

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED #3091

CK 3091

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner / Operator (2) <b>O&amp;R Woodbridge Office, LLC/NJTA</b>		2016 SEP 15 AM 10:45					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2-9/9/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>One Riverfront Plaza</b> City, State & Zip Code <b>Newark, NJ 07102</b> Name of Contact <b>Rosana Caputo</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Future NJ Turnpike Headquarters</b> Street Address <b>One Hess Plaza</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>Woodbridge</b>		County (6) <b>Middlesex</b>		County Code (7)					
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b> Street Address <b>56 East Bridge Street</b> City, State & Zip Code <b>Morrisville, PA 19067</b>			ASCM No. <b>267-991-9212</b>						
Project Manager for Monitoring Firm <b>Jim Frisbee</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b> Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>						
Scheduled Start Date (10) <b>9/9/16</b>		Scheduled Completion Date (11) <b>9/11/16</b>		Telephone Number <b>(215)788-6040</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>5 PM (9/9/16) to 11:59 PM (9/11/16)</b> <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor <b>Bristol Environmental Inc.</b> Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Loading Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1" – 2" Fitting	20 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Data Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10" saddle solid block support insula.	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 <sup>th</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3" – 6" Fitting	9 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25 Fittings	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16 Fittings	16 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b> City, State <b>New Castle, DE</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b> City, State <b>Waynesburg, OH</b>				
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>		Signature <i>Gino Pizzigoni / jh</i>			Date <b>9/9/16</b>		

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

no ck

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner / Operator (2) <b>O&amp;R Woodbridge Office, LLC/NJTA</b>		2016 SEP 15 AM 10:43	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-8/22/16 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>One Riverfront Plaza</b> City, State & Zip Code <b>Newark, NJ 07102</b> Name of Contact <b>Rosana Caputo</b>	
				Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Future NJ Turnpike Headquarters</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>One Hess Plaza</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>56 East Bridge Street</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Morrisville, PA 19067</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		Telephone Number <b>267-991-9212</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>9/9/16</b>	Scheduled Completion Date (11) <b>9/11/16</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>5 PM (9/9/16) to 11:59 PM (9/11/16)</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Loading Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1" – 2" Fitting	20 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Data Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10" saddle solid block support insula.	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 <sup>th</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3" – 6" Fitting	9 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>9/12/2016</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i> /jl		Date <b>8/12/16</b>

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

NOCK

CR # 3073

Date of Notification (1) <b>8/2/2016</b>		Name of Building Owner / Operator (2) <b>2016 SEP 15 AM 10:43</b> <b>Tishman</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA 8345 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8314 <input checked="" type="checkbox"/> DOH 8321 <input checked="" type="checkbox"/> DCA 8338	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address <b>One Riverfront Plaza</b>		
	City, State & Zip Code <b>Newark, NJ 07102</b>		
	Name of Contact <b>Rosana Caputo</b>		Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Future NJ Turnpike Headquarters</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>One Hess Plaza</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>56 East Bridge Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Morrisville, PA 19067</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		Telephone Number <b>267-991-9212</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>9/9/16</b>	Scheduled Completion Date (11) <b>9/11/16</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <b>5 PM (9/9/16) to 11:59 PM (9/11/16)</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Loading Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1" - 2" Fitting	20 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Data Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10" saddle solid block support insula.	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 <sup>th</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3" - 6" Fitting	9 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>	Disposal Date <b>9/12/2016</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>8/2/16</b>	

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

Date of Notification (1) <div style="text-align: center;">8 / 15 / 16</div>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-9/9/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Baker Rink</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Pyne drive</b>									
City (5) <b>Princeton</b>		Square Feet	# of Floors						
County (6) <b>MERCER</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Group Services, LLC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">9 / 6 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 12 / 16</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____PM-____AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mech. Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>9/9/16</b>			

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


NO CL

CL # 3077

Date of Notification (1) 8 / 15 / 16			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction						
Agencies Notified <input checked="" type="checkbox"/> EPA 1215 <input checked="" type="checkbox"/> DOLWD 1222 <input checked="" type="checkbox"/> DHSS 1239 <input checked="" type="checkbox"/> DCA 1246 (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr.		ASBESTOS CONTROL & LICENSING			
		City, State, Zip Code Princeton, NJ 08544		Name of Contact Robert Ortego					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Baker Rink				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Pyne drive									
City (5) Princeton				Square Feet		Bldg. Age			
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Library					
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040		License No. 00509			
Start Date (10) 9 / 6 / 16		Scheduled Completion Date (11) 9 / 9 / 16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mech. Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / jl		Date 8/15/16			

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

RECEIVED

Date of Notification (1) 09/09/2016		Name of Building Owner/Operator (2) Anne Russell		2016 SEP 15 AM 10:47	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Mountainside, NJ 07092 Name of Contact Anne Russell	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>					
City (5) Mountainside			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue			
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 09/20/2016		Scheduled Completion Date (11) 09/21/2016		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>				Street Address 11 Rosengren Avenue	
				City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
basement		X		pipe insulation	60 LF
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Ned Joksimovic		Title PM		Signature 	Date 09/09/2016

State of New Jersey  
Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Case # 354

RECEIVED

Date of Notification (1) 09/12/2016		Name of Building Owner/Operator (2) Mr. Graham Tim	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code Clifton NJ	
Name of Contact: Graham Tim		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Others (i.e. private & commercial buildings, homes, etc. Sf 1800 Floors 2 Age: 76 Current Use (prior if being demolished):	
Street Address [REDACTED]		City, State, Zip Code Clifton NJ	
City (5) Clifton	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/a		ASCM No.	
Street Address		Name of Contractor (9) BL Contracting, Inc.	
City, State, Zip Code		Street Address 5 Marquerite Lane	
Projec. Manager for Monitoring Firm		Telephone Number 973-901-0153	
Telephone Number		License Number 01265	
Scheduled Start Date (10) 09/15/16		Scheduled Completion Date (11) 09/19/16	
Name of OSHA Monitor BL Contracting Inc.		Street Address 5 Marquerite Lane	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe:		City, State, Zip Code Towaco, NJ 07082	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Non EXempted and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Basement	YES NO NA	Pipe insulation	160 lf
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler Waste Management of Pennsylvania		NJDEP Waste Hauler ID # 32604	Cubic Yards of Waste 30 bags
Name of Registered Landfill T.R.R.F		City, State Tullytown, PA	
Disposal Date		City, State	
Completed by (Print or Type) Nedo Vasilic	Title President	Signature Nedo Vasilic	Date 09/12/2016

CK 1973

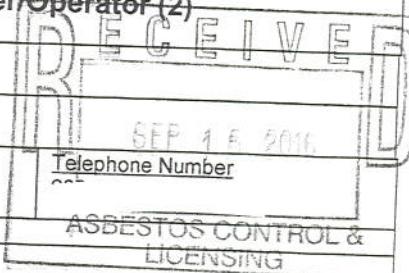
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/12/16		Name of Building Owner/Operator (2) Andrew Reenstra							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ho-Ho-Kus, NJ 07423  Name of Contact Andrew Reenstra							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ho-Ho-Kus		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) 09/23/16	Scheduled Completion Date (11) 09/30/16	Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insultaion	150 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>		Date 09/12/16			

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

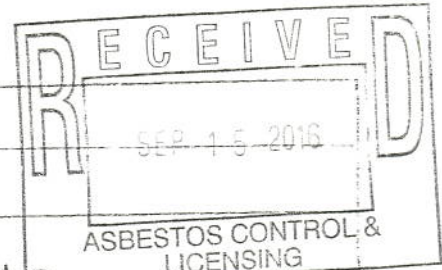
*Case # 351*

Date of Notification (1) 09/12/2016		Name of Building Owner/Operator (2) Shiloh Baptist Church	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) Shiloh Baptist Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Others (i.e. private & commercial buildings, homes, etc. Sf 1800 Floors 1 Age: 88 Current Use (prior if being demolished) : <b>Commercial Bldg</b>	
Street Address 340 Calhoun Street		Name of Contractor (9) BL Contracting, Inc.	
City (5) Trenton	County (6) Mercer	County Code (7) (State Use Only)	Street Address 5 Marguerite Lane
Name of Monitoring Firm Hired by Bldg. Owner (8) N/a		ASCM No.	City, State, Zip Code Towaco 07082
Street Address		Telephone Number 973-901-0153	
City, State, Zip Code		License Number 01265	
Projec. Manager for Monitoring Firm		Name of OSHA Monitor BL Contracting Inc.	
Telephone Number		Street Address 5 Marguerite Lane	
Scheduled Start Date (10) 09/14/16	Scheduled Completion Date (11) 09/17/16	City, State, Zip Code Towaco, NJ 07082	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe:		Source of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Non EXempted and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Stairway C	Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) Floor tile	Amount (Specify SF or LF) 80sf
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Waste Management of Pennsylvania		NJDEP Waste Hauler ID # 32604	Cubic Yards of Waste 30 bags
		Name of Registered Landfill T.R.R.F.	
		Disposal Date	City, State Tullytown, PA
Completed by (Print or Type) Nedo Vasilic	Title President	Signature <i>Nedo Vasilic</i>	Date 09/12/2016



OK# 2991

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) <b>9/12/16</b>		Name of Building Owner/Operator (2) <b>Township of Monroe</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>1 Mun. Civic Plaza</b>		City, State, Zip Code <b>Monroe Twp., New Jersey</b>	
Name of Contact <b>Joe</b>		Telephone Number	

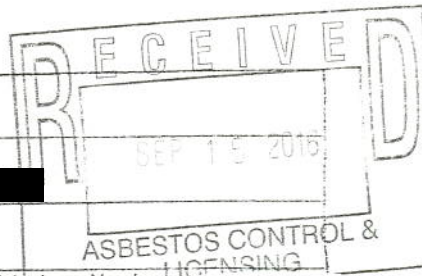
Name of Facility Where Abatement is Taking Place (3) <b>Township owned Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>148 Prospect Plains Rd</b>		Square Feet <b>1500</b>	
City (5) <b>Monroe</b>		# of Floors <b>1</b>	
County (6) <b>Middlesex</b>		Brq. Age <b>57+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>township building</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCL No.	
Street Address		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>	
City, State, Zip Code		Street Address <b>95 Montrose Road</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>	
Telephone No.		Telephone No. <b>732-294-1757</b>	
Start Date (10) <b>9/22/16</b>		License No. <b>00029</b>	
Scheduled Completion Date (11) <b>9/26/16</b>		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>7AM-7PM</b>		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Unit-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure		City, State, Zip Code	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Routinely Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>Outside</b>			<input checked="" type="checkbox"/>	<b>Siding</b>	<b>1500 lf</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>9/26/16</b>		City, State <b>Tullytown, PA</b>			
Completed by <b>Bree McGuire</b>		Title <b>Secretary Treasurer</b>		Signature <i>[Signature]</i>		Date <b>9/16/16</b>	

PK# 2991

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) <b>9/12/16</b>		Name of Building Owner/Operator (2) <b>Anthony MacAgn</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>Berkeley, New Jersey</b>	
Name of Contact <b>Chris</b>		Telephone Number [REDACTED]	

Name of Facility Where Abatement is Taking Place (3) <b>MacAgn Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1000</b>	
City (5) <b>Berkeley</b>		# of Floors <b>1</b>	
County (6) <b>Ocean</b>		Bldg. Age <b>55+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>	
City, State, Zip Code		Street Address <b>95 Montrose Road</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>	
Telephone No.		Telephone No. <b>732-294-1757</b>	
Start Date (10) <b>9/2/16</b>		License No. <b>00029</b>	
Scheduled Completion Date (11) <b>9/26/16</b>		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>7AM-7PM</b>		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	


  

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>Siding on the side</b>			<input checked="" type="checkbox"/>	<b>Siding</b>	<b>1000 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>9/26/16</b>		City, State <b>Tullytown, PA</b>		Signature <b>[Signature]</b>	
Completed by <b>Bree McGuire</b>		Title <b>Secretary Treasurer</b>		Date <b>9/12/16</b>			

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

Date of Notification (1) <b>September 12, 2016</b>		Name of Building Owner/Operator (2) <b>Walters Residential, LLC</b>		<b>30289</b>						
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL  [ x ] DOH [ ] DCA	Type of Notification [ x ] Initial Notification [ ] Amended Notification Amendment # _____ [ ] Emergency (including justification) [ ] Cancellation	Street Address <b>500 Barnegat Blvd. North</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <small>SEP 13 2016</small> </div>						
		City, State, Zip Code <b>Barnegat, NJ 08005</b>								
		Name of Contact <b>Victor</b>	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>							
City <b>Ortley</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)								
Square feet <b>700 sf</b>		# of Floors <b>1</b>	Bldg. Age <b>60</b>							
Current Use (Prior if being demolished) <b>Residence</b>										
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>								
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>								
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>					
Scheduled Start Date (10) <b>9/23/16</b>	Scheduled Completion Date (11) <b>9/26/16</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address <b>1056 Stelton Road</b>							
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)										
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure						
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure						
				[ ] Glovebag Procedure						
				[ x ] Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	YES	NO			N/A	R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior house		X		Asbestos siding	700 sf	X				
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>						
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>9/27/16</b>	City, State <b>Tullytown, Pennsylvania</b>							
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 		Date <b>9/12/16</b>					

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

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



## DEMOLITION / RENOVATION NOTIFICATION

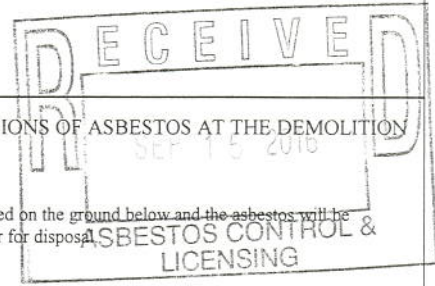
Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):		O		II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME:		Walters Residential, LLC			
Address:		500 Barnegat Blvd. North			
City:	Barnegat	State:	New Jersey	Zip:	08005
Contact:	Victor			Tel:	609-607-9500
REMOVAL CONTRACTOR:		Guardian Contracting, Inc.		NJ License:	00624
Address:		1889 Route 9, Unit 61			
City:	Toms River	State:	New Jersey	Zip:	08755
Contact:	Nicholas Fernicola			Tel:	732-349-9932
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name:		Residence			
Address:		210 Second Avenue			
City:	Ortley	State:	New Jersey	County:	Ocean
Site Location:		Exterior			
Building Size:	700 sf	# of Floors:	1	Age in Years:	60
Present Use:		Residence		Prior Use: Residence	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 700 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		9/23/16		Complete: 9/26/16	

## 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.

Address: 1889 Route 9, Unit 61

City: Toms River

State: New Jersey

Zip: 08755

Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:

Address:

City:

State:

Zip:

Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.

Location: Bordentown Road

City: Tullytown

State: Pennsylvania

Zip: 19007

Telephone: 215-943-9732

Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager

(Printed Name/Title)

(Signature of Owner/Operator)

September 12, 2016

(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager

(Printed Name/Title)

(Signature of Owner/Operator)

September 12, 2016

(Date)

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

Date of Notification (1) September 12, 2016		Name of Building Owner/Operator (2) Segal & Segal	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  SEP 15 2016  ASBESTOS CONTROL &amp; LICENSING </div>
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	465 South Street	
		City, State, Zip Code Morristown, NJ 07962	
		Name of Contact Fred Kimak	Telephone Number

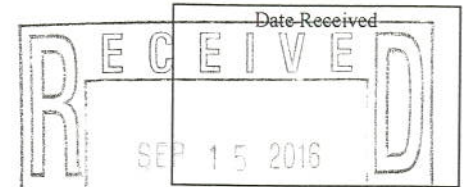
Name of Facility Where Abatement is Taking Place (3) Pet Smart			Type of Facility (4)		
Street Address 57 Route 23 South			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City Wayne	County (6) Passaic	County Code (7) (STATE USE ONLY)	Square feet 20,000 sf	# of Floors 1	Bldg. Age 50
			Current Use (Prior if being demolished) Pet Smart		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 7321-349-9932	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 9/12/16	Scheduled Completion Date (11) 9/13/16	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos transite	1000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 9/14/16		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature				Date 9/12/2016			

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

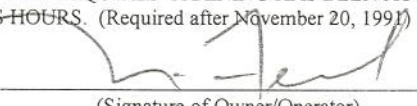
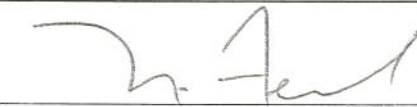
GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755

## DEMOLITION / RENOVATION NOTIFICATION



Operator Project #:		Postmark:	Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y		
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)				
OWNER NAME: Segal & Segal				
Address: 465 South Street				
City: Morristown		State: NJ	Zip: 07962	
Contact: Fred Kimak		Tel: 973-984-6400		
REMOVAL CONTRACTOR: Guardian Contracting, Inc.			NJ License: 00624	
Address: 1889 Route 9, Unit 61				
City: Toms River		State: New Jersey	Zip: 08755	
Contact: Nicholas Fernicola		Tel: 732-349-9932		
OTHER OPERATOR (if different)			NJ License:	
Address:				
City:		State:	Zip:	
Contact:		Tel:		
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D				
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)				
Building Name: Pet Smart				
Address: 57 Route 23 South				
City: Wayne		State: NJ	County: Passaic	
Site Location: exterior				
Building Size: 20,000 sf		# of Floors: 2	Age in Years: 50	
Present Use: Apartments		Prior Use: Apartments		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
IS MATERIAL ASSUMED TO BE ASBESTOS?				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	LOCATION	Nonfriable Asbestos Material Not To Be Removed
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Cat I
Pipes (Linear feet):				
Surface Area (Square feet): 1000 sf		Transite	Exterior	
RACM Off Facility Component (Cubic feet):				
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)				
Start:		9/12/16	Complete:	9/13/16

## 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. Address:    1889 Route 9, Unit 61 City:    Toms River    State:    New Jersey    Zip:    08755 Contact Person:    Nicholas Femicola 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)  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Nicholas Femicola / Project Manager</u>            (Printed Name/Title)         </div> <div style="width: 30%; text-align: center;">             (Signature of Owner/Operator)         </div> <div style="width: 30%; text-align: right;"> <u>September 12, 2016</u>            (Date)         </div> </div>		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Nicholas Femicola / Project Manager</u>            (Printed Name/Title)         </div> <div style="width: 30%; text-align: center;">             (Signature of Owner/Operator)         </div> <div style="width: 30%; text-align: right;"> <u>September 12, 2016</u>            (Date)         </div> </div>		

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

Date of Notification (1) <b>September 12, 2016</b>		Name of Building Owner/Operator (2) <b>RHT Construction</b>	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SEP 15 2016</div>
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>245 Great Bay Blvd.</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	<b>Little Egg Harbor, NJ 08087</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Ron</b>	<b>AS &amp; LICENSING</b>

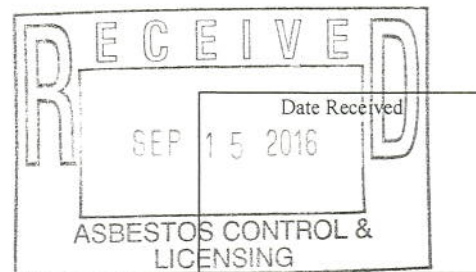
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin: 5px 0;"></div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
<b>Little Egg Harbor</b>	<b>Ocean</b>		<b>700 sf</b>	<b>1</b>	<b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Scheduled Start Date (10) <b>9/22/16</b>			Scheduled Completion Date (11) <b>9/23/16</b>		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>E.M.S.L. Analytical</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			<b>1056 Stelton Road</b>		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> Renovation			<input type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  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)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	650 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>9/26/16</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>9/12/16</b>		

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

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



## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: RHT Construction					
Address: 245 Great Bay Blvd					
City: Little Egg Harbor		State: NJ		Zip: 08087	
Contact: Ron				Tel: 609-290-2764	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 21 W Susquehanna Drive					
City: Little Egg Harbor		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 700 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 650 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		9/22/16		Complete: 9/23/16	

## 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: <u>Guardian Contracting, Inc.</u> Address: <u>1889 Route 9, Unit 61</u> City: <u>Toms River</u> State: <u>New Jersey</u> Zip: <u>08755</u> Contact Person: <u>Nicholas Fernicola</u> WASTE TRANSPORTER #2 Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____		
xiii.	WASTE DISPOSAL SITE Name: <u>T.R.R.F.</u> Location: <u>Bordentown Road</u> City: <u>Tullytown</u> State: <u>Pennsylvania</u> Zip: <u>19007</u> Telephone: <u>215-943-9732</u> Permit #: <u>101494</u>		
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 CRUMBLER, 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) <u>Nicholas Fernicola / Project Manager</u> <u>[Signature]</u> <u>September 12, 2016</u> (Printed Name/Title) (Signature of Owner/Operator) (Date)		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <u>Nicholas Fernicola / Project Manager</u> <u>[Signature]</u> <u>September 12, 2016</u> (Printed Name/Title) (Signature of Owner/Operator) (Date)		

