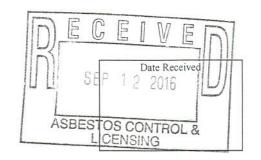
GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755



#### DEMOLITION / RENOVATION NOTIFICATION

Operato	r Project #:	Postmark		Notificat	tification:							
I.	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled)	0	II.	IS ASBESTOS PRESENT? (	Yes/No):	Y					
III.	FACILITY INFORMATION (identify owner, removal of	contractor and other	er operator)									
	OWNER NAME: Jacobs I	Demolition &	Carting	*								
	Address: P O box 9											
	City: Manasquan	State: New	Jersey	Zip:	08736							
	Contact: Linda			Tel:	732-528-3800							
	REMOVAL CONTRACTOR: Guardia	n Contracting,	Inc.		NJ License: 006	24						
	Address: 1889 Ro	oute 9, Unit 61										
	City: Toms River	State: New	Jersey	Zip:	08755							
	Contact: Nichola	s Fernicola		Tel:	732-349-9932							
	OTHER OPERATOR (if different)				NJ License:	-32 477 497 254						
	Address:											
	City:	State:		Zip:								
	Contact:			Tel:								
IV.	TYPE OF OPERATION (D - Demo O - Ordered De	mo R - Renovat	tion E - Emergency	Renovation):	D							
V.	FACILITY DESCRIPTION (Including building name,	number and floor	or room number)									
	Building Name: Residence											
	Address: 3201 Ivy Lane											
	City: Lavallette	State: New	Jersey	County:	Ocean							
	Site Location: Exterior											
	Building Size: 1000 sf	# of Floors:	1	Age in Y	ears: 60							
	Present Use: Residence	The second secon	Prior Use:	Residen	ce							
VI.	PROCEDURE, INCLUDING ANALYTICAL METHO	D, IF APPROPRI	IATE, USED TO DET	TECT THE PRE	SENCE OF ASBESTOS MAT	ERIAL:						
	IS MATERIAL ASSUMED TO BE ASBESTOS?	NDIC.				Non	ıfriable					
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUI	DING:				Asbesto	s Materia					
	Regulated ACM to be removed		RACM To Be		LOCATION		To Be moved					
	Category I ACM not removed     Category II ACM not removed		Removed			Cat I	Cat II					
	Pipes (Linear feet):				- X	Carr	1					
	Surface Area (Square feet): 100 sf	Acho	stos siding		Exterior	-	+					
	Surface Area (Square feet): 100 sf	Asuc	stos stunig		DATOTO		-					
	RACM Off Facility Component (Cubic feet):											
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/	YY) Start:	9/20	/16	Complete: 9/	/21/16						

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.  ASBESTOS CONTROL & LICENSING
	Address: 1889 Route 9, Unit 61
	City: Toms River State: New Jersey Zip: 08755
	Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name:
	Address:
	City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.
	Location: Bordentown Road
	City: Tullytown State: Pennsylvania Zip: 19007
	Telephone: 215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:
	Authority:
	Date of Order (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):
XV.	FOR EMERGENCY RENOVATIONS
	Date and Hour of Emergency (MM/DD/YY):
	Description of the Sudden, Unexpected Event:
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)  September 8, 2016 (Signature of Owner/Operator)  (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	Nicholas Fernicola / Project Manager (Printed Name/Title)  September 8, 2016 (Signature of Owner/Operator)  (Date)

01/	01:	
/ IV		15
1		1)

													' -	)				
Date of Notification (1)		Name of Building Owner/Operator (2)																
Agencies Notified	Type Notifica	ation		Street /	Address			9	101111	56		W	13	13				
EPA DEP	Initial Amend	od	-	City St	ate, Zip Co	nde							1					
X DOL	Amend	ment #		J., J	301	Th.	AL.	(O Z	1793	SEP	12	2010						
□ DOH	justifica				of Contact	9 1			Te	lephone N	lumber	1111)	- [1	-				
☐ DCA	Cancell	lation			Plackis													
Name of Facility Where A	batement is	Taking Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Fa	acility (4)	LICI	NSIN	3	LX	+				
		,							ol (K-12)									
Street Address									chapter 8 (Oth r (i.e. private			dings,	home	es,				
City (5)	Uh	5-78						Square Fe	eet # 0	of Floors	E	Bldg. A	ige 6					
County (6)	M				Code (7) USE ONLY	)		Current Us	se (Prior if be	ing demol	ished)	•						
Name of Monitoring Firm	Hired by Build	ding Owner (8)	)	ASC	M No.		- 19375-1934	of Abateme	ent Contracto	r (9)								
Street Address	Street Address							Address						_				
							P.O.	Box 915										
City, State, Zip Code	City, State, Zip Code						E 58.00	State, Zip Co k, New Je	3									
Project Manager for Monit	- 1	Telepho	one No.		Telepi													
, rojock managor for mem	Project Manager for Monitoring Firm							(732)899-7499 01196										
Start Date (10)	0116	Schedu	ed Con	pletion	Date (11)		Name	of OSHA M	onitor									
Occupancy Status During	Abatement (	Check Only O	ne)	-			Street	Address										
Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Er d Outside of	ntire Period of Normal Facility	Abatem y Hours	ent		_	City, S	tate, Zip Co	de									
Scope of Work (Check All	That Apply)		/															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		A	Renova Demoliti					Mini-End Gloveba	ntainment with closure ag Procedure empted (*) ar				a					
		Is	Locati					1 NON-EX	Smptod ( ) ar	id Holl-I II	4010 1 10	Abate	375					
Location	of		Vormall	У		Des	scription	of				Ту	pe					
Asbestos-Containing M <u>TO BE ABA</u> In Facility (13)	TED	Ma Ma	ed Solel intenar todial S (12)	rice/ staff?		thermal surface			(:	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
		Yes	No	N/A	001	201	0.1	17,		15	-		10					
					8506	Shor	> fla	or file	- 15	OSF	X							
Name of Registered Waste	e Hauler		10000	JDEP V		Cubic		Nar	me of Registe	ered Land	fill							
Brick Industries Inc.				auler ID 1602	NO.	of Was	ste [	GF	ROWS Inc	•								
City, State						Dispos	al Date		, State									
Brick, New Jersey		r _				3/1/	8116		\ }			101						
Completed by Eric Plackis		Title Pres	ident			S	ignature	941		]	Date O	101	16					

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

Date of Notification	on (1)		1	- 5	Owner/Operator	(2)								
9/6/2016			Leslie Sherry DECEIVED											
Agencies Notified	Type Notifica [X]Initial	tion	Street Addre	ess			15 (0) 14			- 10 to 10 t	A CONTRACTOR OF THE PARTY OF TH			
[ ]DEP	Notifica	tion	City, State,	Zin	Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEP 1	2 201	6	Ш	Н—			
	[ ]Amended		\$10 STOV	A	J,07042									
[X] DOL	Notifica	tion				Telephone Numbers CONTROL &								
[X] DOH	[ ]EMERGENCY	.	Name of Cont Leslie		A 2017	Tell-ephone humbers 7 1107 25 11 X								
[ ]DCA	[ ]Cancellat	ion	Hearte	Site	7	-					4			
				LITY I	NFORMATION									
Name of Facility Wh Leslie Sherry		is Taki	ng Place (3)			Type of Facility (4)  [ ]School (K-12)  [ ]Subchapter 8 (Other than K-12)								
Street				111111111111111111111111111111111111111		[X]Other (i.e., private & commercial buildings, homes, etc.)								
						Square Feet	# of Floo							
City (5	C	County	(6)Essex		aty Code (7) ATE USE ONLY)	1800	2		95					
Montclair						Current Use (		eing de	molis	hed)	)			
Name of Monitoring Owner (8) N/A	Firm hired by I	Building	g ASCM No.			ment Contracto								
Street Address					Street Addres									
	VIII.				86 Chris	stopher St.								
City, State, Zip Co	ode				City, State, Montclai									
Project Manager for	Monitoring Fir	m Tel	Lephone Numbe	er	Telephone Num	ber		License	Numb	er				
		N/	'A		(973) 744	-8800		0037	1					
	9 Year Mor	-16-1	Day Year	(11)	Name of OSHA I									
of Abatemer	osed/Vacated Du nt	ring En	tire Period		Street Address									
Hours - Desc	erformed Outsideribe: «OffHours cribe: «Other Oc	Descri	pt»	Y	City, State, 1	Zip Code								
Scope of Work (Chec	k all that appl	y)			L									
[X]>3 sf or [ ]>160 sf			X]Renovation ]Demolition		[ ]Mini-: [ ]Glove	Containment wi Enclosure bag Procedure riable Procedu		Press	ıre					
			Is ocation					Aba	ateme	nt I	ype			
Locatio Asbestos-Co Material TO BE AF In Faci (13)	ntaining (ACM) BATED lity	B t Cr St	ormally Used Solely y Main- enance/ stodial aff (12)	ins	Description Asbestos-Cont Material ( (i.e., thermal sulation, surfa or other miscel	taining ACM) . systems acing, VAT,	Amount (Specify SF or LF)	Y M O V A L	R E P A I R	ENCAPSUL	ENCHOSUR			
Basement		Yes	No N/A	Boi	ler insul	ation	60 SF	x		-	E			
Name of Registered AZTECH MANAG		Ha	DEP Waste uler ID No. 7040		ic Yards Waste 1.5	Name of Regi			INC	3	woon <del>le</del> b			
City, State				Dis	posal Date	City, State								
Montclair, NJ		9	-19-16	Waynesb	urg, Oh	io 44	1688	3						
Completed By (Print Constantine V		le eside	nt		Signature	interior	1/	Date 9/6/		-				
					1 10	of they will	Villa							

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

Date of Notification (1)
Agencies Notified  Type Notification  I PA  I Initial  Amended  Amended  Amendment #  Emergency (including justification)  Cancellation  Name of Facility Where Abatement is Taking Place (3)  Street Address  Telephone Number  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings, homes, etc.)
Amended Amendment # City, State, Zip Code Ci
Amendment # Emergency (including justification)
Street Address   Stre
DCA   Cancellation   BILL
Name of Facility Where Abatement is Taking Place (3)  RESIDENCE  Street Address  Street Address  Other (i.e., private & commercial buildings, homes, etc.)
Street Address  Street Address  Street Address  Other (i.e., private & commercial buildings, homes, etc.)
Street Address  Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings, homes, etc.)
Other (i.e., private & commercial buildings, homes, etc.)
City (5) Square Feet   # of Floors   Ridg Age
ATCO 1000 1 50 t
County (6) County Code (7) (STATE Current Use (Prior if being demolished)
USE ONLY) VACANIT
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9)
(8) N/A KLEMCO INC
Street Address  Street Address  369 5 S PR VCE AUE
City, State, Zip Code  City, State, Zip Code  WAPLE SHAVE N.T.
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  SS6-779-0472  OO444
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor
9-16-16 9-73-16 NA
Occupancy Status During Abatement (Check only one)  Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State, Zip Code
Scope of Work (Check all that apply)
☐ Full Containment with Negative Pressure ☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ☐ ≦160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure
Is Location Abatement
Normally Type  Location of Used Solely by Description of
A Louis Control Maintenance Andrews Control of Material (ACM)
TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify Note of the property of the
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  Asbestos Containing Material (ACM)  Custodial  Staff?  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM)  Asbestos C
Yes No N/A
SIDING X TRANSITE ISOO ST X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
KLEMCO INC Hauler ID No. of Waste G. R.O. W.S.
City, State  MAPLE SHADE N.T  Disposal Date  City, State  TULLY TOWN PA
Completed By MICHAEL KLEMM SUP. Signature Will Sup. Date 9-6-16

CK 4050

ſ	Date of Notification (1)			-	1			111	11/19-		S-184 + 1 - 1	111					
	9-	-6-16				Name of Building Owner/Operator (2) HARBAUG-14 DEVELOPERS 116											
	Agencies Notified  EPA	Type Notifica	ation		1	Street Addres	s 18 GLAS	16	1-11	TV	10	1	Marie Contract				
		Amended			1							1					
	<b>⊠</b> DOL	Amendme	ent#_		1	City, State, Zip			ASBESTOS C	ONT	ROI	- (3)					
	No nous	☐ Emergeno		iding	-	<u>u</u>	1000 BUK	4 HEIC	HISLIMIS	No	08	09	7				
	DS DOH □ DCA	justification			N	lame of Conta	act	hacease	Telephone Nu		Mary Mary		_				
		☐ Cancellati	on			SK	IME										
+	Name of Facility Where A	batement is T:	king P	2co (3	,	PACILITIN	FORMATION	1 7	70.	lin, (A)							
	RE	SIDENC	C	ace (3	,			lity (4)									
1	Street Address	JID CIVIC	. C					School (	K-12)								
	Sireet Address							Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings,									
L								homes,	etc.)	ivate & commercial buildin							
	City (5)							Square Feet			Bldg.	Ane					
1 -	210	ME H	ARD	OR				1200	1		50						
1	County (6)					County Code (	7) (STATE		(Prior if being demo	-1:	26	_	_				
1	CAPE	WAY			1	ISE ONLY)	., 10	1 514	CANT	usnea	1)						
1	Name of Monitoring Firm H		a Oum	25	1 10	CM No.	Nome of Above						_				
	8) 1	I A	ig Own	51	1	JW 140.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ment Contractor									
L	17	IA						MCO -	INC								
1 5	Street Address						Street Address										
_							369	SSPR	UCE ALE	CE AUE							
C	City, State, Zip Code						City, State, Zip (	Code	000			_	_				
_	2						OF WIT	20	20	7							
P	roject Manager for Monito	oring Firm		T Te	lepho	ne No	Telephone No.	License No.									
	•	•						79-047		111							
S	tart Date (10)	I Coh	adulad		-ti	Date (11)		2 0040	17								
0	9-16-16						Name of OSHA		/ ,								
-=				23		2		SEPH	Clemm								
	ccupancy Status During A						Street Address	0	1.1								
	Facility Closed/Vacated						<u> 369 S.</u>	SPRUC	E ALE								
	Abatement Performed O	utside of Norm	al Facil	ity Ho	ILS	Γ	City, State, Zip C										
L	Other - Describe:						MAPLE	SHADE	W. J. 08	70	7						
Sc	cope of Work (Check all the	nat apply)											=				
	>2 of or > 2 H						Full Con	ntainment with N	egative Pressure								
님	≥3 sf or ≥3 ff ≥160 sf or ≥260 ff			enovat emolitic			Mini-End										
Ø			X U	ETTROTOR	A1		Mon-Exe	g Procedure	lon-Friable Procedu								
			Is	Location	χη.	T	AHOHEAC	impled ( ) and i	T Trable Procedu	1			-				
			1 1120	ormally	500					1	Abate Typ						
	Location of			Sole			Description of			-	176						
A	sbestos-Containing Mate TO BE ABATED	nal (ACM)	100000000000000000000000000000000000000	ntenan			s Containing Mate		Amount	1		m					
	IN Facility			Staff?		(i.e., tr	nermal systems in surfacing, VAT,	sulation,	(Specify	Re	R	22	Enc				
	(13)			(12)			ther miscellaneou		SF or LF)	Removal	Repair	psi	los				
			v 1			1		5 <b>.5</b> .1		Val	7	Encapsulate	Enclosure				
			Yes	No	N/A							Φ					
	SIDING				X	TV	ZAN SIT	F	5000 SE	X							
			-	-					<u> </u>	X	$\dashv$	$\rightarrow$	-				
_																	
					N.						1						
Varr	ne of Registered Waste Ha	auler		1000	DEP I		ubic Yards	Name of Regi	stered Landfill				$\neg$				
1	LEMCO INC			1 1/2	uler IC	No. 0	f Waste	C 11	M.C. M.I	9	Λ						
_	State			-11	79		jonnani Data		J. C. VVI. (	1.1	4		_				
	LAPLE SHIAN	DE W.	T				isposal Date	City, State	00.12	1	+						
9-			J						DBINE	N.	٠).						
ompleted By  A SOLV MASS IC/ FLAGUE  COLD							Signature	Au	Date	1	11						
dichate ICLEMM SUP.							Mull	1 Me		6	16		_				
41													_				

			,,-				****		III or	n 1	9	2010			
Date of Notification (1)	6-16			Name of Building Owner/Operator (2)  HARBAUGH DEVELOPTICS  Street Address  318 GLASS BORD ROSBESTOS GONTRO											
Agencies Notified	Type Notificat	ion		Str	eet Address		C 10 - 12	0	ASBES	ros	CO	NTR	OL		
Ø ₽A □ D₽	Initial Amended			_		18 GLAS	SROKO	IK	D: 1	ICE	VISIN	IG_			
⊠ DOL	Amendmer  Emergency		lina	City	y, State, Zip	1000 BUK	4 HEIG	HT S	N.T	<b>a</b>	80	97			
ĎS DOH □ DCA	justification  Cancellation	n)	m ig	Nai	me of Conta	ict			ephone Num		-	1.1			
		n 		_	SA	IME									
				F	ACILITY IN	FORMATION									
Name of Facility Where A	SIDEW C		ice (3)				Type of Facili								
Street Address	DIOCINC					-	Other (i.e.,	K-12) ster 8 (Other than K-12) e., private & commercial buildings,							
City (5)							homes, et Square Feet		of Floors	TE	Bldg. A	Age			
	ONE !	+AV	Bo				1200	_   _	- So+						
County (6)	MAY				unty Code ( E ONLY)	7) (STATE	Current Use (			shed)					
Name of Monitoring Firm (8)		g Owne	r	ASC	VI No.	Name of Abatem	and the property of the second								
Street Address	/A					Street Address	MCO J	NC					=		
oli ect Address							SSPR	DOF	ALE						
City, State, Zip Code						City, State, Zip C	ode		0,1-0						
							E SHUC			180	25.	2			
Project Manager for Monit	toring Firm		Te	ephone	e·No.	Telephone No.	9-0477		cense No.	u					
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA N			004	1		-	_		
9-16-16		9-	23	-11	6	Jos	SEPH K	Lev	ym				_		
Occupancy Status During						Street Address	C	. 1	Α.						
Facility Closed/Vacated     Abatement Performed (						369 S. City, State, Zip Co	SPRUC	E 1	416		_				
Other - Describe:						MAPLE	SHADE	W.	J. 08	05	2				
Scope of Work (Check all	that apply)											- t-0-	_		
≥3 sf or ≥3 lf			enovat			Mini-Enc	tainment with Ne losure	egative	Pressure						
≥160 sf or ≥260 lf		K D	emolitic	n			g Procedure mpted (*) and N	on-Fria	ble Procedur	е					
			Location								bater				
Location of		Used	lormally d Solel	y by		Description of				_	Тур	e			
Asbestos-Containing Mat TO BE ABATEL	SEE IN THE PROPERTY OF THE PROPERTY OF		ntenan ustodia			os Containing Mate thermal systems in		E. C	mount pecify	70		E	ш		
IN Facility (13)	7		Staff? (12)			surfacing, VAT, other miscellaneous		ŠF	or LF)	Removal	Repair	Encapsulate	Enclosure		
(10)		Yes	No	N/A		outer misocharico	33)			val	=	ulate	ure		
SIOLI		165	140			2.4 . 5 . =		7 5	20 0 0						
SIDINI	<u> </u>			X		RAN SIT	<u>e</u>	()	00 SE	X	-	-	_		
								_			$\dashv$	$\dashv$	_		
			-	$\dashv$				-			$\dashv$	$\dashv$	-		
Name of Registered Waste	Hauler			IDEP V		Cubic Yards	Name of Regi	stered	Landfill				$\dashv$		
KLEMCO INC	_		17	uler ID	No. 1	Noy of Waste C.M.C.M.U.A									
City, State		7	-11			Disposal Date	City, State						=		
MAPLE SHANE W. J							Woo	DB	INE	N	· J.				
Completed By  MICHAEL ICLEMM SUP.						Signature	OKI.		Date 9	· h	-16	)			
THE PLEASE	-		-			1	rija	_		U	. 0		$=$ $\rfloor$		

								()	(	488	9	Γ	Pri	int F		
	N		CATION	OF ASI	ew Jerse BESTOS 8:60 an	ABATE		P and of the particular of the	D-	EGI		V	E	m		
Date of Notification (1) 09/06/16		T			Owner/O		(2)	ERSTRUCTURE SERVICES		SEP	1 2	2016	5	L		
Agencies Notified Type Notification	1		Street A	ddress												
EPA   Initial   Amended		H	City Sta	ate, Zip C	ode				AS	SBESTOS LICE			OL 8	i.		
× DOL Amendmer ☐ Emergency				WOOD				louis				-				
➤ DOH justification     ☐ DCA ☐ Cancellation	)		Name of	f Contact					Te	elephone Nu	ımber					
			FACILITY INFORMATION						inconstitution of the control of the							
Name of Facility Where Abatement is Taki	ng Place (3)	)					Тур	oe of Facility								
Street Address							H		er 8 (Ot	her than K-1						
							×	etc.)		& commerc				es.		
City (5) LAKEWOOD							20		2	of Floors		Bldg.	∖ge			
County (6) OCEAN				Code (7) USE ONL	Y)			rrent Use (P DME	rior if be	eing demolis	thed)					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No				batement C AD PROF								
Street Address						Street 6 Wh		ress E DOVE (	COUR	Т						
City, State, Zip Code		<del></del>						, Zip Code OOD, NJ	08701		55510555					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-		No. -9078		License I	Vo.			-		
Start Date (10) 09/09/16	Schedule 09/12/1		pletion I	)	11 19 20 19 20 20 20 20 20 20 20 20 20 20 20 20 20		SHA Monito AD PROF		DNALS							
Occupancy Status During Abatement (Che	ck Only One	e)				Street Address 6 WHITE DOVE COURT										
<ul> <li>Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:</li> </ul>						City, S	tate,	Zip Code OOD, NJ								
Scope of Work (Check All That Apply)					C-100-0-0-0			000,		-						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	eremonium	enoval emoliti				×		Full Contain Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	)			'Α			
Location of	100	Location or mall			D-	scription				1.11		Abat	emen ype			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	d Solel ntenar	olely by nance/ il Staff?  Asbestos Col (i.e. thermal surf			taining N	Mater s ins T, or	ulation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
EVIEDIOD	Yes	No	N/A			TOM			-	00085	v	-	(D			
EXTERIOR				3	SIDING	)		2	000SF	X						
Name of Registered Waste Hauler		- 1	JDEP W			Yards			of Regis	tered Landfi	1	<u> </u>				
NEWARK CARTING			auler ID	INU.	of Wa	SIE		IESI								

Disposal Date

Signature

09/12/16

Date

City, State

BETHLEHEM PA

Completed by JOSEPH PERLSTEIN

Title OWNER

City, State NEWARK, NJ

(P	ursu	ant to N	IJAC 8:60	and 12:120	)		1		4	$\mathcal{L}$	$\angle$			
	Name of Building Owner/Operator (2) Kevin Leighton Private Home													
	Stre	et Addr	ess			Spirite and Control of the Control o	1)	to the country of the		0		Total Control of the		
ding -	No	rth Be	ach Hav	en NJ 080	800	or and of the second sec	Arele	VI			& &			
	F	FACILIT	Y INFOR	TATION	Type of Facility (4)									
ce (3)						School (K- Subchapte Other (i.e.	12) - 8 (∩the	er than K-12) commercia	buildir	igs, h	omes,			
					1000000	uare Feet	# of 2	Floors	637500		Э			
					Home									
er (8)	1	ASCM N	lo.	Per	Pernaco Inc.									
				PO	Street Address PO Box 329									
				We	st Be	erlin NJ 08	License No							
				856	3-753	3-9800	<u></u>	00727						
26/16	ompl	letion Da	ate (11)	Sar	me									
od of Abat	emei urs	nt												
				•	×	Mini-Enclos	ure	2			e			
le l o	catio	n								Abate	ment			
Non Used S Mainte Custodi	mally Solely enancial St	y by ce/ aff?	Asbesto (i.e. t	os Containin hermal syste surfacing,	g Mat ems ir VAT,	erial (ACM) nsulation, or		(Specify	Removal	Repair	Encapsulate	Enclosure		
Yes 1	VO.		) 	Eutorior	Cidi	na	1	600 SF	x					
		X		Exterior	Siuii	ig								
									-			-		
	H	auler ID		Cubic Yard of Waste 4	İs				ill		J	1		
	Dispos				YP			, State rrisville PA 19067						
Title				Signa	fure	A		1.00						
	er (8)  heduled C 26/16 nly One) od of Abate acility Ho  Is Lo Nor Used S Mainte Custod (** Yes   1*	City No Nam Ke Street No Nam Ke Street No Nam Ke Na	Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NJDEP W Hauler ID 22459	Name of Building Own Kevin Leighton Process  Street Address  City, State, Zip Code North Beach Have Name of Contact Kevin  FACILITY INFORM  Ce (3)  County Code (7) (STATE USE ONLY)  er (8) ASCM No.  Telephone No.  Independent Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NJDEP Waste Hauler ID No. 22459  NJDEP Waste Hauler ID No. 22459	Name of Building Owner/Operator Kevin Leighton Private Hone   Street Address	Kevin Leighton Private Home    Street Address	Name of Building Owner/Operator (2)   Kevin Leighton Private Home   Street Address   City, State, Zip Code   North Beach Haven NJ 08008   Name of Contact   Kevin   School (K-Subchapter   Subchapter   Subchapter	Name of Building Owner/Operator (2)   Kevin Leighton Private Home   Street Address	Name of Building Owner/Operator (2) Kevin Leighton Private Home    Street Address	Name of Building Owner/Operator (2) Kevin Leighton Private Home  Street Address  City, State, Zip Code North Beach Haven NJ 08008 Name of Contact Kevin  FACILITY INFORMATION  Ce (3)  Type of Facility (4) School (K-12) Subchapter 8 (0ther than K-12) Other (i.e. private & commercial building of the city of Floors Square Feet	Name of Building Owner/Operator (2) Kevin Leighton Private Home  Street Address  City, State, Zip Code North Beach Haven NJ 08008 Name of Contact Kevin  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchap	Name of Building Owner/Operator (2) Kevin Leighton Private Home  Street Address  City, State, Zip Code North Beach Haven NJ 08008  Name of Contact Kevin  FACILITY INFORMATION  De (3)  Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Streat Address PO Box 329 Subchapter 9 (Other than K-12) Streat Address PO Box 329 City, State, Zip Code West Berlin NJ 08091  Telephone No. Streat Address PO Box 329 City, State, Zip Code Streat Address City, State, Zip Code  Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Pr		

			to NJAC				K-				Total Colonial	A STATE OF THE PARTY OF T				
Date of Notification (1) 9/7/16				f Building Davis Pri			(2)	Comment of the commen	SET	12	2016	- managhanga Refe	7			
Agencies Notified  Type Notification  EPA DEP Amended Amendment			Street A	ddress	ode			ASE	BEST LI	OS CO	NTRO 1G	)L&		(		
X DOL Amendment :		_		Haven		800					X		24	)		
DOH justification Cancellation	ricidaling		Name o Kirk	f Contact			Telephone Number									
Name of Facility (Affaces Abote acoustic Tables	DI (0		FACI	LITY INF	ORMAT	ION	-	6E 35 (4					-			
Name of Facility Where Abatement is Taking Kirk Davis Private Home	Place (3	5)						of Facility (4 chool (K-12								
Street Address							S × O	Subchapter 8 (Other than K-12)					uildings, homes,			
City (5) Beach Haven NJ 08008							Square 1000-	e Feet	# of	Floors		Bldg. 35+	Age			
County (6) Ocean				Code (7) USE ONLY	)	Current Use (Prior if being demolished)  Home & garage							-110000			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCN	/ No.		Name of Abatement Contractor (9) Pernaco Inc.										
Street Address	W. Sil	7				Street Address PO Box 329										
City, State, Zip Code						tate, Zip t Berlin	Code NJ 0809	91								
Project Manager for Monitoring Firm		Telepho	ne No.			none No 753-98			License 00727	No.						
Start Date (10) 9/20/16	Schedule 9/26/16		npletion	Date (11)		Name Sam		A Monitor								
Occupancy Status During Abatement (Check	Only Or	ie)				Street	Address	5								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:						City, S	tate, Zip	Code					100,100			
Scope of Work (Check All That Apply)						L										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demolit				×	Mini- Glov	Containmer -Enclosure rebag Proce -Exempted	edure	Ü			Iro.			
	10000	Locat											temen ype	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intena todial S (12)	ly by nce/		tos Cont thermal surfa		Material ( s insulat T, or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A		Silver levie					_			Ф			
Exterior Siding		X		Exte	rior Sid	ding		30	00 SF	X						
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red Landf	ill					
United Roll Off	Н	lauler ID 2459			Masta			.R.O.W.S								
City, State Elm NJ		Dispos 9/26/1					City, State Morrisvil		19067	4						
Completed by Anthony T Perna	Title Presi	dent	ent			Signature Date 9/7/1										

State of New Jersey

-Print Form

	1		CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 ar	ABATE		T Consumer	0-	BOF EGE		V	Pri	int Fo		
Date of Notification (1) 9/7/16				f Building Owner/ Dobitsch Priv			de la constitución de la constit	-	SEP	12	2016	5	U		
DOH justificatio	ent # cy (including		Street A City, Sta High E Name o				to require mercen		SBESTOS LICE	ENSI	NTF NG	OL	&		
DCA Cancellati	on		Phil	LITY INFORMAT	ION			_		,-					
Name of Facility Where Abatement is Tal Philip Dobitsch Private Home Street Address  City (5)  High Bar Harbor NJ 08008	king Place (3	3)			Other (i.e. etc.)	12) r 8 (Oth private	er than K-12 & commercia f Floors	al buil	uildings, homes,						
County (6) Ocean	1		County (	Code (7)	1000+ 2 Current Use (Prior if being demolished) Home						35+ d)				
Name of Monitoring Firm Hired by Buildir N/A Street Address	g Owner (8)		ASCN		Name Pern Street	of Al	oatement Co Inc.	ntractor	(9)						
City, State, Zip Code						tate,	329 Zip Code rlin NJ 080	091							
Project Manager for Monitoring Firm			Telepho	ne No.	Telephone No. License No. 856-753-9800 00727						0.				
Start Date (10) 9/20/16	9/26/16		npletion	Date (11)	Name of OSHA Monitor Same										
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir	e Period of	Abaten	nent		Street										
Abatement Performed Outside of No. Other – Describe:	ormal Facility	/ Hours			City, S	tate,	Zip Code								
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova Demolit			×	N G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure				е			
Location of		Locati			scription						Abate Ty	ement pe			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	TO BE ABATED In Facility (13)  In Facility						al (ACM) ulation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
Exterior Siding	No	N/A X	Exterior Sig				18	00 SF	x		3576				

		(P	ursuant	to NJAC	8:60 an	id 12:120	3)	(1)	/	110	0			
Date of Notification (1) 09/07/2016				of Building topher O			(2)							
Agencies Notified Type Notification			Street A		Doyle		Maria	ME	GE		E	[m]		
EPA Initial Amended		-	City, Sta	ate, Zip Co	ide					ש נו פ			- Contraction	
DOL Amendment :		_	WOO	D-RIDG		07075				1 2 20			TOWN WHITE IS NOT THE PERSON IN COLUMN TO THE PERSON I	
DOH justification)  DCA Cancellation		1		of Contact STOPHI	ER O'I	BOYLE		I I	Tele	phone N	umber			
21	DI (		FAC	ILITY INFO	DRMAT	ION	-			CONT	ROL	×.		
Name of Facility Where Abatement is Taking PRIVATE	Place (	3)					Тур	e of Facility School (K-		NSING			_	
Street Address							X	Subchapte Other (i.e. etc.)	r 8 (Othe			dings	, home	es,
City (5) WOOD-RIDGE								are Feet 00 SF	# of	Floors 2		3ldg. <i>1</i> 67	-	
County (6) BERGEN				Code (7) USE ONLY			Cur	rent Use (Pr	ior if beir	ng demoli	shed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8	)	ASCI	M No.				eatement Co EAST EN		• •	AL LL			
Street Address						Street 1126							- Andrews	
City, State, Zip Code		***************************************				1		Zip Code BERGEN	, NJ 07	047				
Project Manager for Monitoring Firm	1   1   2   2   2   2   2   2   2   2		Telepho	ne No.		Teleph 201-		No. 4270		License 01300	No.			
Start Date (10) 09/08/2016	Schedul 09/10/		npletion	Date (11)				SHA Monitor ENVIROI		ΓAL				
Occupancy Status During Abatement (Check	Only O	ne)			100000	Street	Addr	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma								N RD, SU Zip Code	ITE 20	00				
Other – Describe:					_			O, NJ 070	82					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	-	Renova Demolit				×	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure				e	
	4	Locati Normal											ement rpe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?		tos Con therma surfa	escription taining N I systems cing, VA miscellar	fateria s insu T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
ATTIC	Yes	No	N/A	Vormio	ulata f	ibor ala	oc i	nsulation	20	0 SF	X			
ATTIO		^	-	ACITIC	ulate i	inei die	155 11	isuiauoii	20	0 31	1^	-		
					C-W5051						1			
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic of Wa	Yards ste		Name of						
NEWARK CARTING INC		04	4509		TBD	col Det				HLEHEI	VI			
City, State NEWARK, NJ					TBD	sal Date		City, Stat		l, PA				
Completed by CARLOS ESQUIVEL	Title SAF	ETY N	/ANAC	GER	,	Signature	per	nohung	Rel	ee C	ate 09/07/	2016	<u> </u>	

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

Cheet ##

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

Date of Notification (1)			Nam	ne of Buildin	ng Owner/Operator	(2)						
9 / 6 /	16				wn McSweeney		ECE	3 1	W I	EI	2	
Agencies Notified Type Notifi ☐ EPA ☐ Initial			Stre	et Address		and output		3 U	U L			
☐ DOLWD ☐ Amend			City,	State, Zip	Code		SEP 1	2 21	316	111	$\mathcal{H}$	
	ency (includi	na	CI	natham, N	J 07928					1-	-1	
(NJAC 5:23-8) justifica	ation)	.5	Nam	e of Conta	ct		Telephone No	mher		_		
☐ Cancel	lation		Bi	lly Van R	yzin - Owners Re	ep	restroy 69	T.Wold I	HOL	. &	Í	
FACILITY INFORMATION					-				-			
Name of Facility Where Abatement is	Taking Place	ce (3)				Type of Facility (	4)					
N/A						School (K-12)						
Street Address						Other (i.e., pri	Other than K-12) rivate and commercial buildings.					
City (5)							# of Floors	- F	Bldg. A	100		
Chatham						O SUB-ORNAL DESCRIPTION OF THE SECOND		1	70 y			
County (6)			Cou	inty Code (	7)(STATE USE ONLY)		I -	oliehad)		15.		
Morris				52 5		Residence	· · · Domig domic	JiiSiiGu)				
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)				-		
N/A			11			7,070	l Inc					
Street Address					Street Address		,					
					494 E. 41 Stre	eet						
City, State, Zip Code												
Project Manager for Monitoring Firm		Tel	ephone	No.			License No					
	Scheduled (	Comple	etion Da	ate (11)	Name of OSHA M	onitor	00007			1		
_9_/_8_/_16_	9	1:	2_/	16	East Coast Ha	az Mat Removal	. Inc.					
Occupancy Status During Abatement	(Check only	one)					,					
☐ Facility Closed/Vacated During Ent	ire Period of	Abate	ment			et						
Abatement Performed Outside of N	lormal Facilit	y Hou	rs - Des	scribe	Control of the contro							
Time of Abatement:AM	PM/	_PM		MA								
Scope of Work (Check all that apply)							i - D-					
□ ≥3 sf or ≥3 lf		enovat			☐ Mini-Encl	osure	ive Pressure					
⊠ ≥160 sf or ≥260 lf	∐ De	emolitie	on		Glovebag	Procedure						
	Is	Loca	tion		□ Non-Exen	npted (*) and Non-	Friable Proced	ure				
Location of		Vorma	lly	Description	on of			Ab	patem	ent T	ype	
Asbestos-Containing Material (ACM)		d Sole		Asbestos	Containing Materia	I (ACM)	Amount	Re	Re	En	四四	
TO BE ABATED IN Facility		intena todial	Staff?	(i.e.	, thermal systems in	nsulation,	(Specify	mov	Repair	cap	clos	
(13)		(12)			other miscellaneo	or us)	SF or LF)	/al	'	Encapsulate	Enclosure	
_	Yes	No	N/A		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial homes, etc.)  Square Feet # of Floors 5,000 2  Current Use (Prior if being demolished Residence  Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.  Street Address 494 E. 41 Street  City, State, Zip Code Paterson, NJ 07504  Telephone No. 973-345-0022  Name of OSHA Monitor East Coast Haz Mat Removal, Inc.  Street Address 494 E. 41 Street  City, State, Zip Code Paterson, NJ 07504  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  n of Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)  Pulation  Cubic Yards of Name of Registered Landfill GROWS, Inc.  Signature  Date  City, State  Origonal Date Signature  Date					ite		
Basement				Pipe Ins	ulation		250 LF					
								П	П	П		
											긤	
Name of Registered Waste Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Register	ed I andfill				ш	
Newark Carting		Н	auler ID		Waste							
City, State			11222									
Newark, NJ 07105					727	and the same of th	A 42500					
Completed By (Print or Type)	Title					INOTHS VIIIE						
James Unger	CASE ACC	mato	r/Draia	ct Manag		1 14	D	ate	1	7		
ASB-41	O LOUI		,, , , , ,	or manag	10 pmil	7 /2		7-6	5-	16		

CIC 3734

Date of Notification (1)			Na			Owner/Operator	(2)	O PII	VI F	1	7		
9/7/16	Type Notification		S6-		A. T	IM MUR	- 11-11-15		<u> </u>	1	111		$\dashv$
Agency Notified	Type recusication	11126	1				115.711			Ш			
© EPA □ DEP	☐ Amended		Cit	y, Sta	te, Zip C	ode .		SEP 122	016		1	AND RECORD OF SERVICE SERVICES.	
-8100L	Amendment #	a	L	30	000	74 N.	7. 81/20	Telephone Numb	390	1		+	$\dashv$
Z DOH	justification)	9	Na			JURPH-		1 temperature		0	_	dhistiani	de l'année de la company de la
D DCA	☐ Cancellation					ORMATION	( A	LICENSIN	U	_		1	٦
Name of English Milhorn	Abatement is Taking Place	ne (33)	-	MOIL	1 1 2005 0	1	Type of Facility	(4)					
Name of Facanty value	In MUR		<b>-</b>			T Popular	D School (K-12	3					
Street Address	110 11010		+			:	Subchapter 8	(Other than K-12) ivate & commercial	heidina	s			
Ogeet Address							homes, etc.)						
City (5)				,	16.1 s		Square Feet		Bidg. A		,		
	G07 A						1800.		1.5	-	7		_
	LGEN		Co	NLY)	Code (7)	(STATE USE		rior if being demolis					
		1400	CM N			Name of Abatem					_		-
Name of Monitoring Fitt (8)	n Hired by Building Owne	r AS	Car Pe	0.	(2.0		noval In						
Street Address						Street Address							
Guest Palaces				1		450 Sou	th River	St		<u> </u>	10 10		
City, State, Zip Code						City, State, Zip C		07601					
-							ack, N.J	License No.					-
Project Manager for Mo	niloning Firm	Telep	bone	No.		Telephone No. 201-329	-7444 -	00388					
	Scheduled Co	melotion	Data	(91)		Name of OSHA		1 00300		-	_		
Start Date (10)			116	0			Environm	ental					
	ng Abatement (Check onl	y one)	•	3		Street Address							
☐ Facility Closed/Vacal	ted During Entire Period o	f Abatem	ent			280 Ht	uyler St	-					_
C Abatement Performe	d Outside of Normal Facil BLAD AH TO	av Hours		٦.		S. Had	ckensack	,N.J. 07	606				
Scope of Work (Check				•				Negative Pressure					
E 23 st or 23 li					waton ,	27 Mini	-Enclosure						
□ ≥ 160 sf or ≥ 260 N				Dem	OSSION	∠⊒ Glov □ Non-	ebag Procedure -Exempted (*) an	d Non-Frieble Proc	odure				
		ls Lo	cation							Al	Typ	100	æ
Local	ing of	Non Used S	mally		:	Description	of ·						
Asbestos-Containi	ing Material (ACM)	Mainte	enanc	el les	Asbe	stos Containing M ., thermal system	atorial (ACM)	Amount (Specify		20	Rephir	Enoa	Enc
TOBE	ABATED		stodial beil?		fire	surfacing, VA*	T, or	SF or LF)		Removal	phil	had	nso
(1	3)	. (1	12)			Other Mescenni	gous)	(A.C.)		-		6	6
-	-	Yes 1	No	N/A				1	=	~	$\dashv$	-	_
BASEME	ハイ	-				MALSYSTEM	IN SO INTION	152		X	$\dashv$	$\dashv$	_
PORCH	4				5	NOING		300	34	(-)	$\dashv$	-	
									- >	-	$\dashv$	-	
Name of Registered W	beto Hauter	NEDE	ED W	aste H	autor	Cubic Yards of	Name of Reg	istered Landill					
Best Rem		ID No	0.			Waste 11/20	Minery	a Enterpr	ises	,	LI	.C	
			171	.09		Disposal Date	City, State			-		-	
City, State Hackensa	ck , N.J. 07	601				9/20/16		sburg, Oh	,446	88	;		
Completed by	Title	70I				Signature	0		Date	1	ī.		
J.Maiorano		imato				1/6	a's a	<u>u</u>	3/	1	15	0	
ASB-41	* Do no	t use this	form	for as	bestos l	icensure exemptes	activities.						

			- 11 -		· · · · · · · · · · · · · · · · · · ·	60	UH G G	13 0	<u>U</u>	1	$\forall$
Date of Notification (1)	9/7/16		N		MS WARLA		TAHAN	-1.0-0	TIE	1	
Agency Notified	Type Notification		S	treet A	ddress	0	I II OLI	17 2	U10	C FEED AND SE	4
□ EPA	2 Initial		-	in Ch	ste, Zip Code						
DEP DEDOL	Amended Amendment #		1		IDGEFIELD	PARIL	ASBEST	0S 60	T BC	Pg	
/ /	☐ Emergency (including	ng	N		f Contact		Talanhone Nu	mber		-	
DOH DCA	justification)  © Cancellation			MAINE O	Ms. MONA	SHAN			_		1
				FACIL	ITY INFORMATION						
Name of Facility Where	Abatement is Taking Pla	œ (3)			•	Type of Facility	(4)				
	15. MS.N	HA.	AN	<u>ـ ـ ـ ـ ل</u>		School (K-12	i) 3 (Other than K-1	2) .			
Street Address	+11					El Other (i.e. pr	ivate & commerc	ial building	5,		
					erie i <u>e e</u>	homes, etc.)					
City (5) .					The same of the sa	Square Feet	1 _	Bidg. A	94	0	
120	GETIELD	,		Ric		1850.	1 2		74		
	NGEN			ounty	Code (7) (STATE USE	Current Use (P)	ESIDEN	AESTHEED) しで		.35	
	m Hired by Building Own	er /	ASCM	No.	Name of Abate	ement Contractor (S	<del>)</del> )				
(8)					Best Re	emoval In	с				
Street Address				-	Street Address						
					450 Sot	ith River	St				
City, State, Zip Code					City, State, Zip						
•					Hackens	sack, N.J					
Project Manager for Mo	onitoring Firm	Te	lephon	e No.	Telephone No		License No.				
			7.6	•	201-329		00388				_
Start Date (10)	Scheduled C			(11)	Name of OSH	A Mondor Environm	anta1				
9/20/	A CONTRACTOR OF THE PARTY OF TH	–	1).(	6	Omega Street Address		ental				
Occupancy Status Dun	ing Abatement (Check on	ay one)	*	932	1	Huyler St					
☐ Facility Closed/Vaca	ted During Entire Period ed Outside of Normal Fac	of Abate	ement		City, State, Zit						
2 Other - Describe:	OTMAce: 8	( ' )	08	M	S. Ha	ackensack	,N.J. 0	7606			
Scope of Work (Check						Il Containment with	,				
#23 d or ≥ 3 ¥			1	Ren	ovation -2 Mi	ni-Enclosure	i i i i i i i i i i i i i i i i i i i				
□ ≥ 160 sf or ≥ 260 lf			Į	2 Dem	olition -2 G	ovebag Procedure n-Exempted (*) an	d Non-Frieble Pa	ocedure			
		1			C 900	MI-EXEMPERA ( ) dis	2 14001 1 1111111		-	terne	nt
		100	Location lormalit	2000		-		Į.	1	ype	
	tion of	Use	d Solei	y by	Description Asbestos Containing		Amoun	ı l		m	_
	ing Material (ACM) ARATED		ntenan uctodi		(i.e., thermal system	ns insulation,	(Specify	<u> </u>	Removal	Encapaulate	Enciosure
	acility .		Staff?		surfacing, V other miscella		SF or Li	1	NOV8	- Sul	INBE
(	13)		(12)		Other Hasses	110000			-	6	0
		Yes	No	N/A					+	+	-
BASEME	=NT				THERMAC SYST	EM IN SO MINO	w y	OLF	7	1	_
									1	1	
·								` '		1	1
Name of Registered W	laste Hauler		DEP W	laste l	lauter Cubic Yards o	f Name of Regi	stered Landfill				
Best Rem	oval Inc	ID	₩o. 17:	109	2 1/2	Minerv	a Enterp	rises	, I	LC	
City, State					Disposal Date	City, State					
	ck , N.J. 07	601			19/21/1	Wayne:	sburg, 0	h, 446	88		
Completed by	Title				Signature	Poso roi	یس	Date	17	/14	
J.Maioran	o Est	imat	cor		V (	1 5 5		1	(	-	

			(Purs	uant to	NJAC 8:60	) and	12.120)	,	i i		E ((		11/7	To the same of	A STATE OF THE PARTY OF	į
Date of Notification (1) 9/9/16			3	56 Gett	uilding Ow ty Ave, L		erator	(2)		M		129 []	N.	6./		
Agencies Notified	Type Notification		100727	reet Add 56 Gett	ress ty Avenu	е			Total Paris	1 1	ott	122	016	1,	41	
EPA DEP DOL	Initial Amended Amendment # Emergency (in		Ci		, Zip Code NJ					ASE	ST(	OS COM	ber			
DOH DCA	justification) Cancellation		- 1	ohn Ing								IAC I				
	T-U-	DI (2)		FACILI	TY INFOR	MATIC	N	Tvr	ne of F	acility (4	)					-
Name of Facility Where Former Alfred Hel	ler Site	Place (3)							Sch	ool (K-12	2)					
Street Address 356 Getty Avenue								×	Oth etc.	er (i.e. pr )	3 (Otherivate &	r than K-12 commercia	ıl buildi			۶,
City (5) Clifton								16	juare F 3,100		1	Floors	75	lg. Ag	e 	
County (6) Passaic			C (S	ounty Co	ode (7) SE ONLY)			N/	Α			ng demolish	ed)		-11/15-12	
Name of Monitoring Fi	rm Hired by Building O I Services	wner (8)		ASCM	No.				Abaten vices,	nent Con LLC	tractor	(9)				
Street Address 510 Heron Drive,	Suite 360							We	st Li		ighwa	ay, Suite	500			
City, State, Zip Code Bridgeport, NJ 08	3016							n, F	PA 1	9341						
Project Manager for M Tony Alessandrin		- 2	856-467-2276 484					e No. 2-888	la Maria de La Lacia		License N 01161	0.				
Start Date (10) 9/26/16		Scheduled 10/28/16		pletion D	ate (11)		Name		OSHA	Monitor						
Occupancy Status Du	ring Abatement (Check	Only One	)						dress	30 Nor	th					
Facility Closed/V Abatement Perfo	acated During Entire P rmed Outside of Norm ::	eriod of Ab al Facility F	atem	ent		_	City,	State	e, Zip				-		7/	
Scope of Work (Chec	k All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260	f		novat moliti					××	Mini- Glove	Enclosure bag Pro	e cedure	n Negative			_	
				1			-	×	Non-	Exempte	d (*) ar	nd Non-Fria		Abate		t
1,000	tion of	No	ocation or mall	ly		De	scription	on of	f					Ту	ре	_
Asbestos-Contain TO BE In F	ing Material (ACM)  ABATED  acility  13)		Sole ntenar odial S (12)	nce/	Asbesto (i.e. t	os Con therma surfa		Mat ms ir /AT,	terial ( nsulati or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				_						-	-	-
See A	ttached												+	-		
																-
											(De-	torod Land	311			
Name of Registered Service Transpor				NJDEP W Hauler ID		of Wa	c Yards aste	5		Miner		tered Landi	mi			
City, State New Castle, DE						Dispo	osal Da	ate		City, Sta Wayne		g, OH				
Completed by		Title Sr. P	roied	t Mana	ager		Signat	ure	h /	3a01	14.6	D) [	Date 9/9/16			

Print Form

#### ecoservices, LLC

					Abateme	ent Type	
Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encap	Enclosure
Building 1	na	acpi	1988 lf	Х			
Building 2	na	12' white floor tile	193 sf	х			
Building 5	na	acpi	825 lf	х			
Building 6	na	асрі	525 lf	х			
Brick Building	na	9"x9" floor tile	1250 sf	х			-
Brick Building	na	floor tile mastic	3925 sf	х		-	-
Brick Building, boiler room	na	tank insulation	32 sf	х		-	
Brick Building, boiler room	na	acpi	20 lf	x		-	
Single Story Masonry Building	na	9"x9" floor tile and underlying mastic	2600 sf	x			

