# Check # 9754

Date of Notification (1)	Name of	Building Owner/O	perator (2) KIND PRES CO SE	tegator	25			
Agencies Notified Type Notification	Street A	ddress	MURRETO	ALL ST.	ty, I.S			
□ EPA ★ Initial		do	Bradley	AUE				_
□ DEP □ Amended Amendment #_	City, Sta	ite, Zip Code	Doct N	F 077	57	8 0		
☐ Emergency (inc	luding Name o	f Contact		Telephone Num	her!			
DOH justification)  DCA Cancellation	A	len Kul		1				ļ
		LITY INFORMATI	ON Type of Facility (	4)				
Name of Facility Where Abatement is Taking F	Place (3)		☐ School (K-1					
Street Address	- Duseins	5,	□ - Subchapter	8 (Other than K-12)	)	######################################		
			Other (i.e. p	private & commercia	l build	ings,	nome	s,
City (5)	170	77713	Square Feet	# of Floors	10000	dg. Ag	7000	
Ocean lwp.	W	07712	Compat Has (De	or if being demolish		60	t	
County (6) Manmouth		Code (7) USE ONLY)		fanily		ell	ins	
Name of Monitoring Firm Hired by Building Ow	rner (8) ASCI	VI No.	Name of Abatement Cor	A	2 . 6	,	-	
EPC Technolog	fies	MA	Street Address	chaolog	163			6
Street Address Ro. Box 33	57		P.O. Box	337				
City, State, Zip Code	80 T.V	533	City, State, Zip Code	TUN +A	0		3	3
Project Manager for Moeit ril gl Firm	Telepho	one No.	Telephone No.	License No	). e	A	A A	
Steve Schenker		758-3365		5 X	) (	M	1	
Start Date (10)	Scheduled Completion		Name of OSHA Monitor	L . (	-	5 82		
9-11-16	9-30-1	6	Street Address	hnologies		ıc		
Occupancy Status During Abatement (Check				337				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	Facility Hours		City, State, Zip Code					
☐ Other – Describe:	1000		New Egypt	NJ	183	53	3	
Scope of Work (Check All That Apply)								
≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf	Renovation  Demolition		☐ Full Containm ☐ Mini-Enclosur	nent with Negative P re	ressui	е		
☐ ≥160 St 01 ≥200 II	<b>X</b> 55		Glovebag Pro	cedure ed (*) and Non-Friab	le Pro	cedur	е	
			E Non Exempts		T	Abate	ement	
1	Is Location Normally	De	escription of		-	Ту	pe	
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Cor	ntaining Material (ACM)	Amount (Specify	R		Enc	m
TO BE ABATED In Facility	Custodial Staff?	surfa	acing, VAT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)	other	miscellaneous)		val	=	ulate	ure
	Yes No N/A				-			
CRawlSDace	X	PipeI	rsulation 1	40 LF	X	-		
					_	-		
					-	_	_	
	1			151		1		
Name of Registered Waste Hauler	NJDEP Hauler I	,,,,,,,		f Registered Landfil		,		Λ.ς
EPC Technologies		000		ste Manage	nen	to	E #	Vt
City. State	VJ .	Disp	osal Date City, Str 9-30-16 Mor	nisville I	PA			
Completed by	Title		Signatuse		ate O	7	-16	
Steve Schenker	President	-	Sleep John	whe	7	- /	10	)

Check 9752

		I No	omo of S	Building Owner/O	nerator (2)	-					
Date of Notification (1)	0		D	R. Mai	2016DE	PES	SER	V	M	D	PA
Agencies Notified Type Notification		St	reet Ad	7.30	Mel	E/w	ree POLRO	ac		1	
☐ EPA Initial ☐ Amended ☐ ☐ Amended		Ci	ty, State	e, Zip Code	2- cL2-4	LILER	17-1	2	NE	7	Z
DOL Amendment #	THE RESERVE THE PARTY OF THE PA	- N	ame of (		Kestov	(1)	Telephone Numb	per)		) (	9
DOH justification DCA Cancellation		1/	Ma		Ser						1
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFORMATI		of Facility (	4)				
Veterinarian Build		(i	laca.	11)		School (K-1	2) 8 (Other than K-12)				
Street Address 7/8 Dwig/	T A	AUS.				Other (i.e. p	private & commercial	buildi			3,
City (5) (plingswood	) /	11.7	- (	18107	Squar	e Feet	# of Floors	Bi	dg. Ag	je ) 7-	_
County (6)	ı		ounty C	ode (7) SE ONLY)	Сипе	1	or if being demolishe	121	do		
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM		Name of Abat		ntractor (9)	21	-17		
EPC Technolo	Si 69	•		N/A	EPC	JE .	chnolog	ies	,	In	6
Street Address Ro. Box 3	37				Street Addres	Box	337				
City, State, Zip Code	N <sub>2</sub>	- (	180	533	City, State, Zi	p Code	DI HA	01	35	3	3
Project Manager for Month rill gui-irm		I G	elephon	ne No. 758-3365	Telephone No.		License No	3	9	4	
Start Date (10)	Schedule	d Comp			Name of OSH	A Monitor	, [	7		9	
Occupancy Status During Abatement (Check	Only On	(e)	51,	2016	Street Address		hnologies	1	nc		-
Facility Closed/Vacated During Entire P			ent				337			11	
Abatement Performed Outside of Norm  Other – Describe:	al Facility	Hours	**		City, State, Z		UT	na	53	2	-
Scope of Work (Check All That Apply)					1000	TYPT	NO C	/ 0 -	ير ر		
>20 ≥3 sf or ≥3 lf	□R	enovati	ion				ent with Negative P	ressur	e		
≥160 sf or ≥260 lf	X D	emolitio	on		□ Glo	ni-Enclosur ovebag Pro	cedure				
					No.	n-Exempte	ed (*) and Non-Friabl		Abate		
28 E)	1000	Locatio		0	escription of				Ту	ре	
Location of Asbestos-Containing Material (ACM)		d Solel		Asbestos Cor	taining Materia		Amount (Specify	n n		En	Ē
TO BE ABATED In Facility		odial S			l systems insula acing, VAT, or	auon,	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		other	miscellaneous)			val	=	ulate	ure
	Yes	No	N/A		71		2400 SF	X	-		$\vdash$
Interior		X		Floor		. 10	3000 SF	X			
Exterior Root.	X			HOCKING	Mater	ials	300 0	1			
	-										
Name of Registered Waste Hauler		100	JDEP W		c Yards		f Registered Landfill				В
EPC Technologie	S	H	auler ID	00	24	Was	ste Manage	nen	40	E	W
City State	NJ			1 0 0 0 0 0	osal Date L'ous Dates	City, Sta	nisville f	A			
New Egypt Completed by	Title			Vace	Signature	CI	) Da		7	11	
Steve Schenker	PRE	sid	ent		Sleepe	DCK	when	4	1-	10	)



Date of Notification (1)		Name of Building Owner/Operator (2) SAKOUTIS BROTHERS DISPOSAL INC Street Address												
September 7, 2016			SAKOL	JTIS BF	ROTHE	ERS D	ISF	SEALINC	M Q	22				
Agencies Notified Type Notification  EPA   Notification   Type Notification   Not	£	- 1 '	Street Ad P.O. Bo	arcoo	Sandy of the									
DEP Initial Amended Amendment	#			e, Zip Co S NECK	de		10	<del>対するとし</del> をLICEK!	THE	net.				
Emergency (i justification)	ncluding	h	Name of						Tele	phone Nun	ber		0	
DCA Cancellation			2.5.00000000000000000000000000000000000	ITY INFO		ON			4				-	
Name of Facility Where Abatement is Taking	Place (3)		FACIL	III INFO	KWAT	ON	Ту	pe of Facility (4	)					
SINGLE FAMILY DWELLING Street Address			<u> </u>					School (K-12 Subchapter 8	(Othe					
							×	Other (i.e. pr etc.)	ivate 8	commercia	al build	dings,	home	es,
City (5) BRICK, NJ 08724		0.00					Sc	uare Feet	# of	Floors	211	ldg. <i>A</i> 0+-	ge	
County (6) OCEAN			County C	ode (7) SE ONLY)			100	urrent Use (Prio		-				
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.			e of A	Abatement Cont	ractor	(9)				
N/A			N/A					ECHNOLOG	IES,	NC.				
Street Address						Street P.O.		OX 337						
City, State, Zip Code								e, Zip Code GYPT, NJ 0	8533					
Project Manager for Monitoring Firm			Telephon	ie No.		Telepi 609-		e No. 8-3365		License N 00394	٥.			
Start Date (10)	Scheduled		S. Charles and Control of the Contro	Date (11)				OSHA Monitor	.=0					
SEPT 17, 2016	SEPT 23	1.00						ECHNOLOG	IES,	INC.				
Occupancy Status During Abatement (Chec								OX 337						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						1.3		e, Zip Code	0533					
Scope of Work (Check All That Apply)						INEV	NEW EGYPT, NJ 08533							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	-	nova					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e		
	Is Lo	ocati	ion									Abat	ement	ŧ
Location of	No Used	rmal				scription					-	T 13	/pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo (	tenar dial S (12)	nce/ Staff?		thermal surfa	system cing, VA	Material (ACM) ms insulation, /AT, or aneous)		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
EVERNOR ROOF		No	N/A	DED	D001	TIMO (	CLU	NOLEC	25	00 SF	X	-	-	
EXTERIOR ROOF	X			REL	ROOI	FING :	SHI	INGLES		00 SF	A			
							_							
Name of Registered Waste Hauler		NJDEP Waste Cu				Cubic Yards Name of Registered Landfill								
SAKOUTIS BROTHERS DISPOSA	L IŇC.	Hauler ID No. of Waste 21243 20				ste	WASTE MANAGEMENT OF PA							
City, State COLTS NECK, NJ		Disposal Date BY 9/23/16					City, State		N, PA					
Completed by STEVE SCHENKER					Signatur	Date SEPT 7, 2016								

UNA	FAX
ال عند	7#3706

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

Date of Notification (1)	, ,		Name o	of Building Owner/Op			re de				
Agencies Notified Type Notification		1	Street A	Address			825AA 0126				
G EPA S Initial Amended	#	h		t LACKA ate, Zip Code	_	C)4d8					
DOL Amendment Emergency ( justification)		183	Name o	MARK NI	4		Telephone Nur	nber			
□ DCA □ Cancellation				JOSE HOS	N	gues_					-
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility  School (K-					
Street Address				, i		□ Subchapte	r 8 (Other than K-12 private & commercia	2) aí buil	dings	hom	ies,
City (5) NEWARIZ	C,09		67	114		Square Feet	# of Floors	В	ildg. A		
County (6) ESSEX		1	County	Code (7) USE ONLY)	_	Current Use (Pr	or if being demolish				
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCI	M No.		f Abatement Co	ntractor (9)				
Street Address					Street A	ddress CX	814				
City, State, Zip Code				City, Sta	4. 7:- 0-4-	E NO.	C	88	57		
Project Manager for Monitoring Firm		T	one No.	Telepho	ne No.	License N	58				
Start Date (10)	Scheduler	Com	Account to the second		46	OSHA Monitor					
Occupancy Status During Abatement (Check	only One	1	1		Straat A	ddress CX	214				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe:	eriod of Al al Facility	oatem Hours	ent /		27 27		E 1010	32	95,	<del></del>	
Scope of Work (Check All That Apply)					ر ۱۱	13 (100			(,)		
☐ ≥3 sf or ≥3 lf 2 ≥160 sf or ≥260 lf		enovati emolitic				Mini-Enclosur	cedure				
	Τ			1		Non-Exempte	d (*) and Non-Friab	e Pro	Abate		t
Location of	No	ocation of the company of the compan	/	Descr	ription o	f			Ту	pe	1
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair Custo	Solely itenan idial SI (12)	ce/	Asbestos Contair (i.e. thermal sy surfacin other mis	rstems i	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	0
	1 1			1	~ i		1 16 61	X			-
D. E. 45T-0.01	+++		χ	ASDESIOS	EMO	OF OF	4 15 CY	/\			
ROOF MATERIAL	++		^		DSES						
Name of Registered Waste Hauler			DEP W	laste Cubic Ya	rds	Name of	Registered Landfill				
NOVATECH INL		Па	uler ID 185				0.6.5.	_			
City, State BRIDGE NO.	028	357		Disposal (	4/1	City, Stat	outer 1.	H			
CAMOS AMEIDA	Title		lature (	3 AG	Dat Dat	e /	2	110	0		

CK11073

Date of Notification (1)	Name of Building Owner/Operator (2)																
09/02/2016			Street Address 2016 SEP 12 AM 9: 40														
Agencies Notified	Type Notification				ddress DURIE	AVE			2016 SEF	12	AM 9: 4	0					
DEP DOL	Initial Amended Amendmen	: #	Ì		ate, Zip Co		A		A I HE I	100	C.HIRI	)L					
	Emergency	(including	- F		f Contact	0 0102			<u> </u>		SHAG enhone Nu	mhor					
DOH DCA	justification) Cancellation			71.0-3-10-3-10-3-10-3-10-3-10-3-10-3-10-3	D M. WA	ATKINS	3			1 1 000	amone Nu	mper					
	1				LITY INF					-				-			
Name of Facility Where	Abatement is Takir	g Place (	3)					Туре	e of Facility	(4)				-	e a like		
PRIVATE									School (K-								
Street Address	*								Subchapte Other (i.e. etc.)				dings	hom	es,		
City (5) CLOSTER								N 55	are Feet 000 SF	# of	Floors	E	3ldg. A	lge yea	rs		
County (6)			T	County	Code (7)				ent Use (Pri	ior if bei		hed)	102	700			
BERGEN					USE ONLY	)					9	,					
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCI	A No.				atement Co EAST EN			AL LI	_C				
Street Address							Street 1126		1.00								
City, State, Zip Code									Zip Code BERGEN	NJ 07	7047						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	none N	No.	License N 01300							
Start Date (10)		Schedul	ed Cor	nnletion	Date (11)		100000000000000000000000000000000000000	01-708-4270 01300 me of OSHA Monitor									
09/12/2016		2016	picuon	Date (11)		EMP	IRE	ENVIRO		TAL							
Occupancy Status Durin							Street		ess NRD, SU	ITE 20	0						
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	Period of a nal Facility	Abaten / Hours	nent s					Zip Code	11 E 20							
Other - Describe:									D, NJ 070	82							
Scope of Work (Check A	Il That Apply)								,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promise .	Renova Demolit				X	M Gl	ull Containm ini-Enclosur lovebag Pro	e cedure							
-		Τ.				Non-Exempted (*) and Non-Friat							ble Procedure Abatement				
Location	o of	1.0	Locati Vormal			D-								pe			
Asbestos-Containing	Material (ACM)		d Sole		Asbes		scription aining M		al (ACM)	Ai	nount			m			
TO BE ABA			todial 5		(i.e.	thermal	systems		lation,		pecify or LF)	Rer	Re	Encapsulate	Enclosure		
(13)			(12)				niscellan			OI.	01 11 )	Remova	Repair	husa	osui		
		Yes	No	N/A								=		ate	·e		
1st Floor & 2	nd Floor		Х		VAT	floor t	ile & m	astic	glue	22,0	000 SF	Х					
Basem	Basement						Insula	tion		1,1	20 SF	Х					
Root	Х		А	MC Ro	ofing N	Mate	rial	4,5	00 SF	X							
Bathroo	Х				ng Plas	ters			0 SF	Х							
Name of Registered Was			330	JDEP W auler ID		Cubic of Was		rds Name of Registered Landfill									
NEWARK CARTING	S INC		4 772	4509	NO.	TBD	SIC .		IESI PA	A BETI	HLEHEN						
City, State NEWARK, NJ							sal Date		City, Stat BETHL		i, PA						
Completed by CARLOS ESQUIVE	L	Title SAFE	e Signature				/	Date 09/02/2016									
ASB-41 (R-06-08)						/	Do no	t uşe	this form for	asbesto	os licensure	e exem	pted	activit	ties.		

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Date of Notification (1) 9/6/2016		100000000	me of Bu opes Ir		er/Operator	(2)							
Agencies Notified Type Notification			eet Add	ress den Stree	et				P 12 A				
➤ EPA	01			Zip Code NJ 070	30		-		ITAS U LICENC	UHTP HNG	OL		
Emergency (in justification)	cluding	10700	me of C	ontact n Sallem				Tele	phone Nun	nher			
DCA Cancellation		1		TY INFORM				X					
Name of Facility Where Abatement is Taking Former Plainfield Armory Street Address	Place (3)					So So	f Facility (4 chool (K-12 ubchapter ( ther (i.e. pr	?) 3 (Othe	er than K-12 k commerci	2) al buildi	ngs, h	omes	
1201 East 7th Street City (5)						Square 1,200		# of	Floors	Blo 50	g. Ag +	е	
Plainfield County (6)		Co	ounty Co	ode (7) SE ONLY)		188		-	ng demolis	hed)			
Union  Name of Monitoring Firm Hired by Building C	wner (8)	1	ASCM   00126	No.	Name		ement Con entracting						
GZA Geo Environmental Street Address			00126		Stree	et Addres							
55 Lane Road Suite 407 City, State, Zip Code					City,	State, Zip	o Code	-					
Fairfield NJ Project Manager for Monitoring Firm			elephon		Tele	phone No	),		License N	No.			
Benjamin Sallemi Start Date (10)	Scheduled			4-3311 Pate (11)	Nam		A Monitor	Itanta	54			· ·	
09/07/2016 Occupancy Status During Abatement (Chec	10/07/20 k Only One)				Stree	et Addres							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ab	patement 20-21 Wagaraw Ru, Blog 30 E											
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novati molitic				× Mir	ni-Enclosur	e cedure	h Negative	e Pressure			
	Τ.,	41	123								Abate	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	No Used Main Custo	tenan	y ly by nce/	(i.e. t	Descriptions Containing thermal system surfacing, other misce	g Materia ems insula VAT, or	I (ACM) ation,		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Liciosaio
	Yes	No	N/A					-				,,,	-
				See	Continua	ation Sh	eet						
										· ·			
Name of Registered Waste Hauler		Hauler ID No. of Waste				Cubic Yards Name of Registered Landfill of Waste Tullytown Resource Recovery Facili					ity		
Unicorn Contracting Corp.  City, State		0035844 5+ City, State					<u> </u>						
Totowa NJ	Title				TBD Signa	ture	Tullyto	ewn P		Date		1	
Completed by Dimo Golcev	1	General Manager 8/25/2016											

### State of New Jersey Notification of Asbestos Abatemen 2016 SEP 12 AM 9: 37 Continuation Sheet

				5	3100 Lef	4 1 1	JL.		
	Is	Locat	ion	ž.	LICERSII	G		ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)  Per No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Special Staff: SF or Lateral Staff: SF or La	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A						
ARMORY BUILDING								_	_
Roof 1			X	1/16" Thick Vapor Barrier Layer 4	900 SF	X			
	+	-		March Committee (No. 1997)			1		

		LUCAL	35						
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Mai	lormal d Sole intena todial (12)	ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
ARMORY BUILDING							_	_	Т
Roof 1			X	1/16" Thick Vapor Barrier Layer 4	900 SF	X			_
Roof 1			х	Roof Flashing	120 SF	X			
Roof 2			х	Roof Flashing	80 SF	X			
Building Facade			X	Exteriror Window Cauliking	1,550 LF	×			
Building Facade			×	Exteriror Window Cauliking Concealed within Metal Cladding	1,550 LF	x			
Bldg Upper Fascade at Roof 2			х	Façade Fibrous Caulking Metal	2 SF	X			
Bldg Upper East Façade at Roof 2			х	White Façade Caulking	2 SF	×			
Basement Classroom 2			X	Light Brown 12"x12" Floor Tile on top of Black 9"x9" Floor Tile  Dark Brown 12"x12" Floor Tile on top of Black 9"x9" Floor Tile  Black 9"x9" Floor Tile with Light Streaks  Mastic Black 9"x9" Floor Tile with Light Streaks	1,150 SF	X			
Basement Large Vault			×	Light Brown Carpet Glue Beneath Carpet	430 SF	X			
Basement Fan Room			х	Vibration Joint Cloth	5 SF	Х			
Various Areas Throughout Bldg	3		×	Wrapped Paper Pipe Insulation and Associated Pipe Fittings  Magnesia Pipe Insulation and Associated Pipe Fittings	1,100 LF	x			
Basement Classroom 2			х	Mirror Glue Backing Behind Bar	150 SF	×			
			x	Exterior Boiler Insulation Layer 1	150 SF	Х			
Basement Boiler Room			х	Exterior Boiler Insulation Layer 2	150 51	×			
Basement Boiler Room			X	Exaust Breecing Insulation	250 SF	X			
Basement Boiler Room		$\top$	X	Slop Sink Gasket	1 SF	×			
								-	

2nd Floor Room 1	×	Green 9"x9" Floor Tile with Beige Streaks and Mastic Beneath Red 12"x12" Floor Tile	2001 SFSE	PM2 F	4 94 3
Basement Classroom 1 and Front Center Room	x	Dark Brown 9"x9" Floor Tile and Associated Mastic	1,400 SF	IX D.C.	
Basement Kitchen	×	Green 12"x12" Floor Tile with White Streaks and Associated Mastic	310 SF	x	
Main Roof	X	Roof Flashing	450 SF	x	
Main Roof	х	Roof Vent Caulking	30 LF	x	
		Interior Boiler Insulation	210 SF		
Basement Boiler Room	X	Interior Boiler Door Insulation	25 SF	x	
		Door Gaskets	20 LF		
Basement Rear Exit & Boiler Room, 1st Floor Gym Exit Doors	x	Concealed Exterior Fire Exit Door Insulation 4 Doors	84 SF	х	
Chimney Interior	- x	Interior Chimney Lining Insulation	480 SF	х	
Throughtout Bldg	х	Concealed Electrical Cloth Wiring Insulation	2,000 LF	х	
Bathroom & Storage Rooms	X	Subfloor Waterproofing Mastic	580 SF	×	
Roof 3	х	Concealed Roof Flashing Beneath Rubber Membrane	120 SF	X	
SERVICE GARAGE BUILDING					
East Side of Roof	X	Cap Flashing Roof Cement	50 LF	x	
Roof Vent	X	Roofing Cement Type 1	4 SF	x	
Roof Vent	X	Roofing Cement Type 2	4 SF	x	
Kitchen & Shower Room	×	Black 9"x9" Floor Tile with White Streaks	200 SF	x	
Garage Office 2	x	Black Floor Tile Beneath Beige 12" Floor Tile	395 SF	X	
Office, Kitchen & Bathroom Areas	×	Joint Patch Compound	2,800 SF	x	
Building Exterior West Side	Х	Exterior Door Caulking	40 LF	х	
West & South Side Exterior	X	Exterior Window Caulking	350 LF	х	
South & West Sides	×	Concealed Exterior Fire Exit Door Insulation 2 Doors	42 SF	x	
Throughout Bldg Interior	×	Concealed Electrical Cloth Wiring Insulation	200 SF	x	
SHED BUILDING					
Shed Roof	X	Transite	100 SF	X	



RECEIVEL

Date of Notification (1)		Name of Building Owner/Operator (2) Realest Corporation 2016 SEP 12 AM 9: 47														
Agencies Notified	Type Notification		10.03	Street Ad 315 Gr	ddress ove Stre	eet			A . 1, E .	://03		HUL				
EPA DEP DOL	Initial Amended Amendment #				te, Zip Coo I NJ 076				(=	HCE						
DOH DCA	Emergency (ir justification) Cancellation	cluding	100	Name of Doreer	Contact Ellis					Tele	ephone Ni	umber				
				FACI	LITY INFO	RMA	TION			1						
Name of Facility Where		Place (3)	)					Туре	of Facility (	(4)						
Former Hudson Sa Street Address	VIIIYS DAIIK								School (K-1 Subchapter		ar than K	12)				
161 Harristown Rd.								X	Other (i.e. petc.)			cial bu		2516		is,
City (5) Glen Rock, NJ 074	52					-		Squar 20,00	re Feet 00	# of 1	Floors			g. Aç yes		
County (6) Bergen					Code (7) ISE ONLY)			Curre	nt Use (Pri ant	or if beir	ng demoli	shed)				
Name of Monitoring Firm Omega Environme				ASCN 0012					tement Co						112	
Street Address	illai Services, ilvi			0012			100000000000000000000000000000000000000	Street Address								
280 Huyler Street							106	Vreela	and Aver	nue						
City, State, Zip Code South Hackensack	NJ 07606							ity, State, Zip Code South Hackensack, NJ 07606								
Project Manager for Mor Mr. Geiser Fajardo				Telephoi 201 48	ne No. 89-8700		1 20	hone No 546-2			License 01243	No.				
Start Date (10) September 19, 201	Start Date (10) Schedul							of OSH e Ana	HA Monitor			2011				
Occupancy Status Durin		Water Soverie ala		,			100-00-000	Addres	11 TX 12 10 10 10 10 10 10 10 10 10 10 10 10 10							
	ated During Entire P															
Abatement Perform  Other – Describe:	ned Outside of Norma 4:00 pm TO 12:30 am	al Facility	Hours			_			ip Code ins, NY 1	0603						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit					Mir Glo	ll Containm ni-Enclosur ovebag Pro	e cedure						
			100 1100				<u> </u>	≦ No	n-Exempte	d (*) and	d Non-Fri	able Pr	7.3	3 3	ment	
		100000	Locati Normal					-						Ту		
Location Asbestos-Containing		Use	d Sole	ly by		tos Co	escription intaining I	Material		А	mount				ш	
TO BE AB			todial S		(i.e.		al system facing, V		ation,		Specify or LF)	Remova		Repair	псар	nck
(13)			(12)				miscella			2550		oval		pair	Encapsulate	Enclosure
		Yes	No	N/A											te	
Lower F	Х		flashin	ig /tai	on the	parap	et wall		SF/150 s	sf X						
1st Floor Vario	X		glue	7,000	r carpet		mastic	-	50 SF	X						
Upper F	Roof		X			Roc	fing ma	iterial		18	8,700	X				
Upper F			Х				of Flas	hing			,400	X				
Name of Registered Wa	ste Hauler		10000	JDEP W lauler ID		0.5336	ic Yards /aste		1900-000-000	Registe	ered Land	fill				
Newark Carting					NJ04509					-						
City, State Newark, NJ					Disposal Date City, State Benthleher				<sub>tte</sub> ehem, PA 18015							
Completed by Title					Signature					Date						
Carmen Repreza Office Mana					nager Og				Denue 14/12016							



Date of Notification (1)		Name of Building Owner/Operator (2) Theresa DiVietro 2016 SEP 12 AM 9: 56														
9/8/2016	Tone Netters			that the same of		U		-1513///		2016	SEP !	2	DM	9: 5	15.	
Agencies Notified	Type Notification  X Initial		100	Street Ad 2 East	<sub>aress</sub> High Str	eet				<u> </u>		5. 1	5 V E		Car.	
DEP  DOL	Amended Amendment				e, Zip Cod oro, NJ (						& LIC	Ēĸ	Sil	G		
☑ DOH DCA	Emergency ( justification) Cancellation	including	E (2)	Name of Andrew						Tele	enhone N	lumb	er			
				FACIL	ITY INFO	RMATIC	ON									
Name of Facility Where A	Abatement is Takin	g Place (3)							of Facility (4 School (K-1:	2)						
Street Address 2 East High Street								X	Subchapter Other (i.e. patc.)				ouildi	ngs, I	nome	s,
City (5) Glassboro									e Feet	# of	Floors		Blo	dg. Ag	ge	
County (6) Gloucester				County C	Code (7) ISE ONLY)	\(\text{\text{3}}\)	_	Curre	nt Use (Pric	r if bei	ng demo	lished	i)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		tement Con struction		(9)					
Street Address		<del></del>			- Align		5.50	Addres Creek	ss Road							
City, State, Zip Code								City, State, Zip Code Bellmawr, NJ 08031								
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi	none No 466.46	D.		License 01204					
Start Date (10) 9/19/2016		Schedule	d Cor 21/20		Date (11)		100000000	of OSF	HA Monitor							
Occupancy Status Durin	ng Abatement (Che			Stree					on was spec							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of A	bater	tement 282 Creek Road City, State, Zip Code										-		
Other – Describe:		nar r acinty	riour	Bellmawr, NJ 0803						1						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				ovation nolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		_					L	⊥ No	n-Exempted	(*) an	d Non-Fr	nable			ement	-
		1000000	Locai orma	202-222-11		Do	corintio	n of						Ту		
Locatio Asbestos-Containing		Used		ely by		os Con		Material	(ACM)		mount		_		Щ	Е
TO BE AB	ility	100,700,000		Staff?	(i.e.	surfa	system	AT, or	ation,		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		otner r	miscella	neous)					val		ılate	ure
Interi	or		X			9x9	Floor	Tiles		26	00 SF		X			
Name of Registered Wa			100	NJDEP W Hauler ID		Cubic of Wa	: Yards		Name of	200		dfill				
Ricco Construction		28909			5		Salem		ty							
City, State Bellmawr, NJ					Disposal Date City, State TBD Alloway, NJ											
Completed by Title Andrew Ricco Owner							Signature Date 9/8/2016									



PECENVEL

Date of Notification (1) 9/10/16			Name of I Sheryl S	Building C Sori	)wner/O	perator	(2)		1	2016 SEI	P 12	AM	10:	67
Agencies Notified  Type Notification  EPA DEP  Initial Amended		(		e, Zip Coo					1	2 d E 5	100		v I R VG	0L
DOL Amendment Emergency justification) DCA Cancellation	including	1	Name of Sheryl		d, NJ (	37073			Tele	ephone Nu	ımber			
			FACIL	ITY INFO	RMATI	ON			•					
Name of Facility Where Abatement is Takin Residential Home Street Address	g Place (3)			×		¢ =	Type	School (K-12 Subchapter 8 Other (i.e. pri	) (Othe	er than K-1	12) cial build	dings	home	ès,
City (5) East Rutherford		-						etc.) are Feet )0	# of	Floors		ldg. /	ige	
County (6) Bergen			County C (STATE U	ode (7) SE ONLY)	-			rent Use (Prior sidential Ho		ng demolis	shed)			
Name of Monitoring Firm Hired by Building Competent Supervisor	Owner (8)		ASCM	No.				atement Contr s Abatemer		(9)				
Street Address						Street 280 I		ess lidland Ave						
City, State, Zip Code								Zip Code Frook, NJ 07	763					
Project Manager for Monitoring Firm			Telephon	e No.		Teleph 201-		No. 3184		License 01305	No.			
Start Date (10) 9/20/16	Scheduled 10/1/16	d Con	npletion D	ate (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Period of A	batem				Street City, S		ess Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		enova				2	N G	full Containme Mini-Enclosure Blovebag Proce Mon-Exempted	edure				re	
	le	Locati	ion						7			Aba	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormai d Sole ntena odial s (12)	lly ely by nce/ Staff?		tos Con therma surfa	escription staining M I system acing, VA miscella	Mater is insi AT, or		(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Dining Room/Hallway	Yes	No X	N/A			VAT			2	60 SF	x	$\vdash$	-	-
Diffing Nooth/Hallway														
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of F	Reaist	ered Land	fili			
Newark Carting		H	lauler ID 4509		of Wa	aste		IESI Lar	200					
City, State Newark,NJ					Dispo	sal Date	9	City, State Bethlehe		PA				
Completed by Richard Cristofol	Title Presid	dent				Signatur		1	>	1 1	Date 9/10/1	6		

CKICCO

Date of Notification (1) 08 SEP 2016		1000000	me of Building C		perator	(2)		20	16 SEP 1	2	AM I	ก: ก	C
Agencies Notified Type Notificati	on		eet Address								** 1 E	J (	U
			O Box 42					5.	6E3 N			Tar	14
☐ EPA ☐ Initial ☐ Amended	í.	U., A.	y, State, Zip Coo	de					15 E 5 1 L		1141	7	-
DOL Amendm	ent #	1,000	addonfield, N		33							J	
Emergen	cy (including	10.79	me of Contact					Tele	phone Num	ber			
DOH justificati		Ju	ustin DiMedio	)				No.					
			FACILITY INFO	RMATI	ON			W					
Name of Facility Where Abatement is Ta	king Place (3)					Туре	of Facility (4)	)					
DiMedio Lime Company office						_	School (K-12	*					
Street Address							Subchapter 8 Other (i.e. pr				lings	home	es.
1815 Federal Street							etc.)						
City (5)						2.5	re Feet		Floors		dg. A	ge	
Camden						6,00		2			6		
County (6)			unty Code (7) FATE USE ONLY)				nt Use (Prior		ig demolishe	ea)			
Camden							e compan		(0)	0			
Name of Monitoring Firm Hired by Buildi		1	ASCM No.				tement Cont tos Abate		(8)				
Environmental Testing Consulta	arits					Asbes		ment					-
Street Address 413 N. Black Horse Pike							ss quin Trail						
						-	ip Code						
City, State, Zip Code Runnemede, NJ 08078					2.7%		akes, NJ	0805	5				
Project Manager for Monitoring Firm		Tel	lephone No.			none N		7000	License No	1.	-		
Howard Zenobi		1.00	56 482 1311			630 3			01303				
Start Date (10)	Scheduled		etion Date (11)		77.77		HA Monitor						
18 SEP 2016	20 SEP		223,7 23(0 (11)				ental Test	ing C	onsultants	3			
Occupancy Status During Abatement (C						Addres							
			nt		413	N. Bla	ack Horse	Pike					
Abatement Performed Outside of N	Iormal Facility H	lours			City, S	State, Z	ip Code					11 - 30	
Other - Describe:				-	Run	neme	ede, NJ 08	078					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 If	Ren	novatio	n				II Containme		Negative P	ressu	re		
≥160 sf or ≥260 lf	□ Der	molition	1		-		ni-Enclosure ovebag Proc		2007				
					Σ		n-Exempted		Non-Friabl	e Pro	cedur	9	
	le l	ocation						-thesia -coc-s			Abate	ement	t
Location of	No	rmally		De	scription	n of					Ту	ре	
Asbestos-Containing Material (ACM		Solely I	ASDESI	tos Con	taining N	Materia	I (ACM)		mount	-		Щ	ш
TO BE ABATED In Facility	100000000000000000000000000000000000000	dial Sta	0.6		system		ation,		pecify or LF)	Rem	Repair	сар	nck
(13)	1	(12)			niscella			O.		Remova	pair	Encapsulate	Enclosure
2007	Yes	No	N/A							-		ite	e
Office floor (1st and 2nd floor			x	tile,	tile ma	astic		5,1	00 SF	x			
1st floor front door			x		caulk			2	5 LF	x			
Perimeter of lowest roof of offi	Ce		X	f	lashing	7			00 SF	x			
refilleter of lowest fool of offi	08		^		iasi ili I	3				2.			
Name of Registered Waste Hauler		THE 23352032	DEP Waste	100000000000000000000000000000000000000	Yards		Name of F	Registe	red Landfill				-
Robinson Waste			uler ID No. 304	of Wa 5.09			Grows	Landf	ill				
City, State				Dispo	sal Date	9	City, State	9	A.S.	11 H E-87			
Voorhees Township, NJ				20 S	EP 20	16	Morrisv	ille, P	Α	4.55.415			
Completed by	Title	11-0-2-3			Signatur	e /			Da				
Jeff Yekenchik	Owne	r				1/2	1		08	SE	P 20	16	
ASB-41 (R-06-08)					* Do n	ot use	this form for	asbest	os licensure	exer	npted	activ	ities.



Date of Notification (1)			1.0		Building C		perator	(2)			2016	SEP	10	£	410	
08 SEP 2016					lio Lime	Co.					LU 10	071	14	ri	1 10	: 05
Agencies Notified	Type Notification			treet A												
⊠ EPA	✓ Initial			PO Bo	All Come			ann i			***	101	00	4-	71	=UI
X EPA X DEP X DOL	Amended	ш.			te, Zip Coo		00					22 L	υĽ	14	76	
⊠ DOL	Amendment Emergency				onfield, N	1J 080	33									
DOH	justification)		200		Contact					Tel	enhone	Numh	2r			
☐ DCA	Cancellation				DiMedic	*										
Name of Facility Where	Abatement is Takin	n Place (3)		FACI	LITY INFO	RMATI	ON	T	pe of Facility (	(4)				478		-
Dimedio Lime Com		g 1 1800 (0)						-	-							
Street Address	ipany carage	***						H	School (K-1 Subchapter		er than I	K-12)				
1815 Federal Stree	<b>2</b> †							×	Other (i.e. p				uildi	ngs,	home	s,
City (5)								S	etc.) guare Feet	# 0	f Floors		Ric	lg. A	76	
Camden								223	,300	1	1110013		46		90	
County (6)			To	ounty (	Code (7)				urrent Use (Pri		na demi	olished	1	<u></u>		
Camden					JSE ONLY)				ime compa		-	Olishicu	,			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No		Name		Abatement Cor	_01(670)			-			
Environmental Tes				ACCIV	1110.				pestos Abat		1000000					
Street Address	ting consultant						Street	870,208		0111011						
413 N. Black Horse	e Pike								onquin Trail							
City, State, Zip Code								2000	e, Zip Code	004 I + 15 = 1				_		
Runnemede, NJ 08	3078								d Lakes, N.	J 0805	55					
Project Manager for Mor			T	elephor	ne No.		Teleph	hone	e No.		Licens	se No.				
Howard Zenobi	<u> </u>		8	356 48	32 1311		856	63	0 3288		0130	03				
Start Date (10)		Scheduled	Comp	oletion (	Date (11)		Name	of (	OSHA Monitor							
18 SEP 2016		20 SEP	2016	3			Envi	iror	nmental Tes	sting C	Consult	tants				
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street	Ad	dress	U* Lawren						
▼ Facility Closed/Vac	ated During Entire	Period of Aba	ateme	ent			413	N.	Black Horse	e Pike						
Abatement Perform	ed Outside of Norn	nal Facility H	ours				City, S	State	e, Zip Code							
Other - Describe:						_	Run	ne	mede, NJ 0	8078						
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf			novati				-	4	Full Containm		Negati	ve Pre	ssure			
≥160 sf or ≥260 lf		□ Der	nolitio	n				+	Mini-Enclosur Glovebag Pro	53						
							Σ	◁	Non-Exempte	d (*) an	d Non-F	riable	Proc	edure	9	
		Is Lo	ocatio	n									F		ment	
Location	n of		rmally			De	scription	n of				-		Ту	pe	
Asbestos-Containing		Used : Maint	Solely	/ by ce/					erial (ACM)		mount		_		Ē	m
TO BE AB. In Facil		Custoo	lial St		(I.e.		system cing, VA		sulation, or		Specify or LF)		₹em	Repair	cap	nclo
(13)		(	12)				niscellar				5 - 1945 AVS 1846 M		Remova	oair	Encapsulate	Enclosure
		Yes	No	N/A											te	CD
Garage roof	perimeter		-	X		f	lashing	7		Δ	50 SF		x l			
Garage 1001	perimeter		_	^		- 1	iasiliilig	9		7.	30 31		+	-		
													1			
Name of Registered Was	ste Hauler		20000000	DEP W	30 A 3 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4	Cubic	Yards		Name of	Registe	ered Lar	ndfill				
Robinson Waste				uler ID 304	No.	of Wa	ste		Grows	Land	fill					
	City, State						cal Dete		City, Sta							
Voorhees Township					(C) (M)	sal Date EP 20		Morris		Δ						
Completed by	, 140	Title					Signature		1 /	viii0, 1	7.1	Date				
Jeff Yekenchik		Owner					- igi iatult	1	1			08 3	SEP	20	16	
							Commence Commence	_'	la		000000000000000000000000000000000000000	275.07			10%	

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

# State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-132 (Pursuant

RECEIVED Check # 7998

B & G proj. #:	2010-132		<b>\</b>						CHOOK					-
	-				. (2)			2016	SEP 12	AM 9:55	ŝ			
Date of Notification	(1)				perator (2)									
10 19 1/10 19	1/116		een Ture	ek 				H (1)	20100	CUMINU	L			
Agencies Notified	Type Notification	Street Ad	dress					(	& LICE	MSING				
☐ EPA	✗ Initial													
☐ DEP		City, Sta	ite, Zip Co	de 711∩								OCCUPATION.		en e
X DOL	Amendment		ey, NJ 0	7110				Charles Fre	Telephor	ne Number				
X DOH	□ o l'ation	Name of												_
☐ DCA	Cancellation	Kat	nleen Tu								1004			
				FACILI	TY INFORMA	MOIT		T = -	e of Facility	(4)				_
5 5 11th / 10	vhere abatement is tak	ing place (3)						Тур	Scho	ol (K - 12)				
		9.							Subc	hapter 8 (Othe	r than	K-12	)	
Kathleen Tur	rek								X Other	(Private/Com :./Homes, etc.	mercia	al		
Street Address								So	uare Feet	# of Floors	T	Bldg.	Age	
							b. Codo (7)	-			_ _			
City (5)		County (6)					ty Code (7) e use only)			Prior if being o	lemoli	shed)		
		Essex				1000			esidential					=
Nutley	ring Firm Hired by Bld	Owner (8)		T	ASCM No.		Name of Abateme							
Name of Monito	ring Firm Filed by Bids	g. • (-)			n/a		B & G Resto	ration,	Inc.					_
							Street Address 105 Ryerson	n Road	4					
Street Address							City, State, Zip Co							
City, State, Zip C	Code						Lincoln Par	rk, NJ	07035					
							Telephone Numb	er		License N		Γ		
Project Manager	for Monitoring Firm		Phone	e Numb	er		(973)696-6	5869		003	/8			_
				D 1 /4 /			Name of OSHA	Monitor	lno					
Scheduled Start	Date (10)	Sched. Co		Date (1	1)		B & G Resto	oration	, 1110.					
09/19/201		09/20/2					Street Address 105 Ryerso	n Roa	d					
Occupancy Stat	tus During Abatement	(Check only	one)				City, State, Zip C							
PG7	osed/vacated during e nt performed outside o	ntire period	of apateing	ent.										
Abatemer Describe:	nt performed outside o	ii iioiiiiai iao	,			-	LincolnParl	k, NJ 0	7035				- 1	_
Other-De	escribe:													
	k (check all that apply)	ntion					Full Containment	w/negat	ive pressure	Gloveb				
☐ Demoliti		Renovation	CO If			X	Mini-enclosure			☐ Non-fr			-	
	>3 lf	160 sf or ≥2		sed sole	ly						e e	R	E n	E n
Location	of sentaining	by maintena	ance/custo	dial	Descri	ption of	asbestos-containi	ing	Amou (Spec	oify SF or	m o	p	c a	C
material	s-containing to be	staff(12)			- materi	al (ACN	1)		LF)		v e	i r	р	-
abated i	in facility (13)	Yes	No	N/A		1			42 lf		X			
boiler / laun	dry room area			X	pipe ins	sulatio	Π		12.11					
														1
							Charles and Charles and Charles					빝	1	부
					-									
		INIDE	P Hauler II	]  <u> </u> D#	Cubic Yards	of Was	te Name of Reg	istered l	andfill	& Recovery	Cer	nter		
Registered W	aste Hauler storation, Inc.	1	9563		1		City, State	TOWIT	18300108	C. 1.000.0.			-	
City State				Disposa	al Date 19/20/2016		Tully	town, F	ΡΑ					· ·
Lincoln P					Signatu					Date 09/	09/20	116		
Completed b	y (Print or Type)	Title Secretar	v/Treasi	urer			Gordana S	una			1012	110		
Gordana	Luna	- Corotal	,											

### State of NJ

B & G proj. #: 2016-133

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)	I I Name	of Building	Owne	r/Operator (2)			2016 SEP 12	2 AM Q	. 5			
10 19 1/10 19		11			Sabarese				- 1117	٠.,	J		
Agencies Notified   EPA	Type Notification		Address					FORESTU. & LICE	NSING	кU	L		
DEP DOL	☐ Amendm	CONTRACTOR OF THE PROPERTY OF	State, Zip Co adison, N		60	-01.1100.							
X DOH			of Contact					Telephone	Number				-
☐ DCA	Cancella	tion W	illiam Sab	oares	е		74			_			
				FACIL	ITY INFORMA	TOITA	٧						
Name of facility wh	ere abatement is	taking place (	3)					Type of Facility (4	1) (K - 12)				
Estate of Mich								=	pter 8 (Oth	er th	an K-	12)	
Street Address								X Other (	Private/Con	nmer		,	
									Homes, etc. # of Floors	Т	Bld	g. Ag	e
City (5)		County (6	6)				unty Code (7)						
Madison, NJ	07940	Morris				(Sta	ate use only)	Current Use (Pr	ior if being	demo	olished	d)	
Name of Monitorin	Contract to the second	Bldg. Owner (8)	)	T	ASCM No.	T	Name of Abatement C						
					n/a		B & G Restoration	on, Inc.					
Street Address							Street Address 105 Ryerson Ro	ad					
City, State, Zip Cod	Δ					-	City, State, Zip Code				mand more		
City, State, Zip Cou							Lincoln Park, N	J 07035					
Project Manager for	r Monitoring Firm		Phone	Numbe	er		Telephone Number (973)696-6869		License N 003		эr		
Scheduled Start Da	ite (10)	Sched. Co	ompletion D	ate (11	)		B & G Restoration						
09/20/2016		09/22/2					Street Address						
Occupancy Status I							105 Ryerson Ro	ad		_			
	d/vacated during erformed outside	of normal facil	ity hours-	it.			City, State, Zip Code						
Describe: Other-Descri	be:					=	LincolnPark, NJ	07035				+1	
Scope of Work (ch	neck all that apply	')											
Demolition	X	Renovation					Full Containment w/nega Mini-enclosure	ative pressure [	Gloveba				
>3 sf or >3 lf	X	≥160 sf or ≥26		d solely	/		Willi-enclosure			R	R	E	Γ-
Location of asbestos-cor	ntaining	by maintenar	nce/custodia	al	1	on of	asbestos-containing	Amount		e m	e p	n c	n
material to be abated in fac	е	staff(12)	No.	NI/A	material			(Specify S LF)	i- or	0 v	a i	a	C L
03-909-90-00-00-00-00-00-00-00-00-00-00-00		Yes	No	N/A	1111		1.0	420 of		e X	-		
1st floor				X	VAT & ma	astic	subtloor	430 sf				H	計
					1								
		- 1						1611					
Registered Waste H B & G Restora	Hauler tion, Inc.	NJDEP 195	Hauler ID# 563	C	ubic Yards of 8	Waste	Name of Registered Tullytown	Landfill Resource & Re	ecovery (	Cent	er		
City, State			Dis	posal D	Date 23/2016		City, State Tullytown, I	PA			en.Co.	- C- C	
Lincoln Park, Completed by (Prir		Title			Signature				Date				
Gordana Luna		Secretary/	Treasure	r			Gordana Luna		09/09	201	6		

CK 1691

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

0 10	. 1	11011	(Pui	rsuan	t to NJA	C 8:60 and 5:16	6)			11/	G f	
Date of Notification (1)	08 / 16					g Owner/Operator (: ner Church	2)	2016 SEF			internet.	
Agencies Notified	Type Notification  ☑ Initial				Address 3. 4 <sup>th</sup> Stre	eet		438F3				- 1
☑ DOLWD	Amended Amendment #				tate, Zip C			& L	ICE	451	4G	TUL
DCA (NJAC 5:23-8)	<ul> <li>☑ Emergency (in justification)</li> <li>☐ Cancellation</li> </ul>	cluding	-	Name	of Contac	t		Telephone Numb	er	14		
	- Caricellation	<u></u>	7-1			IFORMATION		1				
Name of Facility Mileson	Abstament in Takin	- Dlago	(2)	FAC	JILITY IIV	IFORMATION	Type of Facility (	4)	*	-		-
Name of Facility Where Commercial	Abatement is Taking	Place	(3)		98 88	8 B	School (K-12)					
Street Address 28 S. 4 <sup>th</sup> Street				90 90	4		Other (i.e., pr homes, etc.)	ivate and commerc	cial bu	ilding	s,	
City (5) Fords, NJ					E (2)		Square Feet	# of Floors	Blo	dg. Aç	je	N EE
County (6) Middlesex				Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolisi	hed)			
Name of Monitoring Fire Bio Terra Solution		Owner (	8) .	ASCM	No.		ent Contractor (9)  ANAGEMENT LI				ti	
Street Address	50 1 g a			-		Street Address	1 4 4 4					1.5
P.O. Box 1224	e e jari e e			Ħ.,		27 Outwater	Lane					
City, State, Zip Code Union, NJ		4				City, State, Zip Congression Garfield, NJ				10		i (P) Weld
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Rick Eustaquio			97	3-494	-3762	973-928-4888	3	1188				
Start Date (10) 09 / 10	A 12 M	duled C			te (11) 16	Name of OSHA M	Monitor	LC				- "
Occupancy Status Duri						Street Address	Contract of the second	(4 (12) (2) (2) (2)			-	
□ Facility Closed/Vaca     □ Abatement Performer	ted During Entire Pe	riod of	Abater		cribe	27 Outwater			:		- "	
Time of Abatement:						City, State, Zip C Garfield, NJ		a E	61.34	1. I	į	
Scope of Work (Check  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	⊠ Re	novati molitic			☐ Mini-End☐ Gloveba	g Procedure	pative Pressure	e ·			
		1 25	Locat				-		Ab	atem	ent T	уре
Locatio Asbestos-Containin TO BE AB IN Fac (13	g Material (ACM) BATED illity	Use Ma	Norma d Sole intena todial ( (12)	ely by nce/		Description of the store Containing Manager, thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10	,	Yes	No	N/A		7					a	
Exterior					Roof			36 SF				
					1	19	8					
Name of Registered Wa			1000	IJDEP	D No.	Cubic Yards of Waste As Needed	Name of Regis					
City, State Garfield, NJ				00348	500	Disposal Date TBD	City, State Bethlehen	ı, PA				
Completed By (Print or	Type)   Tit	е	- 1 mart 1990/2			\$ignatufe /	7 1		ate /	1	1	

ASB-41 JAN 13

Allen Monchik

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

Project Manager



PECHYEU

Date of Notification (1)			11503		Building C			10.00				-				
08/31/16				and the second	n Devel	opmer	nt Gro	up	201	6 SF	P 12	AM	Q	: 21	2	
Agencies Notified	Type Notification		100	Street Ad								1111	-	- 1		
⊠ EPA	✓ Initial		12	46 Chu					Α		Tuo		. +	13.00		
EPA DEP DOL	Amended Amendment	#			e, Zip Coo				*** ¥	見	LICEN	ISIN	10	NU		
	Emergency				air, NJ (	7042										
DOH	justification) Cancellation		1	Name of	Contact					1 016	ephone Nu	umbe				
DCA	Cancellation			EACII	ITY INFO	DMATI	ON								-	
Name of Facility Where	Abatement is Takin	g Place (3)		FACIL	JIT INFO	KIVIATI	OIA	Туре	of Facility (4)						-	
972-976 Summit A	ve							Пѕ	School (K-12)							
Street Address								□ s	Subchapter 8	(Othe					•	
972-976 Summit A	ve								Other (i.e. pri	vate 8	k commen	cial bi	ulldi	ings,	nome	S,
City (5)									e Feet	# of	Floors		Ble	dg. A	ge	
Jersey City								5,00	0	2			2	5+		
County (6)				County C	ode (7) SE ONLY)			and the second	nt Use (Prior	if bei	ng demoli	shed)				
Hudson			- (					n/a				25576				
Name of Monitoring Firm		Owner (8)		ASCM	No.		10.15 (10.10)		ement Contr		(9)					
Health and Safety	Services								prises, Inc	•						
Street Address PO Box 365								Addres	s Essex Ave							
City, State, Zip Code								State, Zi		55						
Berlin, NJ 08009							100,000,000,000		NJ 08221							
Project Manager for Mor	nitoring Firm		77	Telephon	e No.		1000	hone No			License	No.		_		_
James Proctor			1 1		2-1311			-567-1			01172					
Start Date (10)		Scheduled	Com	pletion D	Date (11)	-	Name	of OSH	A Monitor							
09/12/2016		09/21/20	116				Hea	Ith & S	Safety Ser	vices	s, Inc.					
Occupancy Status Durin	ng Abatement (Chec	k Only One)					Street	Addres	ss							
Facility Closed/Vac	cated During Entire	Period of Aba	atem	ent				Box 36				9-2-1				
Abatement Perform  Other – Describe:	ned Outside of Norr	nal Facility H	ours					State, Zi								
							Ber	lin, NJ	08009							
Scope of Work (Check /	All That Apply)						Б	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat noliti				ŕ		l Containmer ii-Enclosure	nt with	Negative	Pres	sur	е		
2 100 SI 01 2200 II			nonu	OII			Ę	Glo	vebag Proce							
							[2	✓ Nor	n-Exempted	(*) an	d Non-Fri	able F		Treation and	e ment	
		100	ocatio rmall	2002											meni pe	
Locatio		Used			Anhoni	De Con	scription	n of	(ACM)	٨	mount				_	
Asbestos-Containing TO BE AB		Main			(i.e.	therma	l system	ns insula	ation,	(3	Specify		R <sub>P</sub>	Z	nca	Enc
In Fac		Custo	11al 5 (12)	ian?			cing, VA			SI	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)	)	-		N114		oulei I	HISCEIIA	neous)				1	<u>n</u>	7	late	ле
		Yes	No	N/A			4 4				105 :					
Sidir	ng			X		Asbe	estos S	siding		4,	425 sf	)	7			
															27-11:50	
Name of Registered Wa	aste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	egist	ered Land	Ifill				
Site Enterprises Inc			1 3	auler ID		of Wa			Tullytow	ın La	andfill					
			0	035220	)	20 C	y sal Date	ρ	City, State		METATORY W/W/O					-
City, State Egg Harbor Towns	hin N.I					70000000000	1/201		Bristol,							
Completed by	inp, No	Title				200000000000000000000000000000000000000	Signatu		Director,			Date				
Eric Keys		OM				1	0	h	1.27			08/3	31/	16		
							1/1/	11/1	~ /							

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									1 100	THE 1 1 1				
Date of Notification (1)	)	1	Name of	Building (	Owner/C	perator	(2)	mar	22		- 1-			
Agencies Notified Type Notification	n		Street A	ddress				2016	EP 1	2 AM	9: 22	2	7	
EPA Initial Amended Amendme	nt #			te, Zip Co		PA	10	NT.	017	720	I ROI			
		1500	110	Contact	)		~ 4	1000	40 1 10	phone N	umber			
	71		FACII	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Tak Street Address	ing Place (3)	Λ.					Тур	e of Facility ( School (K-1 Subchapter	2) 8 (Othe	er than K-	12)			
							Sau	Other (i.e. p etc.) lare Feet		Floors		Bldg. A		is,
City (5) Browley B	alla						2	448		2		50	)	
County (6)	\			Code (7) ISE ONLY)			Cur	rent Use (Pric		ng demoli	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	l No.		11 (422) 11 A		patement Cor Justries Inc		(9)				
Street Address						Street		ess < 915						
			- 52			0.000	The second	Property and the second				_		
City, State, Zip Code						100000		Zip Code ew Jersey	08723					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph (732		No. 9-7499		License 01196	No.			
Start Date (10)	Scheduled	Com	pletion I			Name	of OS	SHA Monitor						
Occupancy Status During Abatement (Ch	eck Only One	(1)				Street	Addr	ess				-		
Facility Closed/Vacated During Entir	e Period of Al	oatem	ent											
Abatement Performed Outside of No. Other – Describe:	rmal Facility	Hours			_	City, S	State,	Zip Code						
Scope of Work (Check All That Apply)	/													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enova emoliti					l N	ull Containm //ini-Enclosure Blovebag Prod Von-Exempte	e cedure	3. 200			re	
		574				-							ement	
	100000	_ocation			Do	scription	o of					Т	ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solei ntenar odial S (12)	ly by nce/		tos Con thermal surfa		Mater is insu AT, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
				DCI-	001-	1- 1	~	150	30	100	1			
		-LB100		1000	C>4	X	W	thie	0/10	10 II	- 10		-	
			-									+		
			-		1-70-0	<u> </u>						+		
		N.I.	JDEP W	losto	Cubio	Yards		Name of	Registe	red Land	fill			
Name of Registered Waste Hauler Brick Industries Inc.		Н	lauler ID 1602		of Wa		1	GROW						
City, State					at yes	sal Date		City, Stat	te					
Brick, New Jersey					1.00	)/ 11/1		PA			0			
Completed by Eric Plackis	Title Presi	dent				Signatur	e (	114			Date	11	16	

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

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 55 Date of Notification (1) -16 PINELAMO Type Notification Street Address Agencies Notified M Initial DEPA Amended City, State, Zip Code Amendment # DOL SEA Emergency (including DOH DCA justification) Name of Contact Cancellation FRAMIC FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Subchapter & (Other than 15-12)

Other (i.e., private & commercial buildings, Street Address homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1500 Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) MACHAUT IAPE ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner 121 CM Street Address Street Address City, State, Zip Code City, State, Zip Code WAPL Telephone No. Telephone No. Project Manager for Monitoring Firm 856-7 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ]≥3 sf or ≥3 lf Glovebag Procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Amount Asbestos Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Custodial Remova TO BE ABATED surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste M. C. MI CLEMO Disposal Date City, State City, State NOODBINE

MADL

MICHAC

Completed By

Title

SUP

Signature

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

Date of Notification (	1		Name	of	Buila	ling	Owner/Operati	or	(2)			_			
0   8   /   2   9		1							. 7						
Agencies Notified Typ			Stre	Hea	ddre	ysten	ns Inc	_							-
• 100	SE MOETITOR	- LOII							. 2016 SEP	12 4	Ħ 9:	69			
[ ]EPA	[X]Initial		1	Jame	200		Code							-	_
[ ]DEP	Notifica	tion		5000					4:714		RI.	-Ut			
[X]DOL	[ ]Amended Notifica	tion		son,					Telepi	one Num	ber				-
[ ]DOH	[ ]Cancella	tion	Name	e of	Cont	act			[2020]						
[ ]DCA	\$1 \$3		Joe	Pas	qual	Э									-
							FORMATION								_
Name of Facility When	e Abatemen	is Tal	king	Place	e (3)			T	ype of Facilit						
JFK Medical Center									[ ]School [ ]Subchap	ter 8 (	Other	tha	n K	12)	
Street Address								11	⊠Other (	i.e., p	rivat	e &	etc.	.)	
0								S	quare Feet #	of Flo	OFS	Blac	J. A9	je	- hi
65 James Street		County	(6)			Coun	ty Code (7)	1_	80000 urrent Use (Pr	5	-		50	shed	_
CITY (3)		-				(STA	TE USE ONLY)	11.		101 11	perud	j uen	1011		,
Edison, NJ 08818		Middle	sex	L KC/M	No		Name of Abat	eme	lospital	(9)					_
Name of Monitoring F: Owner (8)	Lrm Hired D	A RAITO	ing	ASCIT	140.										
S&S Environmental Sc	iences Inc						Four Strong	Buil	ders, Inc.						_
Street Address			1				Street Addre	SS							
98 Sand Park Rd							180 Sargean								_
City. State. Zip Cod	e						City. State.								
Cedar Grove, NJ 0700	9						Clifton, NJ 0	701	3-1935	11.3	cens	e Nu	mper		-
Project Manager for	Monitoring					er			2 h		0807				
Prakash Khaitan		19	73-8	57-7	188	777	973-614-037		onitor	100	3007				-
Scheduled Start Date	1														
0 9 / 0 9 / 1 1 Month / Day / 1	ear Mo	9 // .	Day	/	Year		Four Strong	Bui	Iders, Inc.						
Occupancy Status Dur	ing Abatem	ent (Che	eck o	nly o	one)		Street Addr								
[ ]Facility Closed of Abatement							180 Sargear	nt A	venue				_		
[ ]Abatement Perfo Hours - Describ	e:		ormal	. Fac.	1111	4	City, State	. 4	ip Lode						
[X]Other - Describ	e: SECTION C	LOSED				-	Clifton, NJ 0	701	13	-					
Scope of Work (Check	all that	apply)					[ ]Fu	11	Containment wi	th Nega	tive	Pre	ssur	e	
[ ]Demolition			$[\times]$	Reno	vati	on	[ ]Mi	ni-	Enclosure bag Procedure						
[ ]>3 sf or [X]>160 sf or	>3 1r or >260 1f						(X) NO	n-F	riable Procedu	ire					
			T	Is	T							Abat	emen	t Ty	pe E
Locatio	on of			catio rmal1			Descript					RE	R	N	N
Asbestos-Co Material	ontaining			Used olely			Asbestos-Co Material	(AC	IM)	(Speci	ify	M	E	A	1
TO BE A	BATED		by	Main	1-	iı	(i.e., therman	al s irfa	systems scing, VAT,	SF C		O V	P A	S	SUF
in Faci (13			Cu	stodi aff(1	al	-	or other m	isce	ellaneous)		1	A L	I R	U	F
				No						4 000 0	-				E
Level 1 hallway				X		VAT				1,200 S	) F	$\triangle$			-
	•														-
									7						
Name of Registered	Waste Haul	er		JDEP			Cubic Yards		Name of Regis	tered L	andfi	.11			
				aule		NG.	OT Mesice		G.R.O.W.S., Ir	nc.					
Four Strong Builders	, Inc.			12609			Disposal Da	te	City, State	- 1					
ordi, deate									Tullytour DA						
Clifton, NJ		1976-1					Signat	UFA	Tullytown, PA			D	ate		
Completed By (Print	or Type)	Title					1//		4	0/	>			40	
Marina Ivanovski		Office .	Admi	nistra	ator		1111	u	referre	7		18	/29/	16	
ASB-41 JUN 95									0					G46	567
JV11 7J							/		0.4500					-	- 46 8

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2584 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 03 / 16 Dominick Dellaratta Agencies Notified Type Notification Street Address ☐ EPA X Initial ASBESTOS CONTROL & **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # LICENSING Jersey City, NJ 07306 DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Dominick Dellaratta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City, NJ 07306 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 13 / 16 09 / 14 / 16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Repair Asbestos-Containing Material (ACM) Used Solely by Removal Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes N/A No X Basement 25 LF Pipe insulation П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Date Signature N.Jevtic 09/03/16 Owner

								**************************************						5
Date of Notification (1)	00 /	4.0			973970			Owner/Operator (	43	1111 800	7			
09/	/	16			N	ew Jei	rsey	Turnpike Autho	rity	IU L <sub>j</sub> SEP	1-2	201	ŝ	Control of the Contro
Agencies Notified	Type Notific	ation			13470	et Addr			1	1				14
⊠ EPA ⊠ DEP	☐ Initial ☐ Amended	d			- 3	31 Mai		242		ASBESTOS	CO	1700		
DCA (NJAC 5:16)	Amendm	ent #5				, State,				LICE	VSI.		- 3	1
☑ DHSS ☐ DCA— DOL	☐ Emergen justificati		cluding			ne of Co		NJ 07095		Telephone Numi	205	-		-
(NJAC 5:23-8)	☐ Cancella				100000000			ensdorf		Telephone Numi	jer			
					F	ACILIT	TY INI	FORMATION					175-17	
Name of Facility Where A	batement is	Taking	Place	(3)			200		Type of Facility	(4)		3		
Existing Bldg									☐ School (K-12					
Street Address										8 (Other than K-12)		reserve o		
MP E111.5									homes, etc.)	rivate & commercia	ai bulic	ings,		
City (5)									Square Feet	# of Floors	BI	dg. Ag	ge	
Secaucus									6900	1		1960		
County (6)		17.20			Co	unty Co	ode (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Hudson									Prosecutor	's Office				
Name of Monitoring Firm	and the second section of the second			8)	20000000	M No.		Name of Abateme						
Bio Terra Environm	ental Solut	ions	LLC		06	-15995	5	APS Contrac	ting, Inc.					
Street Address								Street Address						
PO Box 1224		S. Juliese							sylvania Aver	nue				
City, State, Zip Code								City, State, Zip Co						
Union , NJ 07083				T	•			Paterson, NJ	07503	Tax				
Project Manager for Monit	toring Firm				lephon			Telephone No.		License No.				
Rick Eustaquio		ار ما ما م				4-3762		973-754-1908		01-287				
Start Date (10) 10 / 03 /	100000					ate (11 16		Name of OSHA M	1000 T T 1 2 CT 1 1					
					<del>-</del> /			APS Contract	ung, inc.					
Occupancy Status During			- 17		omont.			Street Address						
<ul> <li>☑ Facility Closed/Vacate</li> <li>☑ Abatement Performed</li> </ul>						escribe	-		sylvania Aver	iue				
Time of Abatement:								City, State, Zip Co Paterson, NJ						
Scope of Work (Check all	that apply)	-			_			raterson, No	07303		-			
									ainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			☐ Rei					<ul><li>☐ Mini-Encl</li><li>☑ Glovebag</li></ul>						
M = 100 01 01 = 200 11			23 001							n-Friable Procedur	e			
				Loca Iorm	ation				_		Ab	ateme	ent T	ype
Location Asbestos-Containing N		1)	Use	d So	lely by		Asbesi	Description o tos Containing Ma		Amount	Z	R	Ш	Ш
TO BE ABA	TED	,			ance/ I Staff?	(ie		mal systems insula		(Specify	Remova	Repair	ıcap	1clo
IN Facilit (13)	У		Oust	(12				VAT, or other miscellane	nus)	SF or LF)	Val	-	Encapsulate	Enclosure
()			Yes	No	N//	4							ate	
Thruout Bldg				$\boxtimes$		VAT	Т			8,448 sf.	$\boxtimes$			
Thruout Bldg				$\boxtimes$				ss Wall Insul/Co	ement Brd	324sf				
EC Rm1038				$\boxtimes$		- 1000000		ork Floor Tile		7,940sf				
EC Rms 1040				$\boxtimes$		Cer	ment	Piping/Pipe Ins	ulation	22 If				
Name of Registered Wast	e Hauler			- 10		Waste	3	Cubic Yards of	Name of Regis	stered Landfill				
APS Contractors, In	c.				Hauler 212	ID No.		Waste 40 Yards	Grows Lar	ndfill				
City, State					414	,,		Disposal Date	City, State	<del></del>				
Paterson, New Jerse	еу							10/15/16		, PA 19067				
Completed By (Print or Ty	rpe)	Title				THE ST		Signature	7 ,	// Da	te i	1		
Svetozar Savreski		Pr	eside	nt				de	of a	En (	7/0	11	,	
		1	-,,	10000				1/1/1	4/14	10	1/1	11	P	

ASB-41 JUL 01

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

A Emergenen &

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

CK 5679

Date of Notification (1) 9/8/16					f Building Voodwa											
	ype Notification Initial			Street A	ddress				(D)-	E	E		7		n	
EPA DEP DOL	Amended Amendment		-	Bever	ate, Zip Co ly NJ 08				The second distance of	SE	P 10	201	c	The sale of payments	UII	
DOH DCA	justification) Cancellation	inciduling	193	Name o Brita	f Contact						ephone N			-		
Name of Facility Where Aba	atomont is Takin	Diago (3)		FACI	LITY INFO	ORMA	TION	Tyn	e of Eacility	BEST	US CO	ONTR	OL	8	-1	
Brita Woodward Priva		g Flace (3)						Тур	School (K-1		OLIVOI	ING	_			
Street Address								×	Subchapter Other (i.e. p	8 (Oth			uild	ings,	home	es,
City (5) Beverly NJ 08010								3333.5	are Feet 00+	# o 1.5	f Floors		BI 35	dg. A	ge	
County (6) Burlington					Code (7) USE ONLY,			Cur	rent Use (Pri	or if bei	ng demo	lished)				
Name of Monitoring Firm Hi	ired by Building (	Owner (8)		ASCN	/I No.		Name Pern		atement Cor Inc.	ntractor	(9)					
Street Address							Street PO E									
City, State, Zip Code									Zip Code rlin NJ 080	91						
Project Manager for Monitor	ring Firm			Telepho	ne No.		Teleph 856-		No. 9800		License 00727				e verile	
Start Date (10) 9/9/16		Scheduled 9/10/16	Com	pletion	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During A	batement (Chec	k Only One	)				Street	Addr	ess							
Facility Closed/Vacated Abatement Performed  Other – Describe: Hon	Outside of Norm					_	City, S	tate,	Zip Code		·					
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				×	M	ull Containm lini-Enclosure llovebag Pro on-Exempte	e cedure					2	
		ls L	ocatio	on										Abate	ment	
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM)	Used Main Custo	tenar	y by nce/	Asbes (i.e.	tos Co therma surf	escription ntaining N al systems acing, VA miscellar	fateria s insu T, or	lation,	(8	mount Specify or LF)	Neilloydi	Domouol	Ty	e Encapsulate	Enclosure
		Yes	No	N/A											е	
basement	t			Х		Flo	or tile o	nly		28	38 SF	х				
			1													
Name of Registered Waste United Roll Off	nauier		Ha	JDEP W auler ID 2459		of W	c Yards aste		Name of G.R.O.		ered Land	21111				
City, State Elm NJ						Disp. 9/12	osal Date /16		City, Stat Morrisv		19067	7				
Completed by Anthony T Perna		Title Presid	ent				Signature					Date 9/8/1	6			

			,,		to NOAO								7		
Date of Notification (1) 09-07-16					f Building roadwa				, 111	SE	° 12	2016	1	$\int \!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $	
Agencies Notified  EPA DEP	Type Notification				ddress Coney Is		ve.#	2	ASI	BEST	OS CO		1	1	7
DOL	Amended Amendment		_		lyn, NY	oue				7	73	(F)	1	(H	
□ DOH DCA	Emergency justification)		1		f Contact					Tel	ephone N	Number			
☐ DCA	Cancellation	1			Cholodiv		ON			_					
Name of Facility Where		ng Place (3	3)	FACI	LITY INF	ORMAII	ON	Туре	of Facility (	4)					
Commercial Buildin	ig								School (K-1						
Street Address 599 Broadway Ave									Subchapter Other (i.e. petc.)	orivate 8	& comme		ldings	, hom	es,
City (5) Paterson								Squa	re Feet	# 01	Floors		Bldg. /	Age	
County (6) Passaic					Code (7) USE ONLY	)		Curre	nt Use (Pri	or if bei	ng demo	lished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	)	ASCN	A No.		1		tement Cor tracting L		(9)				
Street Address								Addres 7th St	-						
City, State, Zip Code									p Code NJ 0708	7		<del></del>			
Project Manager for Mon	itoring Firm		Telepho	ne No.		0.0000000000000000000000000000000000000	none No 216-9			License 01206					
Start Date (10) 09-19-16		Schedule 09-22-		npletion	Date (11)				A Monitor tracting L	LC					
Occupancy Status During	g Abatement (Ched	ck Only Or	ne)				Street	Addres	S			-			
Facility Closed/Vaca Abatement Perform	ed Outside of Norn	Period of a	Abaten Hours	nent				7th St state, Zi	p Code			V			
Other – Describe:							Unio	n City	NJ 0708	37					
Scope of Work (Check A	ii That Apply)	F .	Renova	tion			Г	7 5	Containme	ant with	Mogotive	Droom			
≥160 sf or ≥260 lf		and winds	Demolit					Min Glo	i-Enclosure vebag Prod n-Exempted	e cedure	-				
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Asbestos-Containing TO BE ABA	ATED	Ma	intena todial \$	nce/		tos Cont thermal					mount specify	₽ Z	77	Enc	Ē
In Facili (13)	ity	Cus	(12)	olanii			cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		late	ire
Baseme	ent		Х			Boile	r Insula	ation		60	00 SF		X		
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Name of Registered Was Delfa Contracting LL			H	IJDEP W lauler ID 5240		Cubic of Was	ste		Name of I Tullytov	8			ery F	acili	ty
City, State Union City, NJ		:00-12-02-07					sal Date		City, State					<del>75 3.5.</del>	
Completed by Jaime Delgado		Title	Mana	aner			ignature	h	Ø.	-, -,	TI	Date 09-07-	16		
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				ICATION	ate of Ne NOF ASB to NJAC	ESTOS	ABATE				lip	OV	# /	150
Date of Notification (1) 9/7/2016				Name o	f Building en State	Owner/C Episco	perator pal Co	· (2)	inity Deve	opment Co	-		M	]
Agencies Notified	Type Notification			Street A	ddress ummit A	ve				9EP 13	2846			
DEP X DOL	Amended Amendmen				ate, Zip Co / City 07				ASPI		=#10	Manager of Street		
▼ DOH DCA	Emergency justification) Cancellation				f Contact Morale	:S			L	Telephone	Numbe	11-8		
Name of Facility Where	Abatament is Takir	na Place (	21	FACI	LITY INF	ORMATI	NC	Tuno	of Facility (4)			-		
Commercial Prope		ig i lace (	5)					Parent .	School (K-12					
Street Address									Subchapter 8 Other (i.e. pri	(Other than I		uilding	e hom	000
184 Hobart Ave									etc.)		er ciai b			
City (5) Bayonne								1,90		# of Floors 2+		50+	Age	
County (6) Hudson					Code (7) USE ONLY	<i></i>	_	Curre	ent Use (Prior	if being demo	olished)			
Name of Monitoring Fire	n Hired by Building	Owner (8	)	ASCN	ЛNo.				tement Control	The second second				
Street Address								Addre Route	ss e 46 Suite 7	<sup>7</sup> a				
City, State, Zip Code									ip Code J 07512					
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph 973-	one N 333-9		Licens 01232				
Start Date (10) 9/24/2016		Schedul 9/26/2		mpletion	Date (11)				HA Monitor on Consult	ants Inc				
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)					Addre		DI4- 25 E				
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	state, Z	garaw Rd, ip Code NJ 07410	Blug 35 E				
Scope of Work (Check A	All That Apply)						ı alı	Lawii	140 07 410					
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf			Renova Demolit					Min	II Containmen ni-Enclosure ovebag Proce	98	e Pres	sure		
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Roo	f			Х	В	uilt-Up	Roof I	Vlater	ial	5,000 SF	х			
						3 11111								
Name of Registered Wa Unicorn Contracting			H	IJDEP W lauler ID 035844	No.	Cubic 'of Was				egistered Lan n Resource		very	Facil	ty
City, State Totowa NJ	2001-00-00					Dispos TBD	al Date	_	City, State Tullytowr	ı PA				
Completed by Dimo Golcev		Title Gene	eral N	lanage	r	Si	grature		1	/	Date 9/7/2	016		
ASB-41 (R-06-08)	erytiillikus ete ee erusillise ee e				4		* Do no	ot use t	his form for a	sbestos licen	sure ex	empte	d activ	ities.

				ICATIO	N OF ASB t to NJAC	ESTO	SABATE			1 0		1	K	7/0	8	
Date of Notification (1) 9/8/16					of Building on Harbo										-0	
Agencies Notified  X EPA DEP	Type Notification    Initial   Amended			Street / 253 N	Address Newark A	venu				)_E	G E	2 [				
X DOL	Amendment Emergency (			Jerse	y City, N		302			5	EP 1	12	201	G		$\parallel \parallel$
DOH DCA	justification)  Cancellation	, roidani,			of Contact oh D'Ama	ato				_ Tel	ephone	Nun	nber			T
Name of Facility Where	Abatament is Taking	Place	(2)	FAC	ILITY INFO	ORMA	TION	Ton	e of Facility	ASDE.	LICEN	UU	PILE	IUL	cu —	1
house Street Address	Toutement to Tuking	, 1 lacc 1						×	School (K- Subchapte Other (i.e.	12) er 8 (Oth	er than	K-12	)	dings	, hom	es.
City (5) Jersey City								Squa 210	etc.) are Feet 0	# 0	f Floors		1000	3ldg. /	Age	
County (6) Hudson					Code (7) USE ONLY)			Curr	ent Use (Pr	ior if bei	ng dem	olish	ed)			*******
Name of Monitoring Firm	Hired by Building C	wner (8	)	ASCI	M No.				atement Co ronmenta			LC				
Street Address							Street PO E		ess 83, 4 E C	Sate Di	rive					
City, State, Zip Code									Zip Code d, NJ 074	18						
Project Manager for Moni	itoring Firm			Telepho	one No.		Teleph 973-				Licens	se No	).			
Start Date (10) 9/28/16		Schedu 11/26/		npletion	Date (11)		Name	of OS	HA Monitor				Till Newson	-21/09/2012		
Occupancy Status During			00000				Street	Addre	SS							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire P ed Outside of Norma	eriod of al Facilit	Abaten y Hours	nent			City, S	tate, Z	ip Code							
Scope of Work (Check All	That Apply)							<del></del>								
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bassins						hibe	insulat	.1011		13	O LF		х			
Name of Registered Waste	e Hauler		1000000	JDEP W auler ID	303030505	Cubic of Wa	Yards		Name of							
Freehold Cartage			100	959		TBD			Wester		s Land	dfill				
City, State Freehold NJ						Dispo TBD	sal Date		City, State Birdsbo							
Completed by A. Scott Higgins		Title Presi	dent			5	Signature	k	er	/		Date 9/8				

Date of Notification (1)				of Building							ر ر	W	-	
9/8/16					l Oil & S	Somer	ville E	Exchange	LLC		3 [	3 1	1//	尼
Agencies Notified Type Notification	n			Address Belmont	Avenue				1.7		9 [		U	15
EPA   Initial   Amended   Amendme	nt #		City, S	tate, Zip C Haledoi	ode					SE	P 1	2 8	ois	Service Law
			Name	of Contact					Tele	phone N				-
DCA Cancellation	on			CILITY INF		ON		-		- 1	CEN	OICH	, Q	18
Name of Facility Where Abatement is Tak	ing Place (3	)	1730	ZIETT THE	ORMATI	ON	Туре	of Facility	(4)		CEN	DIM	<u>i</u>	_
Street Address 110 South Bridge Street							×	School (K- Subchapte Other (i.e.	r 8 (Othe	r than K-	-12) rcial bu	uilding	s, hon	nes,
City (5) Somerville							_	etc.) re Feet )	# of	Floors		Bldg.	Age	
County (6) Somerset				Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bein	g demol	- 1			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name ABS	of Aba Envir	tement Cor onmenta	ntractor ( I Service	9) ces, LL	.C			
Street Address							Addres Box 48	ss 33, 4 E G	ate Dri	ve		**===		
City, State, Zip Code								ip Code , NJ 0741	18		-			
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm						one No 764-2			License 703	No.			). TO U.S.
Start Date (10) 9/26/16	Schedule 11/26/1		npletion	Date (11)		Name	of OSF	A Monitor			-11-11-11-11-11-11-11-11-11-11-11-11-11			
Occupancy Status During Abatement (Che	ck Only One	e)				Street	Addres	s						
X   Facility Closed/Vacated During Entire   Abatement Performed Outside of Nor   Other – Describe:	Period of A nal Facility	baten Hours	nent s			City, St	tate, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Interested	enova				×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					
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Location of Asbestos-Containing Material (ACM)		ormal Sole				cription					-	T	уре	Г
TO BE ABATED In Facility (13)	Mair Custo	itenar	nce/		os Conta thermal s surfaci other mi	ystems ng, VAT	insulat Γ, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
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exterior			Х		parape		ning		348		X			
exterior		х			ney ta			7.5	SF	X	-			
Name of Registered Waste Hauler Freehold Cartage		Ha	JDEP W auler ID 959	No.	Cubic Yaste of Waste TBD			Name of R Western						
City, State Freehold NJ					Disposa TBD	l Date		City, State Birdsbor						
Completed by A. Scott Higgins	Title Preside	ent			Sig	nature	A	~	seed or Tort		ate /8/16	-collection		

			/A						Yes	THE W	(2	1 -	'	re	~	
Date of Notification (1) 9/8/16					of Building Excava		Operato	r (2)			GE				T	7
Agencies Notified	Type Notification			Street A	Address incoln B	ouleva	ard		IIIII		P 1 2	-				
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	Caricellation	1			ILITY INF	ORMAT	ION			-	_			× _		
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Street Address								×	School (K-1; Subchapter Other (i.e. pi etc.)	8 (Othe			uildi	ings,	home	es,
City (5) Toms River									re Feet	# of 2	Floors		BIG 72	dg. A	ge	
County (6) Ocean					Code (7) USE ONLY	)		Curre	ent Use (Prio	or if bein	ng demo	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				tement Con onmental			_C				
Street Address							100/05/07	Addres	ss 83, 4 E Ga	ate Dr	rive					
City, State, Zip Code									ip Code , NJ 0741	8						
Project Manager for Mon	itoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none N 764-2			License	No.				
Start Date (10) 9/17/16		Schedule		npletion	Date (11)		Name	of OSI	HA Monitor		1.000.000					
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street	Addres	SS							
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norr	Period of A	Abatem Hours	nent			City, S	State, Z	ip Code							
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Freehold Cartage				auler ID 5959	No.	of Wa TBD	MACO AND		Western		s Land	fill				
City, State Freehold NJ						TBD	sal Date		City, State Birdsbor		\					
Completed by A. Scott Higgins		Title Presi	dent			5	Signature	De		~		Date 9/8/1	3			

Data of Natification (1)				NI	(D. 101)		0 1	701	4	90		2	7	0	4	
Date of Notification (1) 9/8/16					of Building / Excava		Operato	r (2)	IIT	) E	G	F	1	/7		
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Name of Facility Where house	Abatement is Takir	g Place (	3)						of Facility (							
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City (5) Toms River									re Feet	# of 2	Floors		Blo 72	dg. A	ge	
County (6) Ocean				County (STATE	Code (7) USE ONLY	)		Curre	ent Use (Pri	or if beir	ng demo	lished				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				tement Cor ronmenta			_C				
Street Address								Addre Box 4	ss 83, 4 E G	ate Dr	ive					
City, State, Zip Code									ip Code , NJ 0741	18						
Project Manager for Mon	ject Manager for Monitoring Firm							none N 764-2			License 703	No.				
Start Date (10) 9/17/16		Schedule 11/17/		pletion	Date (11)		Name	of OSI	-IA Monitor			10.				
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addres	ss						Letter 1	
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	Period of Anal Facility	Abatem Hours	ent			City, S	state, Z	ip Code			7-000-3	171			
Scope of Work (Check Al	I That Apply)												-	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promotion and	Renova Pemolit				×	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	e edure					r:	
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exterio	or			X		1	oofing			100	00 SF	x				
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Freehold Cartage	S . Iddioi		H	auler ID 959		of Wa			Westerr							
City, State Freehold NJ						Dispos TBD	sal Date		City, State Birdsbo							
Completed by A. Scott Higgins		Title Presi	dent			S	ignature	6	2	~		Date 9/8/1	ŝ			

Date of Notification (1) 9/8/16				of Building		Operator	r (2)			151	18	#	He !	
Agencies Notified Type Notification			Street A	Excava				$-\mu$	# 5	EP	1 -	) 00	110	
× EPA × Initial				incoln B		ird								111
DEP Amended Amendment		_		ate, Zip Co esex NJ		6			ASBES	TOS	3 CC	)NITI	201	Ţ
Emergency justification)  DCA  Cancellation				of Contact abatino				T	Telephone	- Kal	best	NG -	IUL	Či-
		_	III. I - Education	ILITY INF	ORMAT	ION			7			100		
Name of Facility Where Abatement is Takin house	g Place (3)							of Facility (4)						
Street Address		- 0 -					S	chool (K-12) ubchapter 8 (				##: 0.000 c.000		
City (5)							et	ther (i.e. priva		Control Control III (A)				es,
Toms River							Square 2600	e Feet	# of Floors 2		1 1 1 1 1 1 1 1	Bldg. A	\ge	
County (6) Ocean				Code (7) USE ONLY	)		Curren	t Use (Prior if	being dem	olish	ed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASC	И No.				ement Contra						
Street Address			1				Address	nmental S	ervices, l	LLC				
								, 3, 4 E Gate	Drive					
City, State, Zip Code							state, Zip wood,	Code NJ 07418						
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No. 764-22		Licens 703	se No				
Start Date (10) 9/17/16	Scheduled		pletion	Date (11)		Name	of OSHA	A Monitor						
Occupancy Status During Abatement (Chec	Only One	)				Street	Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility F	atem lours	ent			City, S	tate, Zip	Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat moliti	10.00			×	Mini- Glove	Containment Enclosure ebag Procedu	ıre					
	le l	ocatio	nn.				1 Non-	Exempted (*)	and Non-F	riable			e ement	
Location of		rmall	у			scription						Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Maint	tenan	ice/		thermal	taining M systems	insulati		Amount (Specify		Re	70	Enca	m l
In Facility (13)	The someone of	(12)			other n	cing, VA niscellan	T, or eous)		SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								_		ate	E)
exterior		-	Х			siding			2000 SF		х			
					Table NATE.		-1/1							
Name of Registered Waste Hauler			JDEP W		Cubic			Name of Reg	istered Lan	dfill				
Freehold Cartage			auler ID 959	NO.	of Was	ste		Western B	erks Lan	dfill				İ
City, State Freehold NJ					Dispos TBD	al Date		City, State Birdsboro,	PA					
Completed by A. Scott Higgins	Title Preside	ent			S	ignature	De	~		Date 9/8/				

CK 8585 PAGE 83/84

	No.	State	of New Jersey	T <sub>P</sub>	uma F	-		
Check#2585	NOTIFIC	PATION OF	ASBESTOS AS	BATEMENT	n)_E-G-	<u></u>		C
Date of Notification (1)			NJAC B:50 and				-	
4_	10	Name of Br	ilding Owner/Operat	or (2)				_
		Scott S. Sz	akac	1 1	III SEP	12 23	201	6
Agencies Notified Type Notified	cation	Streat Add			SELF	/ 3		
☐ EPA ☐ Initial ☐ Amenda	201		i		LAAM	1		
⊠ DHSS Amenda		City, State,	Zip Code		ASB STU	\$ CC	INTR	OL &
☐ DCA ☑ Emerge	incy (including	Middlesex,	2	-	LIUI	ENSI	YEST.	
(NJAL 5:23-8) fuetilica	tion)	Name of Co	intact	-	TT-		LEISANT TAT	
☐ Cancelli	ation	Scott S. Sz	skan		Telaphone N	nuber		
			Y INFORMATION					
Name of Facility Where Abelement is	Taking Place (3)	77011111	THI ONNE TION	Tune of Engli	14. (4)		_	
Private house	***			Type of Facil				
Street Address			i	Subchapt	-12) er 5 (Other than K-	1 21		
			Ī	LE UINET (I.E.	, physis and comn	nercial	buildin	ğ9,
City (5)			<del></del>	homes, el Squara Faet				
Middlesex, NJ 08846			İ	SHUMIM POST	. # of Floors		Blog. A	-Bo
County (6)		County Cade	(7) (STATE USE DIVE	Current lice	Prior if being da	Niph or		
Middlesex	100 500 500		3115	1 2411411 400	in ear in meaning delittle	ii (MI BÇ)	5	
Name of Monitoring Firm Hired by Buil	ding Owner (8)	ASCM No.	Name of Abate	mant Contractor	(9)			
Street Address			Gr Tech LLC		1-1			
steet Vadtess	,		Street Address			-		
City, Stote, Zio Gode			576 Valley Ro	#283				
orly, Store, Zip Gods			City. State, Zip	Code				
rojaci Manager for Monitoring Pirm			Wayne, NJ 07	470				
act manager for anonitoring PRM	Tèle	phone No.	Telephone No.		License No.			
tart Date (10)			973-638-1777		01127			
09 / 07 / 16	Scheduled Comple	tion Date (11)	Name of OSHA	Monitor	14.127			
	09 / 08	/ 16	Envirovision C	Consultants Inc.				
Occupancy Status During Abstament (	Check only one)		Street Address				-	
Facility Closed/Vacated Ouring Entitle  Abatement Performed Outside of No.	re Pariod of Abater	nent	20-21 Wagaray	v Road Bide a	34F			
Time of Abatement: AM-	PW PM	s - Describe Asa	City, State, Zip (	Code				
cope of Work (Check all that apply)			Fair Lawn, NJ	07410				
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)			Cloan	up and decentem	nation with negative	re pres	Sure	-
> 3 of a: > 3 is > 160 of ar > 280 is	⊠ Renovation		Full Co	ntainment with Ne	gative Pressure			
1 5 100 at at 3 5500 ft	☐ Dameiltion	ń	☑ Giovada	Procedure T	Tank with Negativ	е Ртев	ours	
Automatical Control of the Control o	Is Location	No.	☐ Non-Ex	empted (*) and N	on-Friable Procedu	une	1	
Location of Achestos-Containing Material (ACM)	Moronali	y	Description	٠.		Ab	ateme	nt Type
TO BE ABATED	Meintenan	LIT AS	destos Containing M.	merial (ACM)	Amount	교	Re	5 5
IN Facility	Custodial &		i.e., thermal systems Surfacing, VAT	insulation, ·	[Specify	Remove	Repair	Encapsuk
(13)	(12)		other miscellan	, U1 (\$U3)	SIF or LF)	£		Encapsulate
	Yes No	N/A						(P)
9cment		Pipe in	sulation		30 LF	X		TIF
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		-				14	<u> </u>	
		=-						
me of Registered Waste Hauler								TIF
	MIDE	Waste Haller ID N	o. Cube Yards of Wast	Name of Regis	tered Landfill		Amed   L	mad Dans
Tech LLC V. State	00	33785	TBD	T.R.R.F. Inc				
			Disposal Date	City, State				
			TBD	Tullytown, P.	4			
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	Title		Signature A		The second second	ta		
	Title Owner		1 //	Se Wenad	De	06/16		

Date of Notification (1)				Name o	of Building	Owner/Operat	or (2	INI	GE	W		-	7	
9 / 6 /	16	_		Boro	ough of L	indenwold		IKIT		r) li	7			
Agencies Notified Type Notifie	cation		-	Street A	Address			1	- /c =s			11		
⊠ EPA ⊠ Initial				2001	Egg Har	bor Road			SEP 122	016	1	U		
□ DOLWD    □ Amende			-	City, St	ate, Zip Co	ode					The state of the s	The state of the s		
		م مالد ،		Lind	lenwold,	NJ 08021		ASBE	STOS CONT	TDOL	3.6		Owner, and	
DCA Emerge justifica		luaing	Ì	Name o	of Contact				STOS CONT	mher	O.			
Cancell				John	n Cannor	n - Clyde Lat	time					-14		
				FAC	ILITY INF	ORMATION	I							
Name of Facility Where Abatement is	Taking	Place	(3)	17.000				Type of Facility (4	1)					
Lindenwold Pump Station #1								School (K-12)		12\				
Street Address					E all e			☐ Subchapter 8 ☐ Other (i.e., pri	vate and comm	nercial b	ouilo	lings		
100 Lake Boulevard								homes, etc.)						
City (5)								Square Feet	# of Floors	E		. Ag	Э	
Lindenwold					200			5,000	2		70	)		
County (6)				Count	ty Code (7)	(STATE USE ON	LY)	Current Use (Price		olished)				
Camden								Pump Statio	n					
Name of Monitoring Firm Hired by Bu	ilding O	wner (8	3)	ASCM I	Vo.			ent Contractor (9)						
Mgmt. & Enviro. Consulting S	Service	S						nmental, LLC			_		-	
Street Address						Street Addres								
PO Box 341						623 Cutle								
City, State, Zip Code						City, State, Z								
Chesterfield, NJ 08515								, NJ 08052	License No.				_	
Project Manager for Monitoring Firm				phone I	200000000000	Telephone No			00842					
Bill Weisgarber			1	09-298		856-755-0			00042					
Start Date (10)				tion Dat	500	Name of OSH EMSL An								
09 /19 /16				)/_	10			icai, iiio.		-				
Occupancy Status During Abatemen						Street Addres		0 North						
<ul> <li>☐ Facility Closed/Vacated During End</li> <li>☐ Abatement Performed Outside of</li> </ul>	ntire Per	lod of /	Abate	ment re - Dae	crihe	NEW CONTROL OF THE PROPERTY OF								
Time of Abatement:AM	PN	1/	_PM		AM	City, State, Z Cinnamir		n, NJ 08077						
Scope of Work (Check all that apply)							Cont	tainment with Neg	ative Pressure					
≥3 sf or ≥3 lf		⊠ Re	novat	ion			-Enc	losure	dillo i iodonia					
☐ ≥160 sf or ≥260 lf		☐ De	moliti	on		☐ Glov	veba	g Procedure empted (*) and Nor	n-Friable Proce	edure				
		la	Loca	tion		M MOII	-LXC	impled ( ) and Hol	111100011000		Aba	teme	ent Ty	vpe
Location of			Norma			Descript	tion c	of					_	
Asbestos-Containing Material (A	CM)			ely by		stos Containin	g Ma	aterial (ACM)	Amount	9	E E	Repair	nca	nclo
TO BE ABATED			intena todial	Staff?	(i.e	., thermal syst surfacing,			(Specify SF or LF)	1	Removal	₹.	Encapsulate	Enclosure
IN Facility (13)		13.000.00	(12)			other misce							ate	(D
,		Yes	No	N/A							_	_	_	_
Throughout					8" Cem	ent Piping			130 LF	-		Ш	ᆜ	
										_		Ш	Ц	Ш
Name of Registered Waste Hauler				NJDEP	Waste	Cubic Yards	of	Name of Regis						
Freehold Cartage			1	Hauler I		Waste 2		Cumberlar	nd County La	andfill				
City, State				1593	5	Disposal Dat	te	City, State						
Freehold, NJ						09/30/201	16	Newburg,	PA					
Completed By (Print or Type)	Title	9				Signatu	re_	20		Date				
Christina Lynch	DESCRIPTIONS.		ions	Manag	ger	On	Do	(W)		9,	10	1	0	
Omisuna Lynon						11/6	A l			1	-	- 2		

New Jersey Department of Health

Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

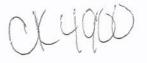
Fax: 609-826-4975

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or post legible CONTROL &

L NOTIFICATION INFORMATION LICENSING	
I. NOTIFICATION INFORMATION	
Date of Notification: U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
☐ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)	
Type of Work: Demolition Renovation	
II. BUILDING INFORMATION	
Name of Building Owner/Operator: Douglas N. Gahel	
Street Address: 388 Diamond Spring City: Denville State: NJ Zip: 07834	
Name of Contact: Douglas N. Telephone No.	-0
	anisa a
III. FACILITY INFORMATION	
Name of Facility Where Work Activity is to Take Place: KeSiden Hal Lome	
Describe Facility Use: Residential Home	
Street Address: City: Denville State: N zip: 07834	_
County Name: Morris County Code (State Use Only):	
Scheduled Start Date: 09 1 07 1 16 Scheduled Completion Date: 09 1 09 1 16	
Occupancy Status During Activity (check only one):	-
Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
Other-Describe: Vacant while abatement is being	-
Scope of Work (check all that apply):	_ ^
☐ Floor Tile Square Footage:	el
✓ Mastic Square Footage: 570 Percentage Asbestos: %	-
	-
IV. CONTRACTOR INFORMATION	
Company Name: K&A Environmental Contractors Telephone No.: 610-8510-7700	5
Street Address: 20 Lauck City: Mohnton State: PA zip: 19,540	
New Jersey Asbestos License Number (if applicable):	33
Monitoring Firm (if applicable): Karl Environmental Group Telephone No.: 610-856-9706	
	-
V. SIGNATURE	
Completed By (type or print legibly): Nevesa Hadfeld Title: Soles	_
Signature: Mere Hadfield Date: 09 0/ /6	

	NO		State of New TION OF ASB want to NJAC	ESTOS A	ABATE			<u></u>	G		W		E
Date of Notification (1) 09/09/16	******************		me of Building stinctive Cu					Total Santa	ŜEP	1 0			$\ \cdot\ _1$
Agencies Notified Type Notif	ication	Str	eet Address				1 200 10	Ĭ	aft.	128	91g	- 1	U
☐ EPA Initial												1	-1
DEP Amer		Cit	y, State, Zip Co	ode				TOBE!	STOS LICEN	CONT	ROL	- &	Alternative const.
× DOH justifi	cation) ellation	100000000000000000000000000000000000000	me of Contact OSE PENA					Tele	phone N	umber			
(F ::: )A6 A1	T. I. DI (6)		FACILITY INFO	ORMATIC	NC	-	75 99 7	•1					
Name of Facility Where Abatement i Street Address	s raking Place (3)	<u> </u>				Type X	School (K-1) Subchapter Other (i.e. p etc.)	2) 8 (Othe			dings	, hom	es.
City (5) NORTH BERGEN						Squ	are Feet	# of	Floors		Bldg. A	\ge	
County (6) HUDSON			unty Code (7) ATE USE ONLY	)			ent Use (Pric LTI FAMIL		g demoli	shed)			
Name of Monitoring Firm Hired by Be	uilding Owner (8)	1	ASCM No.				atement Con D PROFE						
Street Address					Street 6 Wh		DOVE CC	URT					
City, State, Zip Code							Zip Code OD, NJ 08	3701			1		
Project Manager for Monitoring Firm		Tel	ephone No.		Teleph 732-6				License 1200	No.			
Start Date (10) 09/22/16	Scheduled 0 09/30/16	Comple	etion Date (11)				HA Monitor D PROFE	SSION	IALS				
Occupancy Status During Abatemen    Status During Abatemen   Status During	77 - Millian Carrena (1974) - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 197	temeni	·		Street 6		DOVE CC	URT					
Abatement Performed Outside of Other – Describe:					0.00		Zip Code OD, NJ 08	3701					
Scope of Work (Check All That Apply	′)												
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		ovation rolition	i		×	M	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure	57V.			'e	
Location of		cation mally		Door	cription						Abat	emer.	t
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Custodi	enance	Asbesi	tos Conta thermal s	aining M systems ing, VA	lateria s insu T. or	lation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes N	10 1	N/A	OINT C	OMP	OLIN	ID.	460	00SF	X		TO .	
INTERIOR										- X			
INTERIOR				IVIA	ASTIC	<b>.</b>		110	00 SF	A			
Name of Registered Waste Hauler NEWARK CARTING		M. S. College	EP Waste er ID No.	Cubic Y of Wast			Name of F	Register	ed Landf	iil	<u> </u>	<u></u>	
City, State NEWARK, NJ		L		Disposa 09/30/			City, State		PA				
Completed by JOSEPH PERLSTEIN	Title OWNER	?		Sig	gnature				0	ate		-21,1000,000	



Date of Notification (1) 09/05/16					Building (			(2)			G					
Agencies Notified	Type Notification		T	Street A	ddress									0.550	100000000000000000000000000000000000000	
EPA DEP DOL  DOL  DOH DCA	Initial   Amended   Amendment   Emergency ( justification)   Cancellation		- [		te, Zip Co FORD N				and the second s	ASB	SEP EMP®	1.2 Sumb	2( 9NT	/-3-5/	- &	
-				FACII	LITY INFO	RMAT	ION		Вороничения			-			-	
Name of Facility Where Ab	patement is Taking	Place (3)						Ту	pe of Facility (4	70						
Street Address		- 10-21/10-2						×	School (K-1) Subchapter Other (i.e. pretc.)	8 (Oth			build	ings,	home	es,
City (5) CRANFORD		×						2	uare Feet	200				dg. A	ge	
County (6) UNION				County C	Code (7) ISE ONLY)				rrent Use (Prio OME	r if bei	ng demo	olishe	<b>i</b> )			
Name of Monitoring Firm F	Hired by Building (	Owner (8)		ASCM	No.				batement Con AD PROFE							
Street Address							Street 6 Wh		ress E DOVE CC	URT						
City, State, Zip Code									, Zip Code OOD, NJ 08	3701						
Project Manager for Monito	oring Firm		T	Telephor	ne No.		Teleph 732-		No. -9078		Licens 1200	e No.			-	
Start Date (10) 09/19/16		Scheduled 09/19/16		npletion [	Date (11)				SHA Monitor AD PROFE	SSIO	NALS		7,772-0			
Occupancy Status During	Abatement (Checi	k Only One)					Street			UDT				COLO SHIIN		
Facility Ciosed/Vacate Abatement Performed Other – Describe:	ed During Entire F d Outside of Norm	eriod of Ab al Facility H	atem ours	ent			City, S	State	E DOVE CC , Zip Code OOD, NJ 08							
Scope of Work (Check All	That Apply)						1 27 (1 (1		000, 110 00	,,,,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		a house	nova noliti				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					)	
		ls Lo	ocati	on						1				Abate	ment	
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	Material (ACM) FED	No Used Maint Custod	rmali Sole enar lial S 12)	ly ly by nce/ Staff?		tos Con therma surfa	escription staining N I system acing, VA miscellar	Mater s ins	r	(5	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
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DASEIVIEI				-			101				70 61		•			
		++		-												
		-		-									-		-	
Name of Registered Waste	e Hauler		100000	JDEP W		38.000000000	Yards		Name of F	Registe	ered Lan	dfill				
NEWARK CARTING			100000	auler ID 4509	No.	of Wa			IESI							
City, State NEWARK, NJ					S	09/19	sal Date 9/16		City, State		Л РА					
Completed by JOSEPH PERLSTEIN	1	Title OWNE	R				Signature	е				Date				

ш				ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 an	ABATE			X		Ze	S F	Pr	int For
Date of Notification (1) 9/8/16		New Section			of Building Owner/os Brown Privat			11						
Agencies Notified	Type Notification			Street A	Address				-60	F 12	2016		U	
EPA DEP DOL	Amended Amendment				ate, Zip Code Beach NJ 080	08		ASI	BEST	OS CON CENSIN	ITRO	L &		
DOH DCA	Emergency justification) Cancellation			Name of	of Contact S					ephone Nu				
				FAC	ILITY INFORMAT	ION							-	
Name of Facility Where A James Brown Priva		g Place (	(3)				Тур	oe of Facility (4	4)					
Street Address	ite i ionie							School (K-1) Subchapter		orthon K 1	۵۱.			
							×	Other (i.e. pretc.)	rivate	& commerci	z) ial buil	dings	, hom	es,
City (5) Brant Beach NJ 080	008							uare Feet 00+	# o	f Floors	1.5	31dg. <i>A</i> 35+	Age	
County (6) Ocean					Code (7) USE ONLY)			rrent Use (Prio	r if bei	ng demolisi	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASC	M No.	Name Pern		batement Cont Inc.	tractor	(9)				
Street Address				(Seri)		Street PO E				77				
City, State, Zip Code								Zip Code rlin NJ 0809	91					
Project Manager for Moni	itoring Firm			Telepho	ne No.	Teleph 856-7		No. -9800		License N 00727	lo.			
Start Date (10) 9/21/16		Schedu 9/27/1		npletion	Date (11)	Name Same		SHA Monitor						
Occupancy Status During	Abatement (Chec	k Only O	ne)			Street	Addr	ess						
Facility Closed/Vaca Abatement Performe Other – Describe:						City, S	tate,	Zip Code						
Scope of Work (Check Al	I That Apply)						-						-	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		and the same of th	Renova Demolit			×	. N G	ull Containme lini-Enclosure Blovebag Proce lon-Exempted	edure				<b>e</b>	
1	of		Locati Normal						/ 2111		1.10	Abate	ement pe	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	ed Sole aintenar todial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfac		ateri insu T, or	ılation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									e	
Exterior Si	iding			х	exte	rior sid	ing		160	00 SF	х			
		-									-			

Cubic Yards

Disposal Date

Signature/

of Waste

9/27/16

NJDEP Waste

Hauler ID No.

22459

Title

President

Anthony T Perna
ASB-41 (R-06-08)

Completed by

United Roll Off

City, State

Elm NJ

Name of Registered Waste Hauler

Date

9/8/16

Name of Registered Landfill

Morrisville PA 19067

G.R.O.W.S.

City, State

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 8, 2016					Name of Building Owner/Operator (2)  Tradewinds Builders, F. F. F. B. D. D. F. C. F. D. D. D. F. C. F. D. D. D. F. C. F. D.										
Agencies Notified  [ X ] EPA  [ ] DEP	Type of Notification  [ X ] Initial Notification  [ ] Amended Notification			Street Address  34 West Sailboat Lane (89th Street)									Martin and the second of the s		
[x] DOL	Amendment #  [ ] Emergency (including					City, State, Zip Code Peahala Park, NJ 08008 SEP 1 2 2016								4	
[ x ] DOH justification [ ] Cancellation						Name of Contact Travis Lepley							- The second sec		
				FAG	CILITY	INFORM	ATION				-				
Name of Facility Where Ab	atement is Taking idence	Place (	3)					T	ype of Facility (4)	School (k-12)					
Street Address									[ x ]	그리고 그래 그는 그는 그는 그리고 하면 하면 하면 되었다. 그 그리고 하는 그리고 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 하는 그리고 그리고 하는 그리고 그리고 하는 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그리고					
City		Cour	ity (6)			Code (7) USE ONLY	Y)	So	quare feet 2000 sf	homes, etc.)  # of Floors Bldg. Age 2 60					
Beach Haver	1	Oce	an					С	urrent Use (Prior if b	eing demolished					
Name of Monitoring Firm I N/A		Owner (	(8)		ASCM 1	No.	Name of	Aba	atement Contractor (9		Inc.				
Street Address							Street Ad		1889 Ro	ute 9, Unit 61					
City, State, Zip Code						City, State, Zip Code Toms Rive					iver, New Jersey 08755-1271				
Project Manager for Monitoring Firm Telephone Number						Telephone Number 732-349-9932					License Number 00624				
Scheduled Start Date (10) 9/21/16			9/22/		ion Date (	on Date (11) Name of OSHA Monitor  E.M.S.L. Analytica									
Occupancy Status During A	batement (Check of ity Closed/Vacated			od of Abo	tamant	Street Address ement 1056 Stelton Road									
	ement Performed (					1995-1977 BANDONA									
[ ] Othe	r – Describe						City, out	10, 2		ay, New Jerse	y 088	54			
Scope of Work (Check all the	nat apply)						[ ]		Full Containment w Mini-Enclosure	ith Negative Pres	sure				
[ ] >3 sf	or≥3 lf		[ ]	Renova	ition										
[ x ] ≥160	sf or ≥260 lf		[x]	Demol	ition [ X ] Non-Exempted (*) and Non-Friable Procedure										
										***	Abatement Type				
Location o	f		Is Location Normally u				Description estos-Con			Amount	R	R	Е	Е	
Asbestos-Containing M			Solely by				laterial (A			(Specify SF	E M	E P	N C	N C	
TO BE ABAT		Mair	itenance/Ci	ustodial			thermal s			or LF)	М О	Α	A	L	
in facility (13)			Staff (12)			insu	lation, sur VAT, o		ing,		V	I R	P S	S	
()			()			othe	r miscella		ous)		A		U	U	
		YES	NO	N/A							L		L E	R E	
Exterior			X		Asbe	stos sidin	g			2400 sf	X				
Exterior X				Asbe	Asbestos transite skirt				350 sf	Х					
Name of Registered Waste I	Joular		NJDEP Wasi	to Uola	ID No	Cubic V	ds of Wasto	. 1	Name of D	d Landfill					
Guardian Cor				0223	ID NO.	4	us or waste	c	Name of Registere T.R.R.F.	и папинн					
City, State Toms River, 1	New Jersev			Dispo: 9/23/	sal Date		City, Sta		, Pennsylvania						
Toms River, New Jersey 9/23/1 Completed by (Print or Type) Title Nicholas Fernicola Project Manager				Signat	ure		/	1 1	/	Date 9/8/	2016				

### DEMOLITION / RENOVATION NOTIFICATION

	EG	L	Date Rece	eived [71]
	SEP	1 2	2016	
AS	BESTO	S CO	NTROL	-

Operator Project #:		Postmark:		Notificat	ion: LICE)	VSING	C.						
I. TYPE OF NOTIFICATION (	O - Original R - Revised C -	Cancelled):	О	II.	IS ASBESTOS PRESEN	T? (Yes/No):	Y						
III. FACILITY INFORMATION	FACILITY INFORMATION (identify owner, removal contractor and other operator)												
OWNER NAME:	Tradewinds Builders, 1	LLC											
Address:	34 West Sailboat Lane	(89 <sup>th</sup> Stree	et)										
City: Peaha	la Park State:	New Je	ersey	Zip:	08008 609-290-4081								
Contact:	Travis Lepley			Tel:									
REMOVAL CONTRACTOR:	Guardian Con	ntracting, I	nc.		NJ License: 00624								
Address:	1889 Route 9	, Unit 61			-1								
City: Toms	River State:	New Je	rsey	Zip:	08755								
Contact:	Nicholas Fern	nicola		Tel:	732-349-9932								
OTHER OPERATOR (if diffe	rent)				NJ License:								
Address:	S												
City:	State:			Zip:									
Contact:				Tel:									
IV. TYPE OF OPERATION (D -	Demo O - Ordered Demo R	R - Renovation	E - Emergency	y Renovation):	D								
V. FACILITY DESCRIPTION (In	ncluding building name, number	and floor or i	room number)										
Building Name:	Building Name: Residence												
Address:	221 Jeffries Avenue												
City: Beach Haven	State:	New Jersey County:			Ocean								
Site Location: exterio	or												
Building Size: 2000 s	f # of Flo	oors: 2 Age			Age in Years: 60								
Present Use: Reside	ence		Prior Use:	Residen	nce								
VI. PROCEDURE, INCLUDING A  IS MATERIAL ASSUMED TO	ANALYTICAL METHOD, IF A  D BE ASBESTOS?	PPROPRIAT	E, USED TO DE	TECT THE PRES	SENCE OF ASBESTOS MA	ATERIAL:							
Regulated ACM to be remo     Category I ACM not remove					LOCATION	Asbestos Not	Nonfriable Asbestos Material Not To Be Removed						
Category II ACM not remov	red		Removed			Cat I	Cat II						
Pipes (Linear feet):													
Surface Area (Square feet):	2400 sf & 350 sf	Asbestos siding/ transite skirt			Exterior								
RACM Off Facility Componen	t (Cubic feet):			5.0									
VIII. SCHEDULE DATES ASBESTOS	REMOVAL (MM/DD/YY)	Start:	9/21	/16	Complete:	9/22/16	1						

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED											
				[Free]	Globang.							
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.											
	WASTE TO ANSPODTED #1 Name: Guard	lian Contracting I	no	AS	BESTOS CONTROL&							
XII.	TOTA WORLD											
	20 100 100		Name James	7.	08755							
			New Jersey	Zip:	08733							
		las Fernicola										
	WASTE TRANSPORTER #2 Name:											
	Address:	<b>→</b> Codesis										
	City:	State:		Zip:								
	Contact Person:											
xiii.	WASTE DISPOSAL SITE Name: T.R.R	70 000										
	Location: Borde	ntown Road										
	City: Tullytown	State:	Pennsylvania	Zip:	19007							
	Telephone: 215-943-9732		Permit #: 1014	494								
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	T AGENCY, PLEAS	E IDENTIFY THE AGENCY I	BELOW AND ATTAC	CH COPY OF ORDER							
	Name:	w	Title:									
	Authority:		1									
	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 condition	ns or would cause equi	pment damage or an unreasona	ble financial burden:								
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED,			ESTOS IS FOUND O	R PREVIOUSLY NONFRIABLE							
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVIL AVAILABLE FOR INSPECTION DURING NORM	DENCE THAT THE F	REQUIRED TRAINING HAS	BEEN ACCOMPLISH	ED BY THIS PERSON WILL BE							
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Opera	ator)	September 8, 2016 (Date)							
xviii.	I CERTIFY THAT THE ABOVE INFORMATION I	S CORRECT.	$\sim$ $\sim$	/								
	Nicholas Fernicola / Project Manager (Printed Name/Title)	_	(Signature of Owner/Opera	tor)	September 8, 2016 (Date)							

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of Building Owner/Operator (2)									
September 8, 2016					Jacobs Demolition Carting C E PERIO								ते ।	
Agencies Notified [ X ] EPA	Type of Notification  [ X ] Initial Notification				Street Address P O Box 9									A CONTRACTOR OF THE PERSON OF
[ ] DEP	[ ] Amended Notification					City, State, Zip Code SEP 1 2 2016							111	$\parallel - \parallel$
[x] DOL	Amendment #  [ ] Emergency (including					Manasquan, NJ 08736					2 20	10	1	
[x]DOH	justif	ication)	9		Name o	of Contact			T	lephone Number				
[ ] DCA	[ ] Canc	ellation				Linda			117		नागन			
X 8 1				FAC	ILITY	INFORM	ATION		the source of sources		21110			
Name of Facility Where Ab	atement is Taking	Place (3)						1	Type of Facility (4)					
Res	idence								[ ]	School (k-12)				
Street Address									[ ]	Subchapter 8 (ot				
									[ x ]	Other (i.e., priva- homes, etc.)	te & co	mmerc	al build	iings,
		County	(6)		County (			5	Square feet	# of Floors	Bldg	g. Age	551	
					(STATE	USE ONLY	Y)	L	1000 sf	1		6	0	
Lavallette		Ocear	1						Current Use (Prior if I Residen		)			
Name of Monitoring Firm I	Hired by Building	Dwner (8)	7		ASCM N	No.	Name of	Ab	patement Contractor (					
N/A	<b>.</b>	N								n Contracting,	Inc.			
Street Address							Street Ad	ldre		oute 9, Unit 61				
City, State, Zip Code							City, Stat	te, 2		oute 9, Onn or				
									Toms R	iver, New Jers	-	755-1	271	
Project Manager for Monitoring Firm Telephone Number					Telephone Number 732-349-9932				License Number 00624					
Scheduled Start Date (10) 9/20/	16		Scheduled 9/21/1		on Date (11) Name of OSHA Monitor									
Occupancy Status During A		only one)	7/21/1	10	E.M.S.L. Analytical Street Address									
	ity Closed/Vacated		Entire Perio	d of Abat	ement				1056 Ste	elton Road				
H	ement Performed (	Outside of	Normal Fa	acility Hor	City, State, Zip Code									
[ ] Othe	r – Describe						2.3			vay, New Jerse	y 088	54		
Scope of Work (Check all the	nat apply)						[ ]		Full Containment v	vith Negative Pres	sure	-		
Proceedings ■ to History to a City that 2 HM Hotel City History City Hotel	100 T C C C C C C C C C C C C C C C C C C						[ ]		Mini-Enclosure					
	for ≥3 lf		[ ]	Renovat			[ ]		Glovebag Procedur					
[ X ] ≥160	sf or ≥260 lf		[ x ]	Demolit	ion		[x]		Non-Exempted (*)	and Non-Friable I	Procedu	ire		
											Abat	ement '	Гуре	
		]	s Locatio	n			Description				R	R	Е	Е
Location o			ormally us				estos-Con			Amount	E	E	N	N
Asbestos-Containing M TO BE ABAT			Solely by enance/Cu				laterial (A , thermal s			(Specify SF or LF)	M	P	C	C L
in facility	The State of the S	IVIGITIO	Staff	astodiai			lation, sur			Of El )	0	A I	A P	O
(13)			(12)				VAT, o	r			V	R	S	S
		MEG	NO	NT/ A		oth	er miscella	ane	cous)		A		U L	U R
		YES	NO	N/A							L		Е	Е
Exterior			X		Asbe	stos sidin	g			1000 sf	X			
Name of Registered Waste F Guardian Cor		N.	IDEP Wast 2	te Hauler l 0223	D No.	Cubic Ya	rds of Waste	e	Name of Registere T.R.R.F.	ed Landfill				
City, State Toms River,				Disposa 9/22/1			City, Sta		n, Pennsylvanja					
Completed by (Print or Type		Title		11221	Signati	ure	1 I uniyid	/ /	ii, i ciiiisyivaiiga		Date	6		
Nicholas Fern	icola	Projec	t Manag	er			\ \ \		1		9/8/	2016		
		*De	o not use	this form	for asb	estos licen	sure exemp	pte	ed activities.					