Hired by Building Own	ner (8) ASCM	No. Nam	ne of Abatement Cont		ies	9		
Street Address	7	Stre	et Address	337				
City, State, Zip Code	280 T.V	5.33 City	State, Zip Code	TUN 40	08	35	3	3
Project Manager for Modifieri Ige-irm	Telephone		phone No. 758-336	License No	3	9	4	
Start Date (10)	cheduled Completion D		ne of OSHA Monitor EPC Tecl	1	To		-8	
Occupancy Status During Abatement (Check C	Only One)	Stre	et Address	~				
Facility Closed Vacated During Entire Per	iod of Abatement		P.O. BOX	337			-	
Abatement Performed Outside of Normal Other – Describe:	Facility Hours		, State, Zip Code New Egypt	NJC	185	3	3	
Scope of Work (Check All That Apply)				at with Mogoffino P	raccus			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		☐ Mini-Enclosure				9	
		,	Non-Exemples	( ) and Herr Hiss		Abate	ment	t
	Is Location Normally	Descrip	tion of			Ту		Ī
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Containin (i.e. thermal syst	g Material (ACM) ems insulation,	Amount (Specify	Re	R	Ence	Enc
TO BE ABATED In Facility (13)	Custodial Staff? (12)	surfacing, other misce	VAT, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No N/A			0 .			w	-
Kitchen Dining Room	X	Floor St	keting '	300 SF	X			
J								
						-		
Name of Registered Waste Hauler	NJDEP W Hauler ID	/aste Cubic Yard No. of Waste		Registered Landfil		,	~ ſ	DiΔ
EPC Technologies		1	ate City, Sta	te Manage		F 0	+ 1	( A )
1.00 = 100:	VJ Title	by 9-3	30-16 MORI	d or the c	PA	7	11	,
Steve Schenker	President	S	Tene Sch	oka	9-	- /-	16	2_



								-
Date of Notification (1) 9-7-16	Name	of Building Owner/O	Perator (2) Kurre2016 (E	B18 tike	E Po	125	k:	
Agencies Notified Type Notification	Street	Address 26 P	radley AU		; - ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			
☐ EPA Initial ☐ Amended	City, S	State, Zip Code	Radley No	LICERSING	eld L			-
DOL Amendment #		Ocean	port NJ	0775	7			
DOH Emergency (in justification)	Name	of Contact, Luce	•	Telephone Numb	er'			
□ DCA □ Cancellation	FA	CILITY INFORMATION		J -				
Name of Facility Where Abatement is Taking		2.2.2	Type of Facility (4					
4.1710 19.111	selling 0	urage	☐ School (K-1)	8 (Other than K-12)				
Street Address			Other (i.e. p	rivate & commercial	buildi	ngs, h	omes	5,
City (5)	117	077	Square Feet	# of Floors		lg. Ag		
Ocean lug		0///2	Current Use (Prin	or if being demolishe	-	50 t		
County (6)		ty Code (7) E USE ONLY)	- Detach	1 /				
Name of Monitoring Firm Hired by Building O	wner (8) AS	CM No.	Name of Abatement Con	A 8	9 4	9		
EPC Technolo	sies	NA	Street Address	hnologi	es	-	n	-
Street Address	37		P.O. Box	337				
City, State, Zip Code	NT AC	3533	City, State, Zip Code	711 11	A	36	2	2
New Equat.	M2 01	233	Telephone No.	License No	U		-	
Project Manager for Monitoria go Firm	60°	hone No. 758-3365	609 758-334	20.00	3	9	4	
Start Date (10)	Scheduled Completion		Name of OSHA Monitor	1			9	-33.0
Sept 17,2016	Sept 3	20,2016	Street Address	hnologies	L	C		_
Occupancy Status During Abatement (Check			P.O. Box	337			-	
Facility Closed/Vacated During Entire P  Abatement Performed Outside of Normal	al Facility Hours		City, State, Zip Code	( )			_	
Other – Describe:			New Egypt	NJ C	183	53	5_	
Scope of Work (Check All That Apply)	□ Renovation		☐ Full Containm	ent with Negative Pr	ressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demolition		☐ Mini-Enclosur	9				
			Non-Exempte	d (*) and Non-Friabl				
-	Is Location					Abate Typ		š
Location of	Normally Used Solely by	Asbestos Cor	escription of staining Material (ACM)	Amount			щ	m
Asbestos-Containing Material (ACM)  TO BE ABATED	Maintenance/ Custodial Staff?		l systems insulation, acing, VAT, or	(Specify SF or LF)	Removal	Repair	cap	Enclosure
In Facility (13)	(12)		miscellaneous)		oval	air	Encapsulate	sure
	Yes No N	/A					Ф	_
exterior walls	X	Sidins	Shingles	400 SE	X			
CRICE SIE (GI)			J		-			-
					-			-
13		D Master   Collet	c Yards Name of	Registered Landfill				
Name of Registered Waste Hauler		P Waste Cubi				4	r [	2iA
EPC Technologie	\$ 17	7000 Disp	nsal Date City, Sta	te Manager		. 0		A
City, State	NJ.	76		visuille t	A	National Control		
New Egypt Completed by	Title		Signature	Da	Č _	1-	7-1	6
Steve Schenker	Presiden	T	DENEDON	on .	1	1 /		V

### CK2473

Date of Notification (1)	9/7/16		N	lame of	Building C	wner/C	perator Q \ \ /	(2) (U)	73 9	000	.che	Sal	-	_C					
Agencies Notified	Type Notification		S	treet Ac	Idress		3 1	10	2016	SEP	12 5	1 3	<del>U-</del>						
□ EPA	Initial				1.0	Bt	$\times$ $^{-}$	10	1										
DEP	Amended		C	City, Stat	e, Zip Cod			, -	- 5	150		110							
X DOL	Amendment # Emergency (in		-	lama of	Contact	1741	DAL.	<u>////</u>		Tele	phone N	umber							
DOH DCA	justification) Cancellation		516	Eric Pl		55-E				100	prioriere	arribo,							
U BOA					ITY INFO	RMATI	ON			_									
Name of Facility Where	Abatement is Taking	Place (3)						Туре	of Facility (4	4)									
									School (K-1		rthan K	12)							
Street Address	1		120					170	Subchapter Other (i.e. p etc.)	rivate &	comme	rcial bu	ıildir	ngs, l	nome	s,			
City (5)	1 - 1	1.5							e Feet	# of	Floors		Bld	g. Ag	je				
Ker	nardsvII	le.						27	160		2		Ĵ	36					
County (6)	occe A				ode (7) ISE ONLY)			Currer	nt Use (Pric	or if beir	ng demol	ished)							
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	No.		Name	of Abat	ement Con	tractor	(9)	-							
Taking of Monitoring 1 in	of of conding of	(-)					Brick Industries Inc.												
Street Address							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Addres											
								Box 9											
City, State, Zip Code							1000		p Code / Jersey (	08723									
Project Manager for Mor	nitorina Firm		Ti	elephor	ne No.			none No		T	License	No.							
, roject manager or men							(732	)899-7	7499		01196								
Start Date (10)		Scheduled Q 7	Com	pletion I	Date (11)		Name	of OSH	IA Monitor										
Occupancy Status Durin	g Abatement (Check	Only One	,	10		=====	Street	Addres	S										
Facility Closed/Vac	ated During Entire Pe	eriod of Ab	atem	ent															
Abatement Perform Other – Describe:	ned Outside of Norma	I Facility F	lours				City, S	state, Zi	p Code										
													55.0			_			
Scope of Work (Check A	Rii Triat Appry)			Y252			13	₹ E	l Containm	ant with	Negative	a Pres	SHIE						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				F	Min	i-Enclosure	€	recgative	01100	Juit						
									vebag Prod n-Exempted		d Non-Fr	iable F	roce	edure	•				
		le I	ocatio	20										bate	ment				
Locatio	n of	No	rmall	у		De	escription	of					T	Ту	oe				
Asbestos-Containing	Material (ACM)	Used Main			Asbes	tos Con	itaining N I system	/laterial	(ACM)		mount Specify	-	0	_	Enc	Ш			
TO BE AB		Custo		taff?	(I.e.	surfa	acing, VA	T, or	ition,		or LF)	TO YOU	3	Repair	caps	Enclosure			
(13)			(12)			other	miscellar	neous)				2		air	Encapsulate	sure			
		Yes	No	N/A		2				_ r					ND.				
					asbl	sto)	40	Dr +	1le	96	455		1						
					as be	1/08	57d	ing		201	) O St	- 3	1						
Name of Registered Wa	ste Hauler	-	3,000,000	JDEP Wauler ID		Cubic of Wa	Yards		Name of			dfill							
Brick Industries Inc	•		1,000	auler 10 1602	NO.	UI VVa	-	)	GROW	/S Inc.									
City, State				000000000000000000000000000000000000000		Dispo	sal Date	\ t	City, Stat	e									
Brick, New Jersey						1	U151	16	PA,			D :	14		7 :				
Completed by		Title Presid	ont				Signature	e///	11/			Date	U		111				
Eric Plackis		riesio	CIII					7/1	17						1	_			

Print Form-

									( )	Ler.		1	) )	)(/	()
Date of Notification (1) 9/7/16					of Building Ilish Pro			r (2)				SEF	1	2 2	116
Agencies Notified  X EPA	Type Notificatio	n		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address 2nd Stre	et					AS	BEST	os	CON	TRO
DEP X DOL	Amended Amendmen	nt#			tate, Zip C ken, NJ		11115				70	L	CEI	HEI	<u>a</u>
Ď DOH DCA	Emergency justification	y (includin	g		of Contact		7-1145			Te	lephone N	Numbe			
☐ DCA	Cancellation				Evers										****
Name of Facility Where	Abatement is Tak	ing Place	(3)	FAC	CILITY INF	ORMAT	ION	Туре	of Facility	(4)					
Street Address				-					School (K- Subchapte Other (i.e. <sub>I</sub>	r 8 (Oth			iildino	s, hor	nes.
City (5)									etc.) re Feet		f Floors			Age	
Irvington								2600		2			70	30	
County (6) Essex					Code (7) USE ONL	n		Curre	nt Use (Pri	or if bei	ng demo	ished)			
Name of Monitoring Fire	m Hired by Building	Owner (8	3)	ASC	M No.				tement Cor onmenta			_C			
Street Address								Addres Box 48	s 33, 4 E G	ate D	rive				
City, State, Zip Code									p Code NJ 074	18					
Project Manager for Mo	nitoring Firm			Telepho	one No.		Teleph	none No 764-2:	).		License 703	No.			-
Start Date (10) 9/22/16		Schedu 10/22		mpletion	Date (11)				IA Monitor		700				
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)				Street	Addres	S						
× Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire ned Outside of Nor	Period of mal Facilit	Abater y Hour	ment			City, S	tate, Zi	o Code	10			<del></del>		
Scope of Work (Check A	All That Apply)						-								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processed.	Renova Demoli				×	Min Glo	Containme -Enclosure rebag Prod -Exempted	edure					
			s Locat Norma					1 (10)	Exclipted	( ) and	I NOTE TO	able F1	Aba	temen ype	t
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	ed Sole aintena todial (12)	eľý by nce/		tos Conta thermal surfac		aterial insulat T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	ci
basem	ent	-		X		pipe	insulat	ion		30	0 LF	x			
						- measurement							-		
Name of Registered Was reehold Cartage	ste Hauler		H	IJDEP W lauler ID 5939		Cubic Y of Was TBD			Name of F Western						
City, State reehold, NJ						Disposa TBD	al Date		City, State Birdsbor						
Completed by Scott Higgins		Title Presi	dent				gnature	h	1	- -	TD	ate /7/16			

Data af Nation (1)		Value of the						( /	1410	4	1,4		"N	E
Date of Notification (1) 9/7/16				Name JMF	of Building Properti	g Owne es	er/Operato	r (2)				1		1
	「ype Notification  ✓ Initial	n			t Address lorse Hill	Road	d, Suite 2	201		SE	P	12	2016	
DEP DOL	Amended Amendmer	nt#			State, Zip C ar Knolls		07027		1 1	SDEC.	700	0.5		
⊠ DOH	Emergency justification	(includin	ıg		of Contact		01921		Tele	SBES phone N	IOS IOE	CON	ITRO	)L 8
DCA C	Cancellatio				e Clark				1	DITOTIO 11	umbo			
Name of Facility Where Ab	atement is Taki	ng Place	(3)	FA	CILITY INF	ORMA	ATION	Type of Facility	(4)					
House Street Address								School (K. Subchapte X Other (i.e. etc.)	er 8 (Other	r than K- commer	12) cial bu	uilding	s, hon	nes.
City (5) Ortley Beach								Square Feet 2300	# of F	loors		Bldg. 76	Age	
County (6) Ocean				County (STATE	y Code (7) E USE ONLY	n		Current Use (Pr	rior if being	g demolis	shed)			
Name of Monitoring Firm Hi	red by Building	Owner (8	3)	ASC	CM No.		Name ABS	of Abatement Co Environment	ontractor (9 al Servic	es, LL				
Street Address								Address Box 483, 4 E 0	Sate Driv	/e				
City, State, Zip Code							City, S	tate, Zip Code wood, NJ 074						
Project Manager for Monitor	ing Firm			Teleph	one No.		Teleph	one No. 764-2276	1	_icense N	No.			
Start Date (10) 9/16/16		Schedu 10/30/		mpletion	Date (11)		Name	of OSHA Monitor			=2			
Occupancy Status During At	patement (Chec	k Only O	ne)				Street	Address						
Facility Closed/Vacated Abatement Performed (  Other – Describe: outsi	Outside of Norm	Period of nal Facilit	Abater y Hour	ment s			City, St	ate, Zip Code						
Scope of Work (Check All Th	nat Apply)													
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	3,447	Total Control of the	Renova Demoli				×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					
			Locat					Non-Exemple	u ( ) and i	NOH-FIIAL	T Pro	Abat	ement	
Location of Asbestos-Containing Mat	erial (ACM)	Use	Normal ed Sole	ly by	Ashesi	Do Cor	escription of	of aterial (ACM)	Amo		-	T	/pe	
TO BE ABATE In Facility (13)	D		intena todial ( (12)		(i.e.	therma surfa	al systems acing, VAT miscellane	insulation, , or	(Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
exterior		Yes	No	N/A									ite	Ф
exterior				X			siding		1800	SF	х			
Name of Registered Waste H	auler		N	JDEP W	/aste	Cubia	Yards	I No.	5 ·					
reehold Cartage			Н	auler ID 5939	SWIEDWAY .	of Wa		Name of F Western	Registered Berks I					
City, State reehold, NJ							sal Date	City, State						
Completed by . Scott Higgins		Title Presid	dent				Signature	///	7	Dat Q/7	e 7/16			
							,	//		9//	110			



Date of Notification (1)			Name (	of Building C	)wner/O	perator (2	2)				71.77	162	
9–2–16				er Univ				1	EG	E	$\mathbb{V}$		In
Agencies Notified Type Notification			Street A	Address									1
☑ EPA			2083	3 Lawre	encev	ille	Road						
□ DEP □ Amended Δ DOL Amendment	a.			tate, Zip Cod				1	- GET	- 12	201	b	how
□ Emergency (				rencevi	lle,	NJ	08648						ĺ
DOH justification)			Name o	of Contact				TL	lenhone N	шпфец.	TIAC	ROL	&
DCA Cancellation			-			-,				UEINO	-		
Name of Facility Where Abatement is Taking I	Place (3)		FAC	ILITY INFO	ORMAT	TION	Type of Facilit	v (1)					
Rider University													
Street Address							<ul> <li>□ School (k</li> <li>□ Subchapt</li> </ul>	k-12) er 8 (Othe	r than K-1.	2)			
2083 Lawrenceville Road							Other (i.e	private &	commerc	ial build	ings, h	omes,	etc.)
City (5)							Square Feet	# 0	of Floors	- 1	Bldg.	Age	
Lawrenceville							50,000		2		50 g	yrs.	
County (6)				Code (7)			Current Use (Pr	rior if beir	ig demolisi	hed)			
Mercer			(SLATE	USE ONLY)	it <del>aa</del>		gym						
Name of Monitoring Firm Hired by Building O	wner (8)		ASCI	M No.			of Abatement Co						
Pennoni Associates Street Address							outh Env	ironm	ental	Co.,	Inc		
515 Grove Street							Address						
City, State, Zip Code		-1/-					Haws Ave	nue					
Haddon Heights, NJ 08035							ate, Zip Code	D7 10	101				
Project Manager for Monitoring Firm		-	Telepho	ne No		Telepho	ristown,	PA 19					
Craig Wilson	ig Wilson						239–9920		License 003				
Start Date (10)							f OSHA Monito	r	003	990			4-1-2
8-22-16	9-19						Environm		, Inc				
Occupancy Status During Abatement (Check Or	ily One)					Street A	ddress						-
☐ Facility Closed/Vacated During Entire Per	od of Abate	ment				411	Southgat	e Cou	rt, S	uite	E		
Abatement Performed Outside of Normal  Other – Describe: Occupied	Pacility Hou	rs					ate, Zip Code						_1162-
Scope of Work (Check All That Apply)						Mick	kleton, N	J 08	056				
	42												
☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf		novat moliti	1007			23		nent with	Negative F	ressure			
		11101111	.on				Glovebag Pro	ocedure					
	T							ed (*) and	Non-Friab	ole Proce	dure		
		ocati										ement ype	
Location of Asbestos-Containing Material (ACM)		Solel		Ashaut		scription					1	T	
TO BE ABATED	Mair Custo	ntenan					terial (ACM) ation, surfacing,		Amount Specify	~		豆	E I
In Facility (13)	100-100100	(12)	uii.			VAT, or niscelland	aug)		For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	NI.	NIZA		other n	mscenan	(ous)			val	=	ulate	ure
locker rooms	1 cs	No X	N/A										
						latio	n 	600	LF	1	×		
locker rooms	ocker rooms						astic	315	SF	1	<		
Name of Registered Waste Hauler			JDEP W		Cubic Y	Yards	Name o	f Register	ed Landfill		1		
Robinson Waste Disposal		14	7304	No.	of Wast	te							
City, State					Disposa	al Data	City, St		Land	T T T T			
Voorhees, NJ					9-19			ne .ytown	. PA				
Completed by	Title					gnature				Date		-	
James M. Kelly	Vice-	Pre	side	nt		/		=		9-2-1	6		

CK 3727

Date of Notification (1)	Name of Building	ANN L	(B)		$\mathbb{V}_{-}$	EI	n	-
Agency Notified Type Notification	Street Address		111 111	5	***	11		
-/				SEP 12	2016	-111	]	Н
DEP DEP	City, State, Zip C	code .	PLAPUS	NJ O	7.9:	SE	5	
Ø DOL Amendment # ☐ Emergency (includi	ing Name of Contac		TAS!	Telephone Numb		₫.	- I	
☐ DOH justification) ☐ DCA ☐ Cancellation	MS. L		***************************************	-				,
d bea	FACILITY INFO							
Name of Facility Where Abatement is Taking Pli	ace (3)		Type of Facility (	4)				
Ms. Lovie			School (K-12)	(Other than K-12)				
Street Address		2	D'Other (i.e. pri	rate & commercial	building	ß,		
		· · · · · ·	homes, etc.) Square Feet	# of Floors	Bldg. /	\ge		_
City (5) Monris Plus	1 A) P	···.	2200			34	5	
101010 V W	County Code (7)	STATE USE	Current Use (Pri	or if being demolis	hed)			
County (6)	ONLY)		1	SIDENCE	<b>9</b> 3			
Name of Monitoring Firm Hired by Building Own	er ASCM No.	Name of Abates	ment Contractor (9)					
(8)			moval Inc					
Street Address		Street Address		0.4				
		450 Sou	th River	St				_
City, State, Zip Code			ack, N.J.	07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No.		License No.				
Project manager in a manager	•	201-329		00388				
Start Date (10)   Scheduled 0	Completion Date (11)	Name of OSHA		m + 6.1				
9/15/16	116/16	Street Address	Environme	EIILAI				
Occupancy Status During Abatement (Check or			uyler St					
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac	citiv Hours	City, State, Zip		ar r 0.7	606	•		
Domer - Describe: 8:00AM TO	5:05-KM	S. Ha	ckensack	,N.J. 07	000		-	-
Scope of Work (Check all that apply)			Containment with	Negative Pressure	2			
1253 st or ≥ 3 ff	∠2 Renovation . □ Demoition	D-Gle	i-Enclosure vebag Procedure					
□ ≥ 160 sf or ≥ 260 lf		☐ Nos	-Exempted (*) and	Non-Friable Proc	adure	Aba	riera	ent
	Is Location Normally :						Type	T
. Location of	Used Solely by	Description stos Containing I	of Action (ACM)	Amount			15	m
Ashestos-Containing Material (ACM) TO SE ABATED	Maintenance/ Associated (Le	e thermal system	rs insulation,	(Specify SF or LF)		Removal	080	nclo
(13)	(12)	surfacing, V/ other miscella		<u> </u>		oval	T WAR	Enclosure
	Yes No N/A		1					1
B I S S I S N T		LIMAC SYST	שוא נאין מים	NIS	1_F	X	I	I
BASEMENT	- THE						I	I
	++.				`+			1
		,						
Name of Registered Waste Hauter	NJDEP Waste Hauler	Cubic Yards of Waste					r	7
Best Removal Inc	17109	1 4/2	Minerva	Enterpr	ises	, ,	) بلایا	,
City, State	1 2720	Disposal Date	City, State	No. 100				
Hackensack , N.J. 0	7601	9/16/11	6 Waynes	sburg, Oh	, 446 Date	88		-
Completed by Title		Signature	م مرد ا	ا ھ	9	/2/	16	
0.Harorano	timator not use this form for asbestos	Scensure Gremot						
ASS-41 * Do 1	THE SECTION HOLD SPECSORS							

CK 1711

State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT

			(Pi	ırsuan	t to NJAC	8:60 and 12:12	o)    n) <u>[</u>		y [		16	
Date of Notification (1) 9/1/20	16			1		ng Owner/Operator	r (2)			Tar County	1	
Agencies Notified	Type Notific	ration			rol Repol			GEF 19 90	1473	#	111	
EPA	Initial	auon		Stre	et Address	5	IA F	AFL 15 M	110	-	7	
DEP X DOL	Amende			City	State, Zip	Code				$\pm$	+	-
	Amendm Emerger	nent #_ ncy (includii	ng	Ch	erry Hill,	NJ	, ASB	ESTOS CONT	ROL	&		
DOH DCA	justifica Cancella	ton)		07/20730	ne of Cor			Telephone Nu	mber			
Прод	L Caricella	uon		Caro	ol Repole	y						
				FA	ACILITY IN	FORMATION						
Name of Facility Where A Residence	Abatement is	Taking Plac	e (3)				Type of Facility School (K-					
Street Address			112.00			<u></u>		r 8 (Other than K-	12)			
511 551 7 15 15 15 15 15 15 15 15 15 15 15 15 15							Other (i.e.,	private 8 commerc		Iding	5,	
City (s)							Square Feet	# of Floors	TE	Bldg.	Age	
Cherry Hill, NJ							2100	_ 2		0 yr	s	
County (6) Camden, NJ					unty Code E ONLY)	(7) (STATE	Current Use (F Residence	Prior if being demo	lished)			
Name of Monitoring Firm	Hired by Buil	ding Owner	_	ASCN		Name of Abatem		0/			_	_
(8)	· ···· ou by buil	unig Owner		AGGIV	I IVO.	AEi2, LLC	ient Contractor (	5)				
Street Address						Street Address						_
						361 E. Flemin						
City, State, Zip Code						City, State, Zip			1			
Project Manager for M	onitoring Fir	m	T = 1		N.	Hammonton, 1	NJ 08037	T1: N				
1 Toject Manager for W	officorning i ii		l lei	ephone	NO.	Telephone No. 609-481-212	2	License No. 00689				
Start Date (10)	18	Scheduled C	Comple	etion Da	ate (11)	Name of OSHA M						
9/10/2016	9	/14/2016				AEi2, LLC	42 C Manual Sca, 200 years with		9			
Occupancy Status During						Street Address						
Facility Closed/Vacate Abatement Performed						361 E. Flemi						
Other - Describe:		That I dom	., 1100			City, State, Zip C Hammonton,	NJ 08037					
Scope of Work (Check all	that apply)					Full Cor	ntainment with N	legative Pressure	10-100			
≥3 sf or ≥3 lf		∇  R	enovat	ion		☐ Mini-End						
≥160 sf or ≥260 lf		De	enovat emolitic	n		Gloveba	g Procedure					
		ls l	ocati	on.	Γ	△ Non-Exe	empted (*) and N	lon-Friable Proced		Abate	m a n t	
Location o	£	N.	ormall Solel	1		5			'	Typ	e e	
Asbestos-Containing Ma	terial (ACM)		ntenar		Asbest	Description of os Containing Mate	erial (ACM)	Amount	R		E	E
TO BE ABATE IN Facility	<u>:D</u>		ustodia Staff?	al		thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	e	R e	0 4	n c 1
(13)		100	(12)			other miscellaneon		SF OI LF)	0	p a	p s	0
		V							a 1	r	1 1	u r e
Living Room		Yes	No	N/A X	Floor Ti	le		200 sf	37	_	t	
Upstairs Bath				X	Floor Ti			75 sf	X		-	
				X					X			$\vdash$
				X	-				X			$\vdash$
Name of Registered Waste	Hauler		11 2.77	JDEP V	2007/G	Cubic Yards	Name of Regi	stered Landfill	IA			$\vdash$
AEi2, LLC			14	auler ID 1376	No.	of Waste 2	TBD					
City, State			-14	1370		Disposal Date	City, State					=
Hammonton, NJ						TBD //	TBD	1				
Completed By Wm. Minnick		Title	Ma	S		Signature	/, ~	Date				
vv 111. IVIIIIIIICK		Program	ivigi			11/1/4	mm	9/1/16				

	E	C	E		W/	F	B
K	3	7. 2	8				
		CED	1	o.	nnen		

Date of Notification (1)			1	Name o	of Building	Owner/Operator	(2) , 00.	00		- 132		-	manual .
9/2	)16	27				MICHAE	LIFA	ASBESTOS	CONT	TDO	7.	0	-
Agency Notified	Type Notification			Street /	Address		-	E LIGHT	NEW C	inc	<i>JL</i> (	Ó.	
EPA DEP	D Initial D Amended		1	City, St	ate, Zip (	Code	10	02561					
Z DOL	Amendment #	<b>S</b>		•	HAY	n thoun	E . NJ	. 07506			_		
D DCA	justification)  © Cancellation	~		Name o	of Contact	LiPACE		I STORMAN MANUAL					2000
				FACI	JTY INF	ORMATION						5-100-	
Name of Facility Where	Abatement is Taking Pla	œ (3)					Type of Facility	(4)					
	MR WRA	ini	-				School (K-12	) - (24)					
Street Address							Other (i.e. pr	(Other than K-12) ivate & commercial	building	gs,			
						-	homes, etc.) Sauare Feet		Bidg.		_		-
City (5)		=	ii.	•		٠.,	2500.		/	9	3	8	
	MITHORNE		- 1	C	Cuda II	(STATE USE		rior if being demolis		-			
County (6)	ASSAIC			ONLY)		, (SINIE SOL		SI NEW CE		<u> </u>			
	m Hired by Building Owne	F /	ASCM	No.		Name of Abatem	ent Contractor (	9)					
(8)			139	٠.		Best Ren	noval In	с					
Street Address						Street Address					- 1		
						450 Sout	th River	St		7.00 m			
City, State, Zip Code	2.53						ack, N.J	07601					
Project Manager for Mo	nitorina Firm	Te	lephon	e No.	<del></del>	Telephone No.		License No.		-	-		_
Liolege segunder on me		1				201-329-	-7444 -	00388					
Start Date (10)	Scheduled Co	ompleti	on Dat	be (11)		Name of OSHA							
9/15/1	ng Abatement (Check onli	7/1	6/!	6		Omega 1	Snvironm	ental		-			_
	•			*			yler St						
C Abatement Performe	ted During Entire Period of d Outside of Normal Faci 3:00 カイ てっし	Ely Hou	IES .			City, State, Zip C	code	,N.J. 07	606	(20)			
Scope of Work (Check		1.0	(4)									-	
	as unit apply			PYDan	ovation	O Full (	Containment with Enclosure	Negative Pressure					
D ≥ 3 sf or ≥ 3 lf D ≥ 160 sf or ≥ 260 lf				□ Den		D Glow	ebad Procedure	d Non-Friable Proc	arlistro.				
					Γ	U NOS-	Exemples ( ) as	d Most-Limber I Lee		A	etsc		rt
			Locati Iormali			*			38	Н	Ty	90	
. Locat Asbestos-Containi			d Sole		Astro	Description of stoc Containing Ma	atorial (ACM)	Amount		7		En	m
	ABATED	0.000	ustodi	al	(i.e	, thermal systems surfacing, VAT	insulation,	(Specify SF or LF)		Removal	Ropair	adec	1000
7	3)		Staff? (12)			other miscelland		87.7		Væl	1	ulate	elm
and the same of th		Yes	No	N/A									
BASEMEN	3-			-	THEILM	AL SYSTEM, N	SULTION	1201	-F	×			
2/2/2/					ľ								
									,>				
Name of Registered Wa		1	DEP V	Vaste i	lauler	Cubic Yards of Waste	Name of Regi	The state of the s	icc		тт	C	
Best Remo	oval inc	1.0		109		3 = 7		a Enterpr	rses	,	لىد	. C	
City, State						Disposal Date	City, State		1, 1, 4	20			
	ck , N.J. 07	601				9/16/16 Signature /	wayne:	sburg, Oh	Date				-
Completed by	_	ina	tor			1 1	المصدد در	9	9	/2	- ]	16	>
J.Maiorano				n for as	hosins li	censure exempted					1	-	

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Date of Notification (1) 9-2-	16	1	Name of	f Building (	Owner/C	1.11	2) (ne		o∕18\$	tru	enti	01		
Agencies Notified Type Notification		4	Street A	ddress 2	37	6 3	Soy	th	AU	اح أ	EA18	Manhana and Long	9	I
□ EPA ! Initial □ Amended □ Amendment	#		City, Sta	ite, Zip Co	Sc	otcl	h 4	Hai	BEST	303	00	70	7	6
DOH Emergency (	including	1	Name of	f Contact	1:11	<i>i</i>			Tele	phone Nu	mber!	- 1		
□ DCA □ Cancellation			FACI	LITY INFO	RMATI									
Name of Facility Where Abatement is Taking			llin	n C.				Facility ( hool (K-1	2	:				
Street Address			11/-	-			□ = Su	bchapter ner (i.e. p	8 (Othe	r than K-1. commerci		lings,	home	s,
City (5) West Gold	NЛ		0	1091	)		Square	-	# of	Floors 2	В	ldg. A	ge ()+	_
County (6)	7 0			Code (7) USE ONLY)			( ,	2	/	ng demolisi	Du.	2//	ins	
Name of Monitoring Firm Hired by Building (	Owner (8)	L	ASCM	No.		Name o		nent Cor			io.	, ·		B
Street Address	37	<u></u>	1	4-40-0		Street A	Address	OR	33	7	3	<u> </u>	en a o	- 12
City, State, Zip Code	NJ	- (	08	53	3	City Sta	ate, Zip	Code	Δŧ	ZLA	0	26	13	3
Project Manager for Movimeri gu-irm	)	31	Telepho	ne No.	2265	Telepho		336	5	License N	lo.	19	4	
Start Date (10) 9 - 12 - 1/a	Schedule	d Com		Date (11)		Name o		Monitor	. 1	logies	I	0.0		
Occupancy Status During Abatement (Chec	k Only On					Street A	Address			-				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm						City, Sta	ate, Zip		رر	r			_	
Scope of Work (Check All That Apply)			-		- 1	[Ve	w E	tay:	^	11 (	285	کد	3_	e de la constante de la consta
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	tenovat Jemoliti				000	Mini-l Glove	Enclosure bag Pro	e cedure	Negative I				
	ls	Location	on									Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normalli d Solel intenant todial S (12)	y by ice/		os Cont thermal surfac	scription of taining Ma systems cing, VAT niscellane	aterial (A insulation, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
exterior	Tes	140	X	Sic	ins	Shi	ingl	00	120	00 SF	×			
and floor	-	X	K	Floo	52	Tile			-	50 SF	X			
Basenent	X	ŧ		Flo	02	Tile	· S		50	O SF	X			
		LAI	JDEP W	lasto	Cubic	Yards		Name of	Register	red Landfil				
Name of Registered Waste Hauler  EPC Technologie	c		auler ID	No.	of Was		1		-	anage		10	e 8	A
City, State			1,0		Dispos	sal Date		City, Stat	te		DA			
New Egypt Completed by	NJ Title	^			,	Signature	10	Morn	u SUtl		ate		g/	1/1
Steve Schenker	HRe	sid	ent		•	Slee	10 )-	OCK	ch			7	1/2	Ille

#### State of New Jersey

Name of Facility Where Abatement is Taking Place (3)   Septent Address   Street Address			N			OF ASB to NJAC				()	OAI	k i	K	5	)	2
EPA		<del></del>					Owner/C	perator	(2)			10 [				<u> </u>
DCA	EPA DEP	Initial Amended Amendment	#	-	City, Sta Maple	te, Zip Co wood, N		40			JF T	SEP 1	Line 74	16	7	
Name of Facility Where Abatement is Taking Place (3)   School (K-12)   School	A STATE OF THE STA									001 A10 Miles	, I Leie	epnone Nun	nber		-	
School (K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (					FACI	LITY INF	ORMATI	ON							_ Œ	
Square Feet   200   Floors   Bldg. Age	house	Abatement is Takii	ig Place (3)		-				×	School (K-1 Subchapter Other (i.e. p	2) 8 (Othe	er than K-12	2)	777.00	home	es,
Stock		And Anni American Call And American American Call Anni American American Call Anni American Call Anni American										Floors	100		ge	
ABS Environmental Services, LLC  Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Glenwood, NJ 07418  Project Manager for Monitoring Firm  Telephone No. 973-764-2276  Stan Date (10) 9/2/16  Scheduled Completion Date (11) 9/2/16  Stan Date (10) 9/2/16  Street Address  Telephone No. 973-764-2276  Name of GSHA Monitor  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Cother - Describe: basement  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) 10 SE ABATED 10 In Facility (13)  Asbestos-Containing Material (ACM) 10 SE ABATED 10 Facility (12)  Yes No N/A  Pall Containment with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) an							)	_	Curre	ent Use (Pri	or if beir	ng demolish	ed)			
PO Box 483, 4 E Gate Drive	Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	1 No.							1			
Telephone No.   Telephone No.   Telephone No.   Telephone No.   973-764-2276   703	Street Address									17.T	ate Dr	ive				M-877574
Start Date (10) 9/2/16 9/3-764-2276 973-764-	City, State, Zip Code										18					
9/2/16  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: Desembnt  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260 if Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and	Project Manager for Mo	nitoring Firm			Telephor	ne No.							0.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Profressed Outside of Normal Facility Hours    City, State, Zip Code					npletion (	Date (11)		Name	of OS	HA Monitor						20000
Abatement Performed Outside of Normal Facility Hours  Other – Describe: basement  Scope of Work (Check All That Apply)  23 sf or 23 lf  2160 sf or 260 lf  Location of Asbestos-Containing Material (ACM)  IOBERBATED In Facility (13)  Dasement  Normally Ves No N/A  Dasement  Normally Ves No N/A  Name of Registered Waste Hauler  Freehold Cartage  City, State, Zip Code	Occupancy Status Durin	ng Abatement (Che	ck Only One	e)				Street	Addre	ess						
≥3 sf or ≥3 if	Abatement Perform	ned Outside of Norr					-	City, S	state, Z	Zip Code						THE WORLD
Location of Asbestos-Containing Material (ACM)  TO BE ABATED (In Facility (13))  Description of Asbestos Containing Material (ACM)  In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  Freehold Cartage  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Cartage (i.e. thermal systems insulation	≥3 sf or ≥3 lf	All That Apply)	Processor 1					×	Mi GI	ni-Enclosure ovebag Prod	e cedure				9	
Asbestos-Containing Material (ACM)  IO BE ABATED In Facility (13)  Ves No N/A  Dasement  Name of Registered Waste Hauler  Freehold Cartage  Oused Solely by Maintenance/ Custodial Staff? (12)  Ves No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Freehold Cartage  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 15939  Disposal Date  City. State			E-100(1)		440.000											
Name of Registered Waste Hauler Freehold Cartage  NJDEP Waste Hauler ID No. 15939  Disposal Date  Name of Registered Landfill  Vestern Berks Landfill  Disposal Date  Disposal Date  Disposal Date	Asbestos-Containing TO BE AB In Fac	g Material (ACM) <u>3ATED</u> ility	Used Mair Custo	Sole ntena odial S (12)	ly by nce/ Staff?		tos Cont thermal surfa	taining N system: cing, VA	Materia s insul T, or	ation,	(S	pecify	Removal			Enclosure
Name of Registered Waste Hauler  Freehold Cartage  NJDEP Waste Hauler ID No. 15939  TBD  Name of Registered Landfill Western Berks Landfill  Vestern Berks Landfill  Disposal Date  Disposal Date  Disposal Date	basem	nent		4 000			pine	insula	tion		3	0 LF	×			
Freehold Cartage Hauler ID No. 15939 of Waste TBD Western Berks Landfill  City, State Disposal Date City, State	Harrison Layers and American Control of the Control						P.P.5									
City, State Disposal Date City, State	Charles of Section 50 April 1995	ste Hauler		Н	lauler ID					1						L
REPORTED IN L	City, State			15	5939		Dispos	sal Date	H	City, State	e					erman ( )

A. Scott Higgins

Completed by

Title

President

Date

8/29/16 & 9/1/16

Signature

			(	Pursuan	it to NJAC	8:60 an	d 12:12	0)	( 10	10	1L	. 17	T	)3'	7
Date of Notification (1) 8/31/16					of Building EP, LLC	Owner/	Operato	r (2)		2.30	0,0				1
Agencies Notified  X EPA	Type Notification				Address 57th Stre	et, 10t	h Floo	r	12						- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
DEP X DOL	Amended Amendment Emergency				tate, Zip C York, N		9			E C	DE		E	1	
DOH DCA	justification) Cancellation		g	Glen	of Contact Wolland					Te	lephone I	Number		A COLUMN TO STATE OF THE STATE	The result of
Name of Facility Where A	Ahatement is Takir	a Place	(3)	FAC	ILITY INF	ORMAT	ION	I T	14 4	441	-1 1	, ZUIT			
Maintenance Buildin		ig Flace	(3)					Тур	be of Facility				and the second		
Street Address Route 9W & Montar	mmy Drive							×	School (Kondante Subchapte Other (i.e.	SES er 8 (Oth private	TOS CO perthan & & commis	DNTR(	3 AC Legiple	hom	les.
City (5) Alpine								Squ 50	etc.) uare Feet 00	# 0	f Floors		Bldg.	Age	
County (6) Bergen				County (STATE	Code (7)	)		Cui	rrent Use (Pr	rior if be	ing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.				patement Co vironmenta						
Street Address							Street	Addı							
City, State, Zip Code							City, S	state,	Zip Code						
Project Manager for Moni		Telepho	one No.		Teleph	none			License	No.					
Start Date (10) 9/13/16	led Cor	npletion	Date (11)				SHA Monitor	•	700						
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Addr	ess					2000	
X Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	Period of al Facilit	Abater y Hour	nent s			City, S	tate,	Zip Code						
Scope of Work (Check All	That Apply)						N	7 F	rap & C	`\ 1+				-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- Property	Renova Demoli				×	F M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	ent with e cedure				re	
		Is	Locat	ion						( ) 2	3 11011 111		Abat	emen	t
Location			Normal ed Sole				scription		-0.00			-	T	уре	
Asbestos-Containing M TO BE ABA In Facility (13)	TED	Ma Cus	intena todial 8 (12)	nce/ Staff?		thermal surfac		insu T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
second flo	oor	Yes	No	N/A			1 0					_		Ф	
ground floor loc		X	n	nastic u			ng		00 SF	X					
ground floor main		X			insulat				25 LF	х					
roof	locker routh			X			e fitting	js			60	X			
Name of Registered Waste	Hauler		IN	JDEP W	/asta	Cubic \	ashing		Name of		0 SF	X			
reehold Cartage	Н	auler ID 5939		of Was			Wester	878							
City, State Freehold NJ						Disposi TBD	al Date		City, State Birdsbo						
Completed by A. Scott Higgins		dent			Si	gnature		an			Date 3/31/16				

CK 3729

D. L. S. M. C. Carling (4)			IN	lame of	Building	Owner/Operator	(2)	FE	15 11	W	片	1
Date of Notification (1)	16		1"	M	1.	DOME	sic r	o EU(F)	<u> </u>			
Agency Notified	Type Notification		S	treet A	ddress			11-51		001	~	1
□ EPA	42 Initial				. = 6				1.2	2111	1	-
DI DEP	☐ Amended		6	∄y, Sta	ste, ZIP C	JUTLEY	NT	07110				
DOL	Amendment #	g						Telephone Numi	ers C	ONTH	101	- å
DOH DCA	justification)  © Cancellation		10		F Contact	PEUT	0		,,,,,			4
				FACIL	ITY INFO	DRMATION						
Name of Facility Where	Abatement is Taking Place	<b>≥</b> e (3)					Type of Facility	(4)				
	MR- HE	Ecir	70	7			School (K-12	(Other than K-12)				-
Street Address				П	••••	1 2	Other (i.e. pr	ivate & commercial	building	js,		
City (5)					45.		Square Feet	# of Floors	Bidg.	Age	10	
	UTVEY				150		2000	1 2		70%	10	>
A : 4 ACM	•		T	County	Code (7)	(STATE USE	Current Use (P	nor if being demois	shed)			
25	S∈X		(	ONLY)				=510ENCE				
Name of Monitoring Firm	n Hired by Building Owne	f. A	SCM	No.		Name of Abaten	nent Contractor (S	9)				-
(8)				• •		Best Re	moval In	с				
Street Address						Street Address						
The second of the second of the second						450 Sou	th River	St				_
City, State, Zip Code						City, State, Zip C		07601				-
-							ack, N.J	License No.				$\dashv$
Project Manager for Mor	niloning Firm	Tek	phon	e No.		Telephone No. 201-329	71.1.1.	00388				
	ή.		91					00300			_	$\dashv$
Start Date (19)	Scheduled Co		n Dat			Name of OSHA	mombi Environm	ental				-
[/(0)]	g Abatement (Check on	1	١٠	-		Street Address	BILATIONE	CHUCL				$\neg$
			356	•			uyler St					
☐ Facility Closed/Vacati	ed During Entire Period of Outside of Normal Faci	of Abate Bly Hour	ment			City, State, Zip (	Code					
2 Other - Describe:	8:00 AM TO	3:00	· fr	( - '		S. Ha	ckensack	,N.J. 07	606			
Scope of Work (Check a	all that apply)						Contrinment with	Negative Pressure	9			
EZ3dor≥3#			١	a Reno	notion	- a Mipri	-Enclosure					
□ ≥ 160 sf or ≥ 260 #			1	□ Dem	olition	E Giov	ebag Procedure -Exempted (*) an	d Non-Priable Proc	odure			
						<b>G</b> 10011				Abai	enne voe	ent
			ocatio omaŝi			# (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###) (###)			-		ype	П
. Locati Asbestos-Containi		12	Sole		A.b.	Description stee Containing M	of atarial (ACM)	Amount		_	m	m
TOBEA	BATED		ntenar ustodi		(Le	., thermal systems	insulation,	(Specify SF or LF)		Removal	Enospaulate	Enclosure.
IN Fa	cility . 3)	1	3297			surfacing, VA		3, <u>u.z.</u> ,		oval	a u	Sur
	<b>5</b> )		(12)				-	0.50			9	
		Yes	No	N/A			1 . = 1	250	=	X	+	$\vdash$
BASEME	NT				THE	KMAL INS	JUSTION	230	_	1	+	H
								·		-	+	$\vdash$
									,	+	+	H
							T. Name of Barrie	atomat I and the				_
Name of Registered Wa		NJE ID I	7075 O- 1070	Vaste H	lauter	Cubic Yards of Waste		stered Landill	ieo.~	T	T C	
Best Remo	DAST IUC			109		11/03		a Enterpr	ıses	, 1	טידו	
City, State						Disposal Date	City, State			00		
	ck , N.J. 07	601				1/18/16	Wayne	sburg, Oh	, 446 Date	88		
Completed by	Title					Signature	صرونه ا	2	9	/2/	16	
J.Maiorano	Est	imat	or			1 X (	. 10			1	1 2	
ASB-41	* Do no	t use thi	is form	n for as	bestos li	censure exemptes	racivoes.					

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2. 2)

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	otification (1):					wner/Operator (2)				m	SEP	10	2016	1	100
8/30/2016 Agencies	Type Notifica	tion		t Addre		pard of Education				11:	-500	1-	-	1	- 1
Notified	I ype Notifica	шоп	(\$4.50)	ecutive					, i	اسال					
□ EPA	☐ Amended		City,	State, 2	Zip Code	<b>:</b>		417.00		1	SBEST	S CC	DNTP	OF	
□ DEP	Amendment#	:				NJ 08852				ŀ	ASBEOLG	JENS JENS	ING		
DOOL	⊕Émergency			e of Co					Telephon	е Мия	ber.				
OB OB	(including		James	s Ferra	ra				* 6						
D∕DOH □ DCA	justification  ☐ Cancellation														
	0		Ar			FACILITY INFO	ORMA	TION							
Name of F	acility: Cross	road Sc	outh Mi	ddle Sc	hool		Тур	e of Facility (	(4):						
195 Major	Road						100000000000000000000000000000000000000	chool (K-12)	74141 1/	12)					
01.1(5)		C	- (C)		T C	C-1-(7)		ubchapter 8 (6 ther (i.e., priv			mildings h	nmes e	te.)		
City/ (5) Monmouth	Lunation	Middl	ty (6):		08852	ty Code (7):	1		are ac comm	iciciai			,		
Monnioun	1 Junetion	Middi	iesex		00032		Squ	are Feet:			# of Floo	rs:			
							DIA	~ 1 ~ ~							
								g. Age rent Use: So	shool						
Name of N	fanitania a Fin	m Ilina	d b. D.	.:14:	O	ASCM No.:		ne of Abate		ma atam	(0).				-
Briggs Ass	Ionitoring First	m Hire	a by Bu	illaing	Owner:	ASCM No.:					(9):				
								ex Develop et Address:		c.					
Street Add	ress: icks Street						Stre	et Address:							
3 Crossw	icks Street						659	Dutan	o Dlago						
City State	, Zip Code:							Rutger , State, Zip							
507		_					1 .								
	lentown, NJ 08505 cct Manager for Monitoring Firm: Telephone							amus, NJ		T .	N.				
Michael H		nitoring	g r irm:			Telephone No.: 609-298-5520	Omsterov	ephone No.:		CONTRACTOR	ense No.:				
							-	3) 350-0101		012	15				
Start Date 09/1/16	(10):		Schedul 19/3/16		pletion	Date (11):	1000000	ne of OSHA ro Analytic		ories					
Occupancy :	Status During A	batemer	nt (Chec	k only o	ne)		Stre	et Address:		100000000000000000000000000000000000000					
	losed/vacated D					t		West 36th S	Street, Sui	te 203					
☐ Abatemen	it Performed Ou						City	, State, Zip	Code:						
Describe:							New	v York, Nev	v York, 10	0018					
□ Other															
Describe:															
Scope of Wo	ork (Check all th	hat apply	y):												
$\square \ge 3$ sf or	> 2 lf				Reno	votion			□ Eull C □ Mini-		ment with	Negat	ive Pr	essure	
160 sf	$\frac{2}{2}$ or $\frac{2}{2}$ 260 lf				□ Demo	olition			☐ Glove	bag Pi	ocedure				
									□Non-E	xempt	ed (*) and N				
				Locati		_							Abate		
L	ocation of		N	Iormal	ly	De Anhantan Cant	escript	ion of	(ACM)				13	pe	
	Containing Ma	terial		d Sole		Asbestos Cont (i.e., therma	al evete	me incula	(ACM)					н	_
	(ACM)			intena		surfa	cing.	VAT, or	non,	A	mount	Re	R	Encapsulat	Enclosure
	BE ABATED	4	C	ustodia				llaneous)		1000	Specify	Removal	Repair	ap	clo
П	N Facility			Staff?							or LF)	370	air	lus	ıns
	(13)	1	Van	(12)	NI/A					31	Of Li	=		at	· 6
DOOM A	Yes   No   N/A							THE		20	or.	*			*
KOOM A	OM A-100 & 100-A X							TILE		38	5F	-	-		
Name of R	egistered Was	te Hanl	ler:		NJDE	P Waste Hauler ID	No.:	Cubic Ya	rds	Nar	ne of Regis	stered	landfil	1:	
	YRNE TRUCI				19551			of Waste:			JERVA EN				C.
City, State:				Dispo	sal Date	:		City, Stat	e:						
Bronx, NY	10474								urg, OH 44	1688					
Completed					Title:		Signa	ature:			Date:				
Sylvester (	)raegbunam				Presid	ent	5	ugher			08/30/20	16			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(P	ursuant	to NJAC	8:60 and	d 12:120	0)		1	- (	K		Ž_	)	
Date of Notification (1) 09/02/2016					f Building x Count								П	7/7	F	
Agencies Notified	Type Notification			Street Ac 105 No	<sup>ddress</sup> orth Chu	urch Ro	oad		The second secon	Dr.	EC	; [	U	$\underline{\mathbb{W}}_{\underline{-}}$	G	
DEP DOL	Amended Amendment			City, Sta Sparta	ite, Zip Co ı, NJ	ode					SE	P 1	2	2016		世
▼ DOH DCA	Emergency ( justification) Cancellation	including		Name of Rob G					-	Tel	ephone	Numbe	r			
				FACII	LITY INFO	ORMATI	ON				L	ICEN	511\	lGi		(C )
Name of Facility Where Greenhouse - Suss									of Facility (	SSA Sector						
Street Address 105 North Church I	Road							S	ubchapter ther (i.e. p tc.)	8 (Oth			uild	ings,	home	es,
City (5) Sparta								Square	10000	# 0	f Floors		BI	dg. A	ge	
County (6) Sussex				County C	Code (7) JSE ONLY	)		Curren	t Use (Prid	or if bei	ng demo	olished	)			
Name of Monitoring Firm Karl & Associates	Hired by Building (	Owner (8)		ASCM	1 No.	+II			ement Con							
Street Address		7725						Address		1	TO THE REAL PROPERTY OF THE PERSON OF THE PE		-			
20 Launch Road							235 \	Watcur	ng Aven	ue						
City, State, Zip Code Mohnton PA 19540	1				ill			tate, Zip t Oranç	Code ge, NJ 0	7052					12	
Project Manager for Mor Michael Krischer	nitoring Firm		Telephor 610-85	ne No. 66-7700		5.0	none No. 669-29			Licens 0123						
Start Date (10) 08/29/2016		Schedule 09/13/2		mpletion [	Date (11)		20 90 00 00 00 00 00 00 00 00 00 00 00 00		A Monitor _aborato	ries C	Slobal	Inc.				
Occupancy Status Durin	g Abatement (Check	CONIY On	ie)					Address								
Abatement Perform	ated During Entire F ned Outside of Norm	al Facility	Hour	s				tate, Zip	ry Stree	t						
	Greenhouse vacated	during ab	ateme	ent		_	Rich	mond \	VA 2322	20		<u> </u>				
Scope of Work (Check A	II That Apply)						-	7								
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Account to the last of the las	lenova Jemoli				×	Mini- Glov	Containme Enclosure ebag Prod Exempted	e cedure	eath				е	
	,	1,0000	Locat	2272.22.42				,					,		ment pe	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) A <u>TED</u> ity	Mai	d Sole intena odial ( (12)			tos Cont thermal surfa		Material ( s insulat .T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-			ate	Ф
Greenho	ouse	X			С	aulking	9		3,4	400LF	X					
Middle Inter	ior Wall	Χ			T	ransite	9		10	60SF	X					
											-					
Name of Registered Was	ste Hauler			JDEP W	aste	Cubic	Yards		Name of I	Registe	red Lan	dfill				
Be Construction Cor		lauler ID		of Was			Tullytov									
City, State West Orange NJ						Dispos	sal Date		City, State Tullytov							
Completed by		Title	al a !			S	ignature	1	1 4			Date	2/0	040		

09/02/2016

Barbara Reed

President

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

		(Pt	ırsuant	to NJAC 8:60 and	1 12:120)	4 111	1,50	= [	<u> </u>	= 11	711
Date of Notification (1) 9-2-1(			Name o	f Building Owner/C		CIN			-		
Agencies Notified Type Notification	2	- E	Street A		vry 4	201	3 FUC	1 2 20	116.		4
□ EPA 🕱 Initial			riga Tim		Box-	5465	<b>†</b>		200		
□ DEP □ Amended Amendment #	t t		City, Sta	ate, Zip Code	readon	X/-	ASBESTOS	CONT	ROL	. &	
☐ Emergency (i		$\vdash$	Name o	f Contact .	enton	/ Win	Telephone	Number*	<u></u>	to establish	
DOH justification ☐ DCA ☐ Cancellation				ary Vinc	ĥ						
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFORMATI		of Facility	(4)				-
Vacant Build						School (K-					
Street Address 3702 Rou-	ر اح <u>ا</u>	<u>L_</u>	No	rth	×	Other (i.e. etc.)	r 8 (Other than k private & comme	ercial buil			3S,
City (5) West Windson	Tu		N	J085	YO	re Feet	# of Floors		Sldg. A	ige O 7	
County (6) Mercer			County (	Code (7) USE ONLY)		int Use (Pr in サード/	ior if being demo	lished)	ous	,e)	
Name of Monitoring Firm Hired by Building C	wner (8)	<u> </u>	ASCN	No.	Name of Aba			o ie	<b>S</b> .	In	2
Street Address Box 3	37			0.800	Street Addres	Box	337	3		Sp. e. A	- 130
City, State, Zip Code	NJ	5	08	533	City, State, Z	ip Code	A AL	50	9	13	3
Project Manager for Movit ril g Firm		100	Telepho	ne No. 758-3365	Telephone N		Licens	e No.	2,9	4	
() 17 11	Schedul	ed Com	pletion	Date (11)	Name of OSI	HA Monitor	. 1			-8-	
Occupancy Status During Abatement (Check	Only Or		3-	16	Street Address		hnologie	s L	nc		
Facility Closed/Vacated During Entire P			ent		P.O.	Box	337			- 11	
☐ Abatement Performed Outside of Norma ☐ Other – Describe:				<del></del>	City, State, Z	ip Code	TLA	08	53	3	
Scope of Work (Check All That Apply)						-(1					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	277	Renovat Demoliti				I Containm ni-Enclosur	ent with Negativ e	e Pressu	re		
					Glo No	ovebag Pro n-Exempte	cedure d (*) and Non-Fi	riable Pro	cedur	е	
*	Is	Location	on						Abate	ement rpe	
Location of	0.0	Normall d Solel	* O.O.	De: Asbestos Cont	scription of	(ACM)	Amount		, ,		
Asbestos-Containing Material (ACM)  TO BE ABATED	U	intenar		(i.e. thermal	systems insula		(Specify	Ren	Re	Encapsulate	Encl
In Facility (13)		(12)			cing, VAT, or niscellaneous)		SF or LF)	Remova	Repair	osula	Enclosure
	Yes	No	N/A							te	Ф
Pasement	×			PipeIr	isulati	ion	250 L	FX			
Detached Garage	X			Roof Ma	iterial"	Debitis	300 SF	= X	-		
									-		
No. of Decisions of Marcha Unider	<u></u>	l N	JDEP W	laste Cubic	Yards	Name of	Registered Lan	dfill			<u> </u>
Name of Registered Waste Hauler		(	auler ID	No. of Wa			te Manag		t .	e P	A
City, State			1 /0		sal Date	City, Sta		PA			
Kw Egypt Completed by	NJ Title	<u> </u>			1-23-16 lignature	MORI	1 some	Date	_		
Steve Schenker	PRE	sid	ent		Steres	DCK	ska !	4-	9 -	16	Ĺ

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) September 2, 2016 Crivelli Construction Agencies Notified Type of Notification Street Address 1955 Route 35 North, Suffe DOTOS CONTROL & LICENSING [X] EPA X Initial Notification DEP Amended Notification City, State, Zip Code Amendment # [x] DOL Ortley Beach, NJ 08751 Emergency (including ] DOH justification) ] DCA Name of Contact Telephone Number Cancellation Matt Crivelli FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 800 sf 60 Lavallette Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/13/16 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure ≥160 sf or ≥260 lf [x]Demolition X Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Description of Location of Normally used Asbestos-Containing Amount E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A 0 in facility Staff insulation, surfacing, P 0 V (13)(12)VAT, or U H other miscellaneous) A R YES NO N/A L F Exterior X Asbestos siding 700 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 9/15/16 -Tullytown, Pennsylvania

Date

9/2/2016

Signature

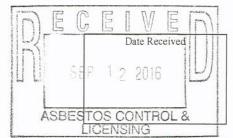
Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

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



#### DEMOLITION / RENOVATION NOTIFICATION

Opera	ator Project #:	Postmark:		Notificati	on:						
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Yes/No):						
III.	FACILITY INFORMATION (identify owner, removal contract	tor and other	operator)								
	OWNER NAME: Crivelli Construction										
	Address: 1955 Route 35 North,	Suite D									
	City: Ortley Beach State:	NJ		Zip:	08751						
	Contact: Matt Crivelli			Tel:	Tel: 732-793-6464						
	REMOVAL CONTRACTOR: Guardian Con	tracting, I	nc.		NJ License: 0062	4					
	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:	Zip:						
	Contact:			Tel:							
ΙV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D										
V.	FACILITY DESCRIPTION (Including building name, number	and floor or	room number)								
	Building Name: Residence										
	Address: 117 W Sandpiper Way	V.									
	City: Lavallette State:	New Je	rsey	County:	Ocean						
	Site Location: Exterior		1.188910								
	Building Size: 800 sf # of Flo	oors:	1	Age in Ye	age in Years: 60						
	Present Use: Residence		Prior Use:	Residenc	ce						
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	APPROPRIA	TE, USED TO DETECT	THE PRES	SENCE OF ASBESTOS MATER	RIAL:					
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	T			T	Nont	friable				
		RACM			1 20		Material				
	Regulated ACM to be removed     Category I ACM not removed		To Be Removed		LOCATION	Not To Be Removed					
	Category II ACM not removed		Kellioved			Cat I	Cat II				
	Pipes (Linear feet):										
	Surface Area (Square feet): 700 sf	Asbesto	os siding		Exterior						
	RACM Off Facility Component (Cubic feet):										
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/13/16		Complete: 9/1	4/16					

NOTI	FICATION	VOE DEMO	LITION AND	RENOVATION	(continued)

х.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED 1 2 2016													
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTRAND RENOVATION SITE:		ACRESTOS CONTROL &											
	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, I	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 #: 1014	194											
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEAS	E IDENTIFY THE AGENCY I	BELOW AND ATTACH COPY OF ORDER											
	Name:	Title:												
	Authority:													
	Date of Order (MM/DD/YY):	Date Ordered to Begin (MM	I/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 EVEN ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR I		ESTOS IS FOUND OR PREVIOUSLY NONFRIABLE											
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE INDIVIDUAL FOR INSPECTION DURING NORMAL BUSINESS, HOLD	REQUIRED TRAINING HAS	BEEN ACCOMPLISHED BY THIS PERSON WILL BE											
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Opera	September 2, 2016 (Date)											
xviii.	CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	(o.g.man or owner open	1 1											
		\ -	tel 1											
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Opera	September 2, 2016 (Date)											

			,	uisui	ant to 14.	JAC 8:60 and 5:	16)			15	Ш	$\mathbb{V}$					
Date of Notification (1)  08 / 31 / 16					ne of Build arline Ca	ling Owner/Operator arlino	(2)	SEP 1 2 2016									
Agencies Notified	Type Notification	n	-	Stre	et Addres	S											
	☑ Initial							ASBE	STOO								
☑ DOH	Amended Amendment	#		City	State, Zip	Code			LICE	CO	WTR	OL					
□ DCA	☐ Emergency		na	To	oms Rive	er, NJ 08753			- OLI	ROIV	G						
NJAC 5 23-8)	justification)		3	Nam	ne of Conta	act		Telephone Number									
	☐ Cancellation			Da	arline Ca	rlino											
				FA	ACILITY	INFORMATION											
Name of Facility Where RESIDENCE	Abatement is Tak	ing Plac	ce (3)		· · · · · · · · · · · · · · · · · · ·		Type of Facility  School (K-12)					-					
Street Address			-						-12)								
							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings.										
City (5)							homes, etc.) Square Feet										
TOMS RIVER							1088	# of Floors	E	Bldg A							
County (6)				Cor	nty Code	(7)(STATE USE ONLY)	Current Use (Pr		-1-1-1	55 1	'EAF	रड					
OCEAN					y code	(FROTATE OSE ONET)	RESIDENCE		olisnea)								
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	1 No	Name of Ahatem	ent Contractor (9)										
N/A					1.13.50		CONTRACTING										
Street Address	*			Street Address	CONTRACTION	G, INC.											
						170 U.S. HW	Y 9										
City State Zip Code						City, State, Zip Co											
							BAYVILLE, NJ 08721										
Project Manager for Mon	itoring Firm		Te	ephone	No	Telephone No	2.00.130.110										
Start Date (10)	Scho	dulad (		at a a D	ate (11)	732-349-3771		01244									
09 / 14 /				9 /		Name of OSHA N											
Occupancy Status During						Street Address											
Facility Closed Nacate     □	d During Entire P	eriod of	Abate	ement		138 SENECA	BLVD.										
Abatement Performed Time of Abatement	Outside of Norma	al Facili	ty Hou	rs - De	scribe	City, State, Zip Code											
		101/	PIV		_AM	BARNEGAT,	NJ 08005										
Scope of Work (Check all	that apply)					1				-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti			☐ Mini-Encl			dure								
			Loca						Ab	atem	ent T	voe					
Location ( Asbestos-Containing N		4 51 6	Norma ed Sol	ally ely by		Description o		C14870	-	-							
TO BE ABA	TED	Ma	inten	ance/	ASD6	estos Containing Mai	Amount (Specify	Removal	Repair	nca	Enclosure						
IN Facilit (13)	у	Cus	todial (12)	Staff?		surfacing, VAT	or	SF or LF)	val	=	Encapsulate	Sur					
10 M		Yes	No	N/A		other miscellaned	ous)				ate	O					
EXTERIOR OF HOUSE			$\boxtimes$		TRANS	IDE SIDING		1200 SF	$\boxtimes$								
-																	
										П	П	П					
lame of Registered Waste				JDEP \ lauler IC	O No	Cubic Yards of Waste	Name of Regist	ered Landfill									
lity State				07764		Niepogal Data	-	ZATIT LANDE	1 bes bes								
BAYVILLE, NJ						Disposal Date 9/20/2016	City State  MORRISVIL	IE DA									
ompleted By (Print or Typ	oe) Title	a					MORKISVIL										
JASON HOYER			MAN	VAGER	?	Signature	1		Date	. 1 .	_						
B.41				.AOLI	N.:	Hapm	1/our		0813	31 1,1	6						

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

16+2985	, ,	(Persuan	t to NJAC 3:60 a	nd 12:13	20)							
Date of Notification (1)		Name	of Building Owner	Operato	or (2)	Inje G	ET	1//	[C	Janeary .		
9/2/11/2		LB	26 Chuno	d 70	unship	R	= 1					
Agencies Notified Type Notification		Street /			- 0.1 1	ILL SEP	10 -			1111		
EPA MES		C+1 82	443 Atlant ( City 3150 DEF 12 2016 1									
DEP Amended Amendment	[#		2									
DOH Emergency justification		Name	DEACH WOOD, NO OFH CASBESTOS COMPANDED I Telephone Number									
DCA Cancellatio		Carl										
	75 765	FAC	HITY DEFORMA	TON		·						
Name of Facility Where Abatement is Taki		. 1 Dic	LOS Dar	1.16	Type of Facilit							
			ntof Beaco	VITAL	Subchapte	(-12) er 8 (Other than K-1	12)					
Corne of Long Boach Blo	d Peron	ilVan.	a Avo		Other (i.e.	private & commen	ंशी किटी	dings	non.	es,		
City (5)	C . C . 3 . 7 .	//			Square Feet	# of Floors	: 8	Nig. J	550			
Long Boach					1000	i de la companya de l	1.3	ラブ	+			
County (6)			Code (7) USE ONLY)			nor if being demoli	10000					
O ( CC) Name of Monitoring From Hired by Building	Owner (8)	LASC	M No.	i Manu	a of Abalement C	Actings+	Pic	1				
a construction of the cons		1	*** : ****	5	insulation Co							
Street Address					1 Address							
Tag as a sea of the se		95 Montrose Rd										
City, State, Zip Code	42	City, State, Zip Code Colts Neck, New Jersey 07722										
Project Manager for Monitoring Firm		Telephone No. Telephone No. License No.										
T COMPANY	5734	9/17/110 732 294 1757 00029										
Start Date (10)	Scheduled Co			Name	of OSHA Monito	T S						
9/12/10		Circum C. Lit.										
Occulpancy Status During Abatement (Che	- 5	Sirect Address										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	nal Facility Hou											
Other - Describe: +	1-7)M											
Scope of Work (Check All That Apply)				person								
≥3 sf or ≥3 if N ≥160 sf or ≥260 ii	Renova N Demok			and the last	Feli Centaina Ethii-Eedosa	eri with Negatoe i	Press.	9		1		
[ ≥160 si or ≥280 ii	Service Services	Glovebag Procedure								1 -14		
	1	Shotan										
Location of	Is Local			6. E	1		ge					
Asbestos-Containing Material (ACM)	Used Sol		Astrestes Con	esciption taloing f	Material (ACM)	i Amount	* *	1	i m	41111111		
TO BE ABATED In Facility	Custodial	Staff?		d system icing, VA	is insulation, NT, or	(Specify SF cr LF)	70	Ropair	ncap	and.		
(13)	(12)		other n	niscellar	neous)	and the same of th	Removal	oah	@noopsulato	Enclosuro		
	Yes No	N/A					1		6			
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Mame of Registered Waste Hauter		NJDEP 11 Hauler ID		Yards	Manac	Registered Landif	T)			× :		
Ace Insulation Co Inc		2086			GROV	VS				3		
City, State			Discos	al Cate	City, Stat					Paris and		
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Bree McGuire	Secretary	Treasu			,1	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9/2	11	17	7		
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Date of Notification (1)	03 / 16					Owner/Oper	rator (2		SEP 1 2 2016								
Agencies Notified	Type Notification			Winnie Ma Street Address ASBESTOS CONTROL													
⊠ EPA	Initial			I TOO CIMTER O													
☑ DOLWD	Amended		ŀ	LICENSING													
DHSS	Amendment #_			City, State, Zip Code Teaneck, NJ 07666													
DCA (NJAC 5:23-8)	-		of Contact				Telephone Num	her			-						
(NJAC 5.23-0)		Winni					Total Train	1001									
	Cancellation					FORMATIC	N.	*				-					
Name of Facility Where	Abatement is Taking	Place	(3)	IA	215111 (14	TONMATIC	714	Type of Facility	(4)		V						
Private house	, , , , , , , , , , , , , , , , , , , ,	11000	(-)					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	Bio	dg. Ag	ge					
Teaneck, NJ 07666																	
County (6)				Count	ty Code (7) (	STATE USE C	ONLY)	Current Use (Pr	or if being demol	ished)							
Bergen						,											
Name of Monitoring Firm	n Hired by Building C	)wner (	8)	ASCM	No.	the second recovers		nt Contractor (9)									
Chroni Addenso						Gr Tech L			-								
Street Address						Street Addr		102									
City, State, Zip Code					576 Valley Rd #283  City, State, Zip Code												
V.(), V.()						Wayne, NJ 07470											
Project Manager for Mor	nitoring Firm		Tele	phone	hone No. Telephone No. License No.												
				973-638-1777 01127													
Start Date (10)				oletion Date (11) Name of OSHA Monitor													
	16	19 /	14	14 / 16 Envirovision Consultants,Inc													
Occupancy Status Durin				Street Address													
□ Facility Closed/Vacat     □ Abatement Performe				20-21 Wagaraw Road, Didg 332													
Time of Abatement:				M AM Oity, State, 219 3300													
Scope of Work (Check a					·	Fair Lawn			nation with negative	ve press	ure						
	m that apply)	<u> </u>				⊠ Fi	ıll Cont	ainment with Neg		,							
>3 sf or >3 If > 160 sf or >260 If		X Re	novati molitic	wation Mini-Enclosure  Glovebag Procedure Tent with Negative Pressure													
Z						☐ No	on-Exer	npted (*) and No	n-Friable Proced	ure	į						
		88	Locat Norma							Ab	atem	ent T	ype				
Location Asbestos-Containing			d Sole		Ashe		iption of ing Mat		Amount	Re	Re	Enc	Enc				
TO BE AB			intena todial			stos Containing Material (ACM) e., thermal systems insulation,			(Specify	Removal	Repair	aps	Enclosure				
IN Faci (13)		Cus	(12)	otair:		surfacing other miso			SIF or LF)	/al		Encapsulate	Te				
()		Yes	No	N/A		Otrior timos	Jonanio					Ф					
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Name of Registered Waste Hauler					e Hauler ID No.	Ī	of Waste	Name of Regis	stered Landfill								
Gr Tech LLC					35	TBD	-1-	T.R.R.F. Inc									
City, State						Disposal D	ate	City, State									
Wayne, NJ 07470					61001 N	TBD		Tullytown, P		Date							
Completed By (Print or 1						Signa	ture	Peulic Wes	1								
N.Jevtic ASB-41	Ow	ner					/	Tentic Wen	ad 0	9/03/16	)		-				
1.19.85 (7.5)							- 11	00									