# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVER#309/

e of Notification	(1) 8/2/2016		0&F	R Wo	odbrio	dge C	er / Operator (2) Office, LLC/NJ7	A 10.0					(p. 124.1)
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treet Address							1123 Beaver S	treet					
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ity, State & Zip C	Code						Bristol, PA 19	007					
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9/9/1 Doccupancy Status  Facility Cl Abatement Describe: Facility O Scope of Work (Cl  ≥3 sf or ≥ ≥160 sf ≥  Ast  1st Floor Load 2nd Floor Data 13th Floor Men's Room Women's Room Women's Room Service Trans City, State New Castle,	s During Abate losed/Vacated int Performed C	Outside of Norm /16) to 11:59 Pi g Abatement apply)  ing  om	Is L Norm So Maint Custo	Aba s - 16)  Ren Den ocati ally I lelely enar dial (12) No	ovation nolition  Jsed by ace or Staff?  N/A  JDEP Valuer IE 2099	ir 10" sa Waste	Description Asbestos-Conta Material (AC (i.e., thermal system or other miscella  1" - 2" Fitte ddle solid block s 3" - 6" Fitte 25 Fitting 16 Fitting Cubic Yards of Waste 5 Disposal Date 9/12/2016	Full Conta Mini-Enclo Glove Ba Non-Exer of sining M) stems ng, VAT neous) ing support insula. ing Js Js Name of Regi Minerva Lai City, State	ainment witosure g Procedur mpted and Amour (Speci SF or L  20 E 25 E 9 E/ 25 E 16 E istered Lar	Non-Fri	able Abat Removal	Proc	edure
9/9/1 Doccupancy Status  Facility Cl Abatemer Describe: Facility O Scope of Work (Cl ≥3 sf or ≥ ≥160 sf ≥  Ast I  1st Floor Load 2nd Floor Data 13th Floor Men's Room Women's Room Women's Room Name of Regist Service Trans City, State	s During Abate losed/Vacated int Performed C	Outside of Norm /16) to 11:59 Pi g Abatement apply)  ing  om	Is L Norm So Maint Custo	Aba s - 16)  Ren Den ocati ally I lelely enar dial (12) No	ovation nolition  Jsed by ace or Staff?  N/A	ir 10" sa Waste O No. 90	Description Asbestos-Conta Material (AC) (i.e., thermal synaliation, surfacior other miscella  1" - 2" Fitti ddle solid block s 3" - 6" Fitti 25 Fitting 16 Fitting Cubic Yards of Waste 5 Disposal Date	Full Conta Mini-Enclo Glove Ba Non-Exer of sining M) stems ng, VAT neous) ing support insula. ing Js Js Name of Regi Minerva Lai City, State	ainment witosure g Procedur mpted and Amour (Speci SF or L  20 E 25 E 9 E/ 25 E 16 E istered Lar	Non-Fri	able Abat	Proc	edure

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

no ck

1 10											
Date of Notification (1) 8/2/2016		100000000000000000000000000000000000000			Owner / Operate Ige Office, LLO	4 21 111 1	SEP 15 AM	10:43			
Agencies Notified Type Notifica	ation		et Ado		ige Office, ELV	2/16/217					
EPA	111011	0		erfront	Plaza	200		STEUL			
☐ DEP ☐ Initial			and the last of th	& Zip (		- 3	ELICEKSI	<b>K</b> [3			
	nded #1-8/22/16	100000000000000000000000000000000000000		NJ 07							
	gency			Contact	102			Teleph	one	Numb	ner .
	ellation			Caputo				Treichi	One	*GITTE	101
M DCA Care		1									
			ACILI	TY INF	ORMATION						
Name of Facility Where Abateme		(3)			Type of Faci						
Future NJ Turnpike Headqu	arters				School						
Street Address						pter 8 (Other th		22		122	
One Hess Plaza						e. private & co				etc.)	
					Square Feet	# of Flo	oors	Bldg. A	ge		
City (5)	County (6)	County	Code	(7)							
Woodbridge	Middlesex				Current Use	(Prior if being of	demolished)				
					School						
Name of Monitoring Firm Hired b	v Building Owner (8	8)	AS	SCM No	. Name of Aba	atement Contra	ctor (9)				
RJB Environmental Inc	, - 0				Bristol Env	rironmental,	Inc.				
Street Address					Street Addre	SS					
56 East Bridge Street					1123 Beave	er Street					
City, State & Zip Code					City, State &	Zip Code					
Morrisville, PA 19067					Bristol, PA						
Project Manager for Monitoring F	irm Tele	ephon	e Nun	nber	Telephone N		License	Number			
Jim Frisbee		7-991-			(215)788-60		00509				1
	Scheduled Complet				Name of OSI						
9/9/16		1/16	( .	.,		ironmental li	nc.				
Occupancy Status During Abaten	nent (Check only o	ne)			Street Addre	SS					
Facility Closed/Vacated D	ouring Entire Period	d of At	atem	ent	1123 Beave	er Street					
Abatement Performed Ou					City, State &	Zip Code					
	6) to 11:59 PM (9/				Bristol, PA						
Facility Occupied During		**************************************									
Scope of Work (Check all that ap											
occpe of trom (encon a super	- 77					Full Cor	ntainment with	Negative	Pre	ssure	:
≥3 sf or ≥3 lf	X	Re	novat	ion		Mini-En	closure				
≥160 sf ≥260 lf	Ä	De	moliti	on		Glove B	ag Procedure	S			
Z 100 01 2200 11						Non-Exe	empted and N	on-Friable	e Pro	cedu	re
Location of	ls.	s Loca	tion	1	Description	-	Amount				
Asbestos-Containing	202	rmally			Asbestos-Con		(Specify		Γ	Г	i I
Material (ACM)		Solely			Material (A		SF or LF	)		m	m
TO BE ABATED	Mai	intena	nce or		(i.e., thermal s			Ren	Re	ca	ncl
in Facility	Cus	stodial		?   i	nsulation, surfac			Remova	Repair	Encapsulate	Enclosure
(13)		(12)	-	_	or other miscell	aneous)		<u>n</u>	_	late	Ire
	Yes		N/A	\							
1st Floor Loading Dock					1" - 2" Fit	ting	20 EA				
2 <sup>nd</sup> Floor Data Center		$\boxtimes$		10" sa	ddle solid block	support insula.	25 EA				
13th Floor Mechanical Room					3" - 6" Fit	ting	9 EA				
		In	In								
	П	T	T								
		T	TH						П	П	
Name of Registered Waste Haule	r	ĪN.	JDEP	Waste	Cubic Yards	Name of Regi	stered Landfil	1			
value of registered vidate riddie	ec:	100			of Waste						
Service Transport Inc.			209	90	5	Minerva Lar	ndfill				
City, State					Disposal Date	City, State					
New Castle, DE					9/12/2016	Waynesburg	g, OH				
Completed By (Print or Type)		Tit	tle		Signature			Date	,	,	
Gino Pizzigoni		1839-99	rojec	t	11-	0 .	. /:		19	111	
JIIIO I IZZIGOIII			anag	Therene III	Duro 1	lgzigon	1/K	- 0/	1	110	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) CL # 30 73

MOCK

Date of Notification (1)		g Owner / Operator	(2) 20 10 30	TTO ANIIJ:	43			
8/2/2016	Tishman Street Address		,	F - F	161			-
Agencies Notified Type Notification	One Riverfron	t Plaza	W 105 -	INEMSING	UL			
Ď EPA ₹3.45	City, State & Zip			-14 E F 2 154 U				
□ DEP □ Initial □ Amended	Newark, NJ 07							
	Name of Contact				Teleph	ione	Num	iber
DOH 8321 ☐ Emergency ☐ Cancellation	Rosana Caput	0						
	FACILITY IN	FORMATION						
Name of Facility Where Abatement is Taking		Type of Facility						
Future NJ Turnpike Headquarters	8 8	School (K-						
Street Address		Subchapte     Subchap						
One Hess Plaza				mmercial buildi			etc.)	
		Square Feet	# of Flo	oors	Bldg. A	ge		
City (5) County (6)	County Code (7)							
Woodbridge Middlese	x	Current Use (P	rior if being i	demolished)				
		School						
Name of Monitoring Firm Hired by Building C	Owner (8) ASCM No							
RJB Environmental Inc		Bristol Enviro	onmental,	inc.				
Street Address		Street Address 1123 Beaver	Stract					
56 East Bridge Street		City, State & Zi					_	
City, State & Zip Code	330	Bristol, PA 19						
Morrisville, PA 19067	Telephone Number	Telephone Nun		License	Number			77-7-1
Project Manager for Monitoring Firm  Jim Frisbee	267-991-9212	(215)788-6040		00509				
Scheduled Start Date (10) Scheduled C	Completion Date (11)	Name of OSHA		· · · · · · · · · · · · · · · · · · ·				
9/9/16	9/11/16	Bristol Enviro	nmental li	nc.				
Occupancy Status During Abatement (Check	only one)	Street Address	1.170					
Facility Closed/Vacated During Entire	e Period of Abatement	1123 Beaver						
Abatement Performed Outside of Nor	rmal Hours –	City, State & Zip						
Describe: 5 PM (9/9/16) to 11:59	PM (9/11/16)	Bristol, PA 19	007					
Facility Occupied During Abatement								
Scope of Work (Check all that apply)			7 Full Cor	ntainment with N	Jenative	Pre	SSUIF	a
		É	Mini-En		roganie	1 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.
≥3 sf or ≥3 lf		F	_	ag Procedures				
≥160 sf ≥260 lf	Demonton	F		empted and Nor	n-Friable	Pro	cedu	ıre
Location of	Is Location	Description o		Amount		Section Acres	ent T	
Asbestos-Containing	Normally Used	Asbestos-Contain	ning	(Specify				
Material (ACM)	Solely by	Material (ACM		SF or LF)	D	_	Encapsulate	E
TO BE ABATED	Maintenance or	(i.e., thermal syst insulation, surfacing			em	Repair	cap	iclo
in Facility	Custodial Staff? (12)	or other miscelland			Removal	ar.	sula	Enclosure
(13)	Yes No N/A	or out or minorana	,				e l	(1)
et Et Landing Dook		1" - 2" Fittin	a	20 EA		П	П	П
st Floor Loading Dock	□ □ 10" sa	addle solid block sur		25 EA		n	Ħ	Ī
and Floor Data Center		3" - 6" Fittin		9 EA				
3 <sup>th</sup> Floor Mechanical Room					Thi			
						M	TI	
lame of Registered Waste Hauler	NJDEP Waste	Cubic Yards N	ame of Regis	stered Landfill				
lame of Registered Waste Hadio		of Waste						
ervice Transport Inc.	20990		inerva Lan	dfill				
ity, State			ty, State	011				
lew Castle, DE			aynesburg	, OH	-			
ompleted By (Print or Type)		Signature	· ,	1	Date	1		
ino Pizzigoni	Project	My Pis		128	8/2	1/1	D.	
E. C.	Manager	Marino 1/2	MORE	1 7	1 /0	1		1

### no CK

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
8 /	15 / _	16		Prin	ceton Ur	niversity-Office	of Designand	Gonstruction	n: 41			
Agencies Notified	Type Notifical	tion			Address							
⊠ EPA				200	Elm Dr.		o sa∃	LICENSIN	TRUL			
☑ DOLWD	☐ Amended	0.101		City, S	tate, Zip C	ode	9	LICERSIN	G			
□ DHSS     □	Amendme	-		Prin	ceton, N	J 08544						
□ DCA     (NJAC 5:23-8)	☐ Emergenc justificatio		,	Name	of Contact			Telephone Num	ber			
8 37 12 13 25 27	Cancellation			Rob	ert Orteg	go						
				FAC	CILITY IN	FORMATION					-0.5	
Name of Facility Where A	Abatement is Ta	aking Place	(3)				Type of Facility (	4)				
Princeton Universi	ty-Baker Rin	k					School (K-12		31			
Street Address							Other (i.e., pr	(Other than K-12 ivate and comme	<) ercial bu	ildina	S.	
Pyne drive							homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Princeton												
County (6)				Coun	ity Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
MERCER							Library					
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Group Service	es, LLC			0009	88	BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address						Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Burlington, NJ 080	16					BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.				
Michael Keehn			60	9-386	-8800	215-788-6040		00509				
Start Date (10)	S	cheduled C				Name of OSHA N						
9 / 6 /	16	9	12	_ / -	16_	BRISTOL EN	VIRONMENTAI	L, INC.				
Occupancy Status During	g Abatement (C	Check only	one)	3-1		Street Address						
Facility Closed/Vacate						1123 BEAVE	R STREET					
					cribe	City, State, Zip Co						
			10-12-			BRISTOL, PA	19007					
Scope of Work (Check a	Il that apply)					□ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			enovati			☐ Mini-End	closure					
☐ ≥160 sf or ≥260 lf		∐ De	emolitio	n			g Procedure empted (*) and No	n-Friable Proced	ure			
		1	s Locat	ion			( /			atem	ent T	ype
Location	n of		Norma	lly		Description of				-		1
Asbestos-Containing			ed Sole aintena			stos Containing Ma		Amount (Specify	Remova	Repair	nca	nclo
TO BE ABA			todial		(i.e	., thermal systems surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)	,		(12)			other miscellane					ate	w.
		Yes	No	N/A								
Basement Mech. Ro	om		$\boxtimes$		Pipe In:	sulation		40 LF				
							10					
Name of Registered Was	ste Hauler		7.50	IJDEP '		Cubic Yards of	Name of Regis	stered Landfill				
BRISTOL ENVIRON	H	lauler II 1870		Waste		. NORTH LAN	DFILL					
City, State	7					Disposal Date	City, State	LLE, PA 19067	7			
BRISTOL, PA 1900		T					MOKKISVI					
Completed By (Print or T	(ype)	Title				Signature	Scalina		Date /	.//	/	
Brian Scafiro		Estima	tor			Drian	Desturo 1	- K	4/7	11	0	

ASB-41 MAY 11 B 5 /6 // 3

### max

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

CL# 3077

Date of Notification (1)				N	ame	of Building	Owi	ner/Operator (2	2)	= 1110.!	. 1				
	15 / _	16			Prin	ceton U	nive	rsity-Office	of Design and	Constituction	rê l				
	Type Notifica	tion		St	treet	Address				no mata	ΩL				
X EPA 1215	Initial     □				200	Elm Dr.			500201	ICENSING ICS CUNTR	O.L				
Z DOLLIO	Amended Amendme			C	ity, S	tate, Zip C	ode		≪ ∟	CLROING					
☑ DHSS /239 ☑ DCA /246	Emergend		ina		Prin	iceton, N	J 08	3544							
(NJAC 5:23-8)	justificatio		9	N	ame	of Contact				Telephone Nu	mber				
	☐ Cancellati	on	% 		Rob	ert Orte	go								
					FAC	CILITY IN	FOF	RMATION		(4)					
Name of Facility Where Ab			ice (3)						Type of Facility  ☐ School (K-1)						
Princeton University	-Baker Rin	k							Subchapter	8 (Other than K-	12)				
Street Address									Other (i.e., p	private and comm	nercial	buil	lding	S,	
Pyne drive									homes, etc.	# of Floors		RId	g. Ag	16	-
City (5)									Square Feet	# 01 F10015		DIU,	y. /\	30	
Princeton							VOTA	TE LIDE ONLY	Current Han (P	rior if being demo	oliehed'				
County (6)				(	Coun	ty Code (/	)(S I A	TE USE ONLY)	Library	nor il being derne	JIISHEU				
MERCER			(0)		014		NI	of Abatama	ent Contractor (9	\					
Name of Monitoring Firm H		ing Own	er (8)	100000	0009		- Name of Street		VIRONMENTA						
ATC Group Services	ATC Group Services, LLC								VIRONWENTA	CL, INC.		_			
Street Address								eet Address 123 BEAVEI	D CTDEET						
Three Terri Center													_		
City, State, Zip Code								, State, Zip Co							
Burlington, NJ 08016			-	r			D	ephone No.	15007	License No.		_			_
Project Manager for Monito	oring Firm			eleph			22000000	15-788-6040		00509					
Michael Keehn			1			-8800	-	me of OSHA N		00000		_			
Start Date (10) 9 / _ 6 / _		cheduled Q	/				1		VIRONMENTA	L, INC.					
The second secon		8						eet Address				_			
Occupancy Status During					nt		30000000	123 BEAVE	RSTREET						
☐ Facility Closed/Vacated  ☐ Abatement Performed (	During Entil Dutside of No	rmal Fac	ility Ho	urs -	Des	cribe		, State, Zip Co							
Time of Abatement: 7:0	00AM-3:30P	M/	PM	^	MA		1	RISTOL, PA							
Scope of Work (Check all t	hat apply)							M Full Conf	tainment with Ne	gative Pressure					
		$\boxtimes$	Renova	ation				☐ Mini-Enc	losure	gamon					
□ ≥160 sf or ≥260 lf			Demol	ition				Glovebag	g Procedure	on-Friable Proce	dure				
			Is Loc	otion		T		□ Non-Exe	impled ( ) and its	T Trable 1 1000		ba	teme	ent T	vpe
Leasting	ı		Norn					Description of	of		-	T			
Location o Asbestos-Containing M		)	Jsed S		100000			Containing Ma	iterial (ACM)	Amount	Kemova		Repair	nca	nclo
TO BE ABAT	ED		Mainte			(i.e		ermal systems surfacing, VAT		(Specify SF or LF)	ova		=	Encapsulate	Enclosure
IN Facility (13)			(1	2)				her miscellane						ate	(D
(10)		Ye	es N	0	N/A							_	_	_	_
Basement Mech. Room	n					Pipe Ins	sula	tion		40 LF	D				Ш
		]													
Name of Registered Waste		100000000		Vaste	15-10-10-10	oic Yards of		stered Landfill							
BRISTOL ENVIRONM		ler II 8706	) No.	Wa	ste	G.R.O.W.S	S. NORTH LAN	IDFILI	_						
City, State							Dis	posal Date	City, State	U.E. D. 4000	7				
BRISTOL, PA 19007										ILLE, PA 1906					47.45
Completed By (Print or Typ	e)	Title						Signature	Scufiro,	10	Date //		11/2		
Brian Scafiro	nator					Bread	scufero,	Je Je	0/1	1	_				



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

RECEIVED

Date of Notification (1) 09/09/2016			1000	ame of E	Building Own ussell	ner/Op	erator (2	2)	201	6 SE	P 15 A	M 10	i,	7		
Agencies Notified  X EPA  X DEP  X DOL	Type Notification    Initial   Amended   Amendment	#	C		dress e, Zip Code inside, NJ	0709	92		45	8ES	TUS CI LICENS	UNT	RO	L		
DOH DCA	Emergency (injustification) Cancellation		N	lame of (	Contact					Tele	phone Nun	nber				
_ bca	Caricellation			FACIL	ITY INFORM	MATIO	N			1						
Name of Facility Where A House Street Address	Abatement is Taking	Place (3)					Notice	S S S	chool (K-12 ubchapter 8 other (i.e. protect)	) 3 (Othe	er than K-12 commercia	?) al buile	dings	, ho	omes	۶,
City (5) Mountainside								Square N/A	e Feet	N/A		N	ldg. I/A	Age	:	
County (6) Union				County C	ode (7) SE ONLY) _			Currer Hous	nt Use (Prior se	r if beir	ng demolish	ned)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Cont ement, Inc		(9)					
Street Address							Street A		s ren Aven	ue						
City, State, Zip Code							City, St Totov		p Code J 07512							
Project Manager for Mor	nitoring Firm			Γelephon	ne No.		Telepho 973-3				License N 01311	lo.				
Start Date (10) 09/20/2016		Scheduled 09/21/20		pletion [	Date (11)				IA Monitor ement, Inc	<b>3</b> .						-, 124-5
Occupancy Status Durin							Street /		s Iren Aven	ue						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Al nal Facility I	oatem Hours	ent			City, St	ate, Zi	p Code J 07512							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		The same of the sa	enova emoliti				×	Mir Glo	l Containme ni-Enclosure nvebag Proc n-Exempted	edure				ure		
		1-1	_ocati					140	LXCIIIDIO	( ) = .			Aba	aten	nent	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mair	ormal i Sole ntenar odial S (12)	ly ly by nce/	,	Contaction	scription taining M systems cing, VA niscellar	laterial s insula T, or		(	Amount Specify F or LF)	Removal	Kepaii	Тур	e Encapsulate	Enclosure
hasen	nent	100	X	1		pipe	insula	tion		(	60 LF	x	T	1		
Dasen	basement															
Name of Registered Wa	100	JDEP W		Cubic of Wa	: Yards iste		100000000000000000000000000000000000000		ered Landfi							
D&S Abatement, In	1,100	0996	-	TBD					gement (	JIPP	-					
City, State Totowa, NJ				TBD	sal Date		City, Stat			\nt=						
Completed by Ned Joksimovic	ompleted by Title					5	Signatur	e	Fal			)9/09	/20	16		

CK354

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

							5.7	1 10 10	1		
Date of Notification (1) 09/12/2016					Name of Building	Owner/C	pera	tor (2	2)		
					Mr. Graham Tim	- 2016 SFF	15	834 10	7		
Agencies Notified		Notification	Tuno		Street Address	2016 SEF	10	HM II	1: 24		
⊠ EPA		O Initial No			City, State, Zip Code						
□ DCA		O Amende			Clifton NJ	4 30 E 5 1	US.	(1.14)	RAL		
⊠ DOL		X Emergen		cation	Name of Contact;	811	Teler	hone N	lumber		
⊠ DEP		O Cancelle		341011	Graham Tim	~ _	(1000	Morite 14	uniber		
⊠DOH											
				FACILITY INF							
Name of Facility Where Abate Private house	ement is 7	Taking Place	(3)		Type of Facility (4)  ☐ School (K-12)						
0					☐ Subchapter 8 (other t	:han K-12)					
Street Address					X Others (i.e. private & co		ldings,	homes,	etc.		
City (E)	unty (6)		Count	y Code (7)	Sf 1800 Floors 2 .A						
	unty (6) ssaic			Use Only)	Current Use (prior if being	g demolished)	:				
<u>Clifton</u> Pa	ssaic		State	Use Offig)							
Name of Manitoring Circultina	d by Dide	Owner (8)	ASCM	No	Name of Contractor (9)						
Name of Monitoring Firm Hire N/a	a by blac	1. Owner (o)	ASCIVI	INO.	BL Contracting ,Inc						
TAI G					outling time						
Street Address					Street Address						
					5 Marguerite Lane						
City, State, Zip Cod					City State, Zip Code Towaco 07082						
Desire Manager for Manitesia	- =:	Talanhana	Number		Telephone Number		Licen	se Num	her		
Projec Manager for Monitorin	g Film	Telephone	Number		973-901-0153		0126		1001		
					370 301 3130		-	-			
Scheduled Start Date (10)		Scheduled	Complet	ion Date (11)	Name of OSHA Monitor						
09/15/16		09/19/16			BL Contracting Inc.						
Occupancy Status During Aba	atement (	Check only o	ne)	ng	Street Address						
☑ Facility Closed/Vacated Du				nt	5 Marguerite Lane						
☐ Abatement Performed Outs Describe	side of No	ormal Facility	Hours -		City, State, Zip Code						
20001120					<u> </u>						
□Other - Describe:					Towaco, NJ 07082						
Source of Work (Check all that	at apply)				ONL	n EXampted a	and No	n Eriobi	o Proced	ure	
E - 2 - 4 2   4				⊠ Renovation		ni-Enclosure	ariu ino	II I IIabi	e Floced	uic	
□ ≥ 3 sf or ≥ 3 lf  □ ≥ 160 sf or ≥ 26	en if			☐ Demolition		ve bag Proced	dure				
⊠ ≥ 160 St 01 ≥ 26	00 11			Demoillion		Il Containmen		Negative	Pressur	re	
	- T		II.	I 5	And a second		70-0-12-02-000 E2		ment Typ		
Location of Asbestos-		ocation Norm	ally		sbestos Containing Materia nal systems insulation,	(Speci	10.7	Abate	anone ry		
Containing Material (ACM) in		d Solely by nt/Custodial S	toff?	surfacing, VAT, of	not of the misc.	or LF)		Remov	e Repair	Encap F	inclose
Facility (13)	(12)		itali !	Juliacing, VAT,	3. 3.161 (11135.)	0.27					
	YES		NA								
Basement			X	Pipe insulation		160 lf		X			
											1
					-						
Name of Reg. Waste Hauler		NJDEP Wa	er ID #	Cubic Yards of Waste		Name	e of Red	istered L	andfill	-	
Waste Management of Pennsy	lvania	011011	30 bags		T.R.R						
9				,							
						Disposal Da	ate		City, Sta		
							Tullytow	п, РА			
0		T:U-			Cianatura	1	Date				
Completed by (Print or Type) Nedo Vasilic		Title President			Signature	27	Date				
NEGO VASIIIG		Fiesidelit			Neolo Vesi	40	09/12	2/2016			
									7.		

UL 1973

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

Date of Notification (1)		100000000		uilding Ow Reenstra	ner/Operati	or (2)	1.1.		1,-/			
09/12/16 Agencies Notified Type Notification		1	reet Addr				2016 SE	EP 15 AMI	0:48			
EPA DEP Amended Amendment # Emergency (in its light state)		Н		Zip Code (us, NJ (			5 3 5 E	SIOS UUM LIOFHSIN Telephone Nui	G			
DOH justification)  DCA Cancellation				Reenstr								
Name of Facility Where Abatement is Taking	Place (3)		FACILIT	TY INFOR	MATION	Type	of Facility (4)					
Private House Street Address		40					school (K-12) subchapter 8	(Other than K-1 /ate & commerc	2)	nge h	omes	
Street Address						e e	tc.)			g. Ag		'
City (5)						Squar	e Feet	# of Floors	DIC	g. Ag	6	
Ho-Ho-Kus County (6)			ounty Co			Curre	nt Use (Prior	if being demolis	hed)			
Bergen		(S		E ONLY)			101	nator (0)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM N	٧٥.			tement Contr Constructi					
Competent Supervisor Street Address					Str	eet Addres	SS				VII.	
Sileet Addiess					1-1500		West Sui	te 14				
City, State, Zip Code					1 (2.4.2.)	y, State, Z otowa, N	ip Code IJ 07512					
Project Manager for Monitoring Firm		T	elephone	e No.	9.	lephone N 73-832-4	1244	License 01155	No.			
Start Date (10) 09/23/16	Scheduled 09/30/16		pletion Da	ate (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ame of OSI	HA Monițor Above					
Occupancy Status During Abatement (Chec	k Only One	)			St	reet Addre	SS					
Facility Closed/Vacated During Entire F     Abatement Performed Outside of Norm     Other – Describe:	Period of Ab nal Facility I	oateme Hours	ent		Ci	ty, State, Z	ip Code					
Scope of Work (Check All That Apply)								D. 20076-09 (1986-9				
<ul><li>X ≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		enovat emoliti				X M	ini-Enclosure				e	
	T						JII-EXEMPLE	( ) and Home		Abate	ement	
Location of	N	Location ormall	ly			ption of			-	1 1 1	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maii	d Solel ntenar odial S (12)	nce/	Asbest (i.e.	tos Contain thermal sys surfacing other miss	ing Materia stems insu g, VAT, or cellaneous	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
Basement			X		Pipe In	sultaion		150 LF	X		X	-
									(CI)			
Name of Registered Waste Hauler		11 123	NJDEP W Hauler ID		Cubic Ya			Registered Lan	atili			
Academy Construction Inc.		11 199	34422		3			/S Landfill				
City, State					Disposal TBD	Date	City, Sta Tullyto	te wn, PA	Date			
Totowa, NJ												

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

Date of Notification (1) 09/12/2016			Name of Building	Owner/On	orator (2)	
Agencies Notified			Simon Daptist Church	,		N 7 7 7
⊠ EPA	Notification	п Туре	Street Address 340 Calhoun Street		) [ [ [ ]	IVE
□ DCA	O Initial N	otification	City, State, Zip Code	110	1	
⊠ DOL	O Amend		Trenton NJ		ll ore.	
☑ DEP	∧ Emerge	ncy Notification	Name of Contact;		II SEP 1	£ 2016
⊠DOH	O Cancel	ed	Pamela Bennett	1   =	elephone Numbe	Ī
Name of Facility Whose Alice		FACILITY	INFORMATION		ASSESTAN	E14 (700)
Name of Facility Where Abate Shiloh Baptist Church	ement is Taking Place	(3)	Type of Facility (4)  School (K-12)		ASBESTOS C LICENS	JING
Street Address			□ Subchapter 8 (other th	an K 12)		
340 Calhoun Street			1			
City (5)	unty (6)		X Others (i.e. private & cor Sf 1800 Floors 1 Age	nmercial buildin	gs, homes, etc.	
Teart	rcer	County Code (7)	Sf 1800 Floors 1 .Age	e;88		
	rcer	(State Use Only)	Current Use (prior if being Comercial Bldg	demolished):		
Name of Monitoring Circ. I.I.			Somercial Blug			
Name of Monitoring Firm Hired	by Bldg. Owner (8)	ASCM No.	Name of Contractor (9)			
104			BL Contracting Inc			
Street Address						
			Street Address			
			5 Marguerite Lane			
City. State, Zip Cod						
			City State, Zip Code			
Projec Manager for Monitoring	Firm Tolonham	lean-te-	Towaco 07082			
gara. Weintering	Firm Telephone N	lumber	Telephone Number	Lice	ense Number	
			973-901-0153	012		
Scheduled Start Date (10)	Schedulad C	Completion Date (11)		2.2	.00	
09/14/16	09/17/16	ompletion Date (11)	Name of OSHA Monitor			
			BL Contracting Inc.			
Occupancy Status During Abate	ement (Check only on	9)	101 111			
a conty Closed/vacated Direct	na Entiro Donied - FAL		Street Address			
- Hattornerit i erionileu Outsia	e of Normal Facility H	ours -	5 Marguerite Lane			
Describe			011 011			
Other - Describe:			City, State, Zip Code			
Other - Describe:			Toware N. 1.07000			
			Towaco, NJ 07082			
ource of Work (Check all that a	pply)					
			xNon EX	Kampted and No	on Friable Proced	ure
$\square \ge 3$ sf or $\ge 3$ lf		□ Renovation				
$\square \ge 3$ sf or $\ge 3$ If $\boxtimes \ge 160$ sf or $\ge 260$ II	f	⊠ Renovation     □ Demolition	' U Mini-Ei	nclosure		
≥ 160 sf or ≥ 260 li	f		Mini-Ei □Glove	nclosure bag Procedure	u =	
≥ 160 sf or ≥ 260 lf     cation of Asbestos-		Demolition	☐ Mini-Ei	nclosure bag Procedure	Negative Pressur	9
≥ 160 sf or ≥ 260 li      cation of Asbestos-     potaining Material (ACM) in	Is Location Normall	Description of A	□ Mini-Ei □ Glove □ Full Co	nclosure bag Procedure		
	Is Location Normally Used Solely by	Description of A (ACM) (i.e. therr	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation	bag Procedure ontainment with I Amount (Specify SF	Negative Pressure	
	Is Location Normally Used Solely by Maint/Custodial Stat (12)	Description of A	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation	nclosure bag Procedure entainment with I	Abatement Typ	<u>e</u>
© ≥ 160 sf or ≥ 260 li cation of Asbestos- ontaining Material (ACM) in cility (13)	Is Location Normally Used Solely by Maint/Custodial Stat (12)	Description of A (ACM) (i.e. therr	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation	bag Procedure ontainment with I Amount (Specify SF		<u>e</u>
	Is Location Normally Used Solely by Maint/Custodial Stat (12) YES NO	Description of A (ACM) (i.e. therr surfacing, VAT,	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation	nclosure bag Procedure intainment with I Amount (Specify SF or LF)	Abatement Typ Remove Repair E	<u>e</u>
≥ 160 sf or ≥ 260 li  cation of Asbestos- ntaining Material (ACM) in cility (13)	Is Location Normally Used Solely by Maint/Custodial Stat (12) YES NO	Description of A (ACM) (i.e. therr surfacing, VAT,	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation	bag Procedure ontainment with I Amount (Specify SF	Abatement Typ	<u>e</u>
≥ 160 sf or ≥ 260 li  cation of Asbestos- ntaining Material (ACM) in cility (13)	Is Location Normally Used Solely by Maint/Custodial Stat (12) YES NO	Description of A (ACM) (i.e. therr surfacing, VAT,	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation	nclosure bag Procedure intainment with I Amount (Specify SF or LF)	Abatement Typ Remove Repair E	<u>e</u>
	Is Location Normally Used Solely by Maint/Custodial Stat (12) YES NO	Description of A (ACM) (i.e. therr surfacing, VAT,	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material nal systems insulation	nclosure bag Procedure intainment with I Amount (Specify SF or LF)	Abatement Typ Remove Repair E	<u>e</u>
cation of Asbestos- ordaining Material (ACM) in acility (13)	Is Location Normally Used Solely by Maint/Custodial Stat (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material nal systems insulation	nclosure bag Procedure intainment with I Amount (Specify SF or LF)	Abatement Typ Remove Repair E	<u>e</u>
© ≥ 160 sf or ≥ 260 li location of Asbestos- portaining Material (ACM) in locility (13)  airway C  me of Reg. Waste Hauler	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation, or other misc.)	Amount (Specify SF or LF)	Abatement Typ Remove Repair E	encap Enclose
© ≥ 160 sf or ≥ 260 li cation of Asbestos- phtaining Material (ACM) in cility (13)  airway C	Is Location Normally Used Solely by Maint/Custodial Stat (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material nal systems insulation	Amount (Specify SF or LF)  80sf	Abatement Typ Remove Repair E	encap Enclose
© ≥ 160 sf or ≥ 260 li cation of Asbestos- phtaining Material (ACM) in cility (13)  airway C	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation, or other misc.)  Cubic Yards of Waste	Amount (Specify SF or LF)	Abatement Typ Remove Repair E	encap Enclose
© ≥ 160 sf or ≥ 260 li cation of Asbestos- intaining Material (ACM) in cility (13)  airway C	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation, or other misc.)  Cubic Yards of Waste 30 bags	nclosure bag Procedure ontainment with I  Amount (Specify SF or LF)  80sf  Name T.R.R.	Abatement Typ Remove Repair E  S  of Registered La	ndfill
© ≥ 160 sf or ≥ 260 li cation of Asbestos- intaining Material (ACM) in cility (13)  airway C	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation, or other misc.)  Cubic Yards of Waste 30 bags	Amount (Specify SF or LF)  80sf	Abatement Typ Remove Repair E  S  of Registered La  F	ndfill
© ≥ 160 sf or ≥ 260 li cation of Asbestos- phataining Material (ACM) in cility (13)  airway C  me of Reg. Waste Hauler iste Management of Pennsylvani	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	□ Mini-Ei □ Glove □ Full Co sbestos Containing Material mal systems insulation, or other misc.)  Cubic Yards of Waste 30 bags	nclosure bag Procedure ontainment with I  Amount (Specify SF or LF)  80sf  Name T.R.R.	Abatement Typ Remove Repair E  S  of Registered La	ndfill
EX ≥ 160 sf or ≥ 260 lineation of Asbestos- portaining Material (ACM) in acility (13)  airway C  The control of the control o	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	Sbestos Containing Material mal systems insulation, or other misc.)  Cubic Yards of Waste 30 bags	nclosure bag Procedure ontainment with I  Amount (Specify SF or LF)  80sf  Name T.R.R.	Abatement Typ Remove Repair E  S  of Registered La  F	ndfill
© ≥ 160 sf or ≥ 260 li	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO  NJDEP Waste 32604	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	Signature	nclosure bag Procedure bag Procedure intainment with I Amount (Specify SF or LF)  80sf  Name T.R.R.  Dosal Date	Abatement Typ Remove Repair E  S  of Registered La  F	ndfill
EX ≥ 160 sf or ≥ 260 lineation of Asbestos- portaining Material (ACM) in acility (13)  airway C  The control of the control o	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO  NJDEP Waste 32604	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	Signature	Amount (Specify SF or LF)  80sf  Name T.R.R.  Date	Abatement Typ Remove Repair E  of Registered La  F  City. State Tullytown,	ndfill
cation of Asbestos- entaining Material (ACM) in cility (13)  airway C  me of Reg. Waste Hauler stee Management of Pennsylvani	Is Location Normally Used Solely by Maint/Custodial State (12) YES NO  NJDEP Waste 32604	Demolition  Description of A (ACM) (i.e. therr surfacing, VAT,  NA  Floor tile	Sbestos Containing Material mal systems insulation, or other misc.)  Cubic Yards of Waste 30 bags	nclosure bag Procedure bag Procedure intainment with I Amount (Specify SF or LF)  80sf  Name T.R.R.  Dosal Date	Abatement Typ Remove Repair E  of Registered La F  City. State Tullytown,	ndfill

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Date of Natification (1)		-	ame of	Ch Ship		197	rue		C 0 .	1 2	2016	6
Acord de Molifari Tyce Notification		-13	tiest Ac	idires 5			-			1-0-	-E4 H	# · · · · · · · · · · · · · · · · · · ·
Agence's Notified Type Notification			1	NUM-C	1201	Dic:	7a					1
L EPA Inibai		Fo	Sty, Stat	NU∩-C te, Zip Ceste	-1		f	ASBE	STO	SCC	ONTE	ROL
DEP Amended Amendment	*	_		moe To		200	Jerza	21	LICI	ENS	ING	
Emergency (	including	1-5		Contact	111			O Telephone Nur	niner			
Concellation		8	, W	2								
1.3			FACI	LITY DIFORM	ATION	1=	.5	141				
Name of Facility Where Abatement is Taking	ı Place (3)					1,000	of Facility					:
Township award By	1 din	y.				H	School (K-1	i2) - 6 (Other than iC-1)	21			1
Chart Addicass							Other (i.e.)	rivate & commarc	el bull	Faces,	Home	.s. j
148 Prospect Plans	RC					-	eto.) ue Feat	# of Ficors	73	Ta i	GG:	
C(y (3)						15	W	1	į -	57	1	
Monroe		16	lounty (	Cade (7)		Cutio	ent Use (Pri	or it being demokst	:30)			
County (6)		10	STATE	USE ONLY		1	25000					1
Name of Lantoning Firm Hired by Building (	Daner (8)		ASC	; No.		di Ab	atelnem Co	ntractor (9)	0			1
					ī		lation Co.	, inc.				]
Street Address					7	i Addis Lengto	us Ose Road	4				
							In Code					
City, State, Zip Code							sk, N.J. 07	7722				1
Project Manager for Monitoring Firm		1.7	eteuho	ne No.	Te'an	none A	30.	License N	o.			[
Project manager to the		Ē			732	294.	1757	00029				į.
Stay Vate (10)	Schedula	d Com	plation i	Date (11)	Neme	of OS	RA Licator					Foliable
9/22/11	91	20	114									
Occubancy Slaus During Abatement (Chec			1		Stree	t Addre	955	*				
Facility Closed/Vacated During Entire to Aualement Performed Gutside of North	Parion of A val Facility	batain Hours	ent		City, 5	State, 2	Zip Code					]
Cerei - Cescribe:	1-70	m			A time		10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m					- Hardin
Scope of Work (Check All Trai Apply)						and the same than						1
[] ≥3 sfor ≥3 if	[] R	enovat	ion		Ţ			ent with Negativo P	PIESSI	JF:		1
Xr ≥160 sf or ≥260 if	X D	amold's	913		Was a		ni-Ent/osun ovebag Pro					1
					W-W	X No	n Exemple	d (*) and Non-Frieb	is Pro	cedia	G	1
and the second s		Lecato			•		1		ì		andii Oc	: 1
Location of		o.ma i Solel		Autoplan	Doscription Containing I		d 1405%	Amount	-	1		
Asbestos-Containing Melerial (ACM) TO BE ABATED	Liab	ntenan odial S	cel	(i.e. thei	rinal system	s insuf		(Spacify	189	20	Encapsular	9
in Facility	Cust	(12)	lan!		urfacing, Vi ter miscetta			SF or LF)	Remova	Ropar	100	Endicours
(13)	1				ser midbe, a	ingero,			2	; <del>-</del>		E .
	Yes	No	N/A	01				1-000	1	1		
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	A 447	N. Control								-		
Name of Registered Waste Hauler			DEP VA		ible Yerds Waste	3	1	Registered Landfill				1
Ace Insulation Co., Inc.			086	1 "	_	,	G.R.O.	W.S.				
City, State				19	sposal Date		City, Ste			Commission of the commission o		Commence of S
Colts Neck, New Jersey				16	1/2/11	V	Tullyto	wn, PA		i-		Î
Completed by	Tit's Secre	12147	reser	ret	9 Signatur	7	, /	Da	al	10	. 1	
Bree McGuire	1 99910	real i	1961951		<u></u>	PIL		<u> </u>	-4,	9-1	W	
ASS-41 (R-0#-00)					<sup>-</sup> Do n	ot use	this term to	ashestos licensure	e exem	nted .	activit	DS.

(K# 2991

State of New Jarsey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

								111	71-1	- W	1-	L	Carrie .
Date of Noxfication (1)			Name of	Building	Owner/Operate	1 (2)	~	And the same of th	以一				
Agencies Notification Type Notification		- 1	Street Ac	HUN-	y riac	791	<u> </u>		-	BEF	1	5 2	015
Algorito o Tro		-						11	L	-			
EPA Initial Amended Amendment		1	City, Stat	te, Zip Co		1				==07	000	201	ITR
Amendment Emergency		}_	BC	. (Vic	Neu	<u> </u>	sey	-	AS	BESI	HOFA	ISIN	G
DOH justification)		-	Name of	Contact				i eispi	none iqu	Ш			
Cancellation	1	į	EACI	N:S	ORMATION								
Name of Facility Where Abatement is Takin	no Piace (3	3)	11961	("11 1 21/2)	Quisire 11645	Тур	e of Facility (	4)					
Mc Agna Resid							Schoo! (K-1	2)					
Street Address		-				灵	Subchapter Other (i.e. p etc.)	8 (Other to rivate & c	han K-1 onimerc	2) el bulk	lings, i	noma	5,
City45)						Squa	are Feat	# of F	COIS		ldg. Ag		
15c c4						/ /	000	1 /			25	+	
County (6)		-	County C	Cade (7) USE ONLY	)	Curr	ent Use (Prid			ned)			
Name of Monitoring Firm Hired by Building	Owner /8		ASCA	4 No	Nan	ne of Ab	patement Cor	ntractor (9	and the second second		me my eyy		
Name of (400 toning First Filter by busing	Owner to	į.	17001		1000000		lation Co.,						
Street Address						et Addr							
							ose Road	1					
City, State, Zip Code					94 220		Zip Code ck, N.J. 07	722					
Project Manager for Monitoring Firm		T	Telephor	ne No.		phone i			icense A	io.			
Project Manager to Me		1000			73	2-294-	1757	10	0029				
Start Date (10)	Schedu!	ad Cop	npiation (	Date (11)	Nerr	e of OS	HA Monitor						
9/24/16	Ule	12X	IU		- Gira	et Addr	oes.						
Occupancy Status During Abatement (Che			eent		June	ot Add	000						
Abatement Performed Cutside of Nor Other - Describe:	mal Facilit	y Hours	S		City	, State,	Zip Code						
Scope of Work (Check All That Apply)	prof Wg					I_1							
≥3 sfor≥3 if ≥ 160 sfor≥260 if		Renova Demotif				L G	all Containma ini-Enclosure lovebag Procon-Exempted	edure					
	1 .					- 100	on-Exemple:	1 ( ) BIRI N	011-11101	-	Abate		
Location of		Local Norma	iy		Descripti	on of	100				Ty	<u> </u>	
Asbestos-Containing Material (ACM)		ed Sole aintena			stos Containing , thermal syste			Arna (Spa		R		티	<u>D</u> 1
TO BE ABATED In Facility	Cus	todial ( (12)	Staff?	(1.0	surfacing, '	VAT, or		SF c		Romova	Ropair	sda	Endosura
(13)	1	· ·	7	1	other misce!	aneous	)			12	117	Encapsulate	0.0
	Yes	No	N/A		1.					1.			
Sidingionis: be			7	-5	ding			1000	D_	1			
<u> </u>			-		U								
							49 447				$\Box$	-	
a North Handa		1 4	JDEP W	faste	Cubic Yards		1 Nama of	Registere	à Landri	1	1	i	
Name of Registered Waste Hauter		1 1	lauler ID	Control of the control	of Waste	7	G.R.O.		a mostan	E:			
Ace Insulation Co., Inc.		[1	2086		Dispusat &	<u> </u>							-
City. State					Oisposal Da	16	City, Stat	e vn, PA			ū		
Colte Nack New Jargey					1 1176 1 1		1 1				2		
Colts Neck, New Jersey Completed by	Title		Treasu		Signate	(Ab	· /		10	ate Cal	10		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name o	of Building		rator (2) rs Residential, LL	C	3,	<u>ر</u> ر	89				
Agencies Notified  [ X ] EPA  [ ] DEP		l Notific	ation tification			Address		arnegat Blvd. Nor	[			0	
[x] DOL	Ame	ndment : rgency (i				tate, Zip Co		gat, NJ 08005	Lady	C E		<u> </u>	
[x] DOH [] DCA	1997	fication) ellation			Name o	of Contact Victor			Celephone Number		J 4	UTU.	
				FAC	CILITY	INFORM	IATION						
	sidence	Place (3						Type of Facility (4)	School (k-12) Subchapter 8 (or	TOS	CON	TROL	. &
Street Address								[x]	Other (i.e., priva				dings,
City		Coun	ty (6)		County (	Code (7) USE ONL	Y)	Square feet 700 sf	# of Floors	Bld	g. Age	50	
Ortley		Ocea	an					Current Use (Prior in		)			
Name of Monitoring Firm I	te of Monitoring Firm Hired by Building Owner (8)						Name of	Resider Abatement Contractor					
N/A	N/A							Guardi	an Contracting,	Inc.			
Street Address							Street Ad		oute 9, Unit 61				
City, State, Zip Code							City, Stat	e, Zip Code					
Project Manager for Monito	ty, State, Zip Code  Dject Manager for Monitoring Firm  Telephone N						Telephon 732-34	e Number	License N 00624			271	
Scheduled Start Date (10) 9/23/16			Scheduled 0 9/26/1		on Date (	11)		OSHA Monitor	L. Analytical				
Occupancy Status During A			)				Street Ad	dress	<u> </u>				
1220 NDS	lity Closed/Vacated							1056 S	telton Road				
	ement Performed r – Describe	Outside	oi Normai Fa	сшту но	ours		City, Stat	e, Zip Code Piscata	way, New Jerse	ey 088	354		
Scope of Work (Check all t	hat apply)						[ ]	Full Containment Mini-Enclosure	with Negative Pres	sure			
[ ] >3 st	f or ≥3 lf		[ ]	Renova	tion			Glovebag Procedu	ire				
[x] ≥160	) sf or ≥260 lf		[ x ]	Demoli	tion		[x]		) and Non-Friable	Procedi	ıre		
										Abat	tement	Гуре	
Location o	of.	\ \ \	Is Location Normally us				Description		A	R	R	Е	Е
Asbestos-Containing M		1	Solely by				estos-Con laterial (A		Amount (Specify SF	E	E P	N C	N C
TO BE ABA	ΓED	Main	tenance/Cu			(i.e.	, thermal s	systems	or LF)	M O	A	Α	L
in facility (13)	,		Staff (12)			inst	ılation, sur VAT, o			v	I R	PS	O S
(13)			(12)			oth	er miscella			A		U	U
		YES	NO	N/A						L		L E	R E
Exterior house	Exterior house X						g		700 sf	X			
OD				L									
Name of Registered Waste I Guardian Cor	Hauler ntracting, Inc.	1	NJDEP Waste 20	e Hauler 0223	ID No.	Cubic Ya	rds of Wast	Name of Registe T.R.R.F.	red Landfill				
City, State			,20	Dispos	al Date		City, Sta	te			0.000.000		
Toms River, Completed by (Print or Type		Title		9/27/	16 Signat	ure	Tullyto	own, Pennsylvania		Date			
Nicholas Fern			ct Manage	er	Jaganat	V	7 /	Je!		1000000	2/16		

Operator Project #:

I.

III.

IV.

V.

VI.

VII.

VIII.

#### DEMOLITION / RENOVATION NOTIFICATION

SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

Start:

9/23/16

DEMOLITION / RENO	VATION	NOTIFICAT	ION	ASBESTON	Date Receiv	ed H
Project #:	Postmark:		Notificati	on:	Neina _	/L (9
TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y
FACILITY INFORMATION (identify owner, removal con	ntractor and other	operator)				
OWNER NAME: Walters R	esidential, LL	.C				
Address: 500 Barnegat Blvd	. North					
City: Barnegat Sta	ate: New Je	ersey	Zip:	08005		
Contact: Victor			Tel:	609-607-9500		
REMOVAL CONTRACTOR: Guardian	Contracting, I	nc.		NJ License: 006	24	
Address: 1889 Rou	te 9, Unit 61			1		
City: Toms River Sta	ate: New Je	ersey	Zip:	08755		
Contact: Nicholas I	Fernicola		Tel:	732-349-9932		
OTHER OPERATOR (if different)				NJ License:		
Address:						
City: Sta	ate:		Zip:			
Contact:			Tel:			
TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	n E - Emergency Ren	ovation):	D		
FACILITY DESCRIPTION (Including building name, nur			es a caracteristic estados esta			
Building Name: Residence						
Address: 210 Second Avenue	e					
City: Ortley Sta	nte: New Je	ersey	County:	Ocean		
Site Location: Exterior				0.0000.0000		
Building Size: 700 sf # o	of Floors:	1	Age in Ye	ars: 60		
Present Use: Residence		Prior Use:	Residenc	e		
PROCEDURE, INCLUDING ANALYTICAL METHOD, IS MATERIAL ASSUMED TO BE ASBESTOS?	IF APPROPRIA	I FE, USED TO DETEC	Γ THE PRES	ENCE OF ASBESTOS MATE	RIAL:	
APPROXIMATE AMOUNT OF ASBESTOS INCLUDIN  1. Regulated ACM to be removed  2. Category I ACM not removed	IG:	RACM To Be		LOCATION	Nonfi Asbestos Not T Rem	Material o Be
3. Category II ACM not removed		Removed			Cat I	Cat II
Pipes (Linear feet):						
Surface Area (Square feet): 700 sf	Asbesto	os siding		Exterior		
RACM Off Facility Component (Cubic feet):						

9/26/16

Complete:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR REI	NOVATION WO	JRK, AND METHOD(S) TO B	EUSED	CEIVEN
xi.	DESCRIPTION OF WORK PRACTICES AND ENGIN AND RENOVATION SITE:	EERING CONT	ROLS TO BE USED TO PREV	ENT EMISSIONS OF ASI	BESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be roped removed by non-friable procedures. All waste will be placed in o	off with caution ta double 6 mil. Bags,	pe and warning signs. Plastic sheeti sealed and labeled and placed in a le	ng will be placed on the ground ocked container for disposal S	below and the asbestos will be & BESTOS CONTROL & LICENSING
xii.	WASTE TRANSPORTER #1 Name: Guardian	Contracting	Inc.		
		ute 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip: 0	8755
	Contact Person: Nicholas	Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.				
	Location: Bordento	wn Road			
	City: Tullytown	State:	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732		Permit #: 101	494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT A	AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND ATTACH	COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MN	M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions or	would cause eq	uipment damage or an unreason	able financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWE ASBESTOS MATERIAL BECOMES CRUMBLED, PU			BESTOS IS FOUND OR PI	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN TH THE DEMOLITION OR RENOVATION AND EVIDEN AVAILABLE FOR INSPECTION DURING NORMAL	NCE THAT THE	REQUIRED TRAINING HAS	BEEN ACCOMPLISHED	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Open	rator)	September 12, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CO	ORRECT.			
	Nicholas Fernicola / Project Manager (Printed Name/Title)	1 <del>4 - 1 - 1</del>	(Signature of Owner/Open	rator)	September 12, 2016 (Date)

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Noma	of Building	Oruman/Ona	matam (2)						
September 12, 2016				Name	of Building		& Seg		3	0	28	6		
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL  [ X ] DOH  [ ] DCA	Ame Ame [X] Emei	l Notific nded No ndment	tification #including		City, S	Street Address  465 South Street  City, State, Zip Code  Morristown, NJ 07962  Name of Contact  Fred Kimak  Telephone Number						201F	The second secon	
				EA	TH ITV	INFORM	ATION			ASPECTO	0.0			
Name of Facility Where Ab Pet	patement is Taking Smart	Place (	3)	ra		INFORIV	IATION	Туре	of Facility (4)	School (k-12)	NSI	VG_		
Street Address 57 l	Route 23 South	1							[x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)				lings,
City		Coun	ty (6)			Code (7) E USE ONL	Y)	Squar 20	e feet 0,000 sf	# of Floors	Bld	g. Age	50	
Wayne		Pass	aic							f being demolished	)			
Name of Monitoring Firm I	Hired by Building ( ardian Contract				ASCM 1	No.	Name of	Abatem	ent Contractor		Inc			
Street Address	9 Rte. 9, Unit						Street Ad	ldress		Loute 9, Unit 61				
City, State, Zip Code	ns River, NJ 08	0.100.500.000					City, Stat	e, Zip C	ode			755 1	0.7.1	
Project Manager for Monito	oring Firm	5/33	Telephone				Telephon		er	River, New Jers			2/1	
Nicholas Fern Scheduled Start Date (10)	icoia		7321-34 Scheduled	Complet		11)	732-34 Name of		Monitor	00624				
[ ] Abat	batement (Check of ity Closed/Vacated ement Performed ( r – Describe	During	Entire Peri	od of Aba										
Scope of Work (Check all the	nat apply)						[ ]			with Negative Pres	sure	500-33		
	or ≥3 lf sf or ≥260 lf		[ ] [x]	Renova Demol			[ ] [x]	Glo	ni-Enclosure vebag Procedi n-Exempted (*	ire .  i) and Non-Friable l	Procedu	ıre		
											Abat	tement	Туре	
Location o Asbestos-Containing M. TO BE ABAT in facility (13)	aterial (ACM)		Is Location Normally used Solely by tenance/C Staff (12)	sed y	Description of Asbestos-Contain Material (ACN (i.e., thermal systimulation, surfact VAT, or other miscellane					Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbe	stos trans	ite			1000 sf	X			
Name of Registered Waste F Guardian Con		1	NJDEP Was 2	0223		Cubic Yar	ds of Waste		me of Registe T.R.R.F.	red Landfill				
City, State Toms River, 1	Vew Jersey			Dispos 9/14/	sal Date		City, Sta		nnsylvania					
Completed by (Print or Type Nicholas Fern	)	Title Proje	ct Manag		Signati	ure		1,10	Juisyrvauta		Date 9/12	2/201	5	

#### DEMOLITION / RENOVATION NOTIFICATION

With states		6	F=3		Date Re	seive	d-
	E	G	E		$\mathbb{W}$	Ľ,	
	100000000000000000000000000000000000000	SEP	1	5	2016		
tend form	100		100				

Ope	rator Project #:	Postmark:		Notificat	ion:	ASBESTOS C	CONTROL	8
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - 0	Cancelled):	0	II.	IS ASBE	STOS PRESENT?	01110	Y
III.	FACILITY INFORMATION (identify owner, removal contract	or and other	operator)	1000				
	OWNER NAME: Segal & Segal							
	Address: 465 South Street							
	City: Morristown State:	NJ		Zip:	07962			
	Contact: Fred Kimak			Tel:	973-98	4-6400		
	REMOVAL CONTRACTOR: Guardian Con	tracting, l	nc.		NJ Lice	ense: 006	24	
	Address: 1889 Route 9,	Unit 61						
	City: Toms River State:	New J	ersey	Zip:	08755			1
	Contact: Nicholas Fern	icola		Tel:	732-34	9-9932		
	OTHER OPERATOR (if different)				NJ Lice	ense:		
	Address:							
	City: State:			Zip:				
	Contact:			Tel:				
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovatio	n E - Emergency R	Renovation):	D			
V.	FACILITY DESCRIPTION (Including building name, number a	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 Floo	ors:	2	Age in Ye	ears:	50		
	Present Use: Apartments		Prior Use:	Apartme				
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AI	PPROPRIA"	TE, USED TO DETE	CT THE PRES	ENCE OF	ASBESTOS MATE	RIAL:	
	TO MATERIAL ACCUMENTS TO BE ASSESSED.							
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:						Nonf	friable
	Regulated ACM to be removed		RACM				Asbestos	s Material To Be
	Category I ACM not removed     Category II ACM not removed		To Be Removed			LOCATION	59.50	noved
	Pipes (Linear feet):						Cat I	Cat II
	Surface Area (Square feet): 1000 sf	Transite		98.15	Exterio	or		
	RACM Off Facility Component (Cubic feet):							
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/12/1	6	Complet	e: 9/1	13/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

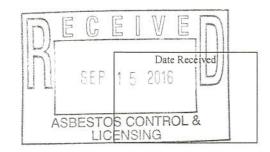
X.	DESCRIPTION OF PLANNED DEMOLITION (	OR RENOVATION WOR	RK, AND METHOD(S) TO B	E USED	
xi.	DESCRIPTION OF WORK PRACTICES AND I AND RENOVATION SITE:  Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be plan.	e roped off with caution tape	and warning signs. Plastic sheeting	ng will be placed on the gro	und below and the ashestos will be
vii	WASTE TRANSPORTER #1 Name: Gua	ardian Contracting, I	ino.	Assessment of the second	LICENSING
xii.			IIC.		
		9 Route 9, Unit 61	NTT		00755
	10000000	State: holas Fernicola	New Jersey	Zip:	08755
	Contact Person: Nic  WASTE TRANSPORTER #2 Name:	noias Fernicola			
	Address:				
	City:	Ctata		7	
	Contact Person:	State:		Zip:	
93%		n r	25000		<del></del>
xiii.		.R.F.			
	Vertexton:	dentown Road	D		
	City: Tullytown	State:	Pennsylvania	Zip:	19007
,	Telephone: 215-943-9732	ENT ACENCY DIFAC	Permit #: 101		H CORV OF ORDER
xiv.	IF DEMOLITION ORDERED BY A GOVERNM Name:	ENT AGENCY, PLEASI		BELOW AND ATTAC	H COPY OF ORDER
	Authority:		Title:		
	Date of Order (MM/DD/YY):		Data Ordared to Boois (Af)	ADDAW.	
XV.	FOR EMERGENCY RENOVATIONS		Date Ordered to Begin (MN	WDD/YY):	
AV.	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Description of the Saddon, Ghospected Event.				
	Explanation of how the event caused unsafe condit	ions or would cause equip	oment damage or an unreasona	able financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE			ESTOS IS FOUND OR	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT THE R	EQUIRED TRAINING HAS	BEEN ACCOMPLISHE	RT M) WILL BE ONSITE DURING ED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	·	(Signature of Owner/Opera	ator)	September 12, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Opera	ator)	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/Oper RHT (		r (2) nstruction	_	20		<i>a</i> )		
Agencies Notified  [ X ] EPA  [ ] DEP	Type of Notification  [ X ] Initial Notification  [ ] Amended Notification  Amendment #					Address tate, Zip Co	de		t Bay Blvd.	SEP	15	2016		Annual contents of the same of
[x] DOL [x] DOH [] DCA	[ ] Emer	gency (in ication)			Name	of Contact	Little 1	Egg	g Harbor, NJ 080	lephone Number		2010		
	[ ] Cance	ellation			Ron AS &							&		
N 65 11 115 115		DI (2)		FAC	ILITY	INFORM	IATION	I						
	idence	Place (3)						12	ype of Facility (4)  [ ]	School (k-12) Subchapter 8 (ot	ther than	ı k-12)		
Street Address									[x]	Other (i.e., priva			ial build	lings,
City		County	(6)			Code (7) USE ONL	Y)	So	quare feet 700 sf	# of Floors	Bldg	g. Age	50	
Little Egg Ha	arbor	Ocean	1					Cı	urrent Use (Prior if t		)		, ,	
Name of Monitoring Firm I N/A		Owner (8)	1		ASCM 1	No.	Name of	Aba	atement Contractor (9		Inc			
Street Address							Street Ad	ldres	SS	ute 9, Unit 61				
City, State, Zip Code							City, Stat	te, Z	ip Code	ver, New Jers	200000	755-12	271	
Project Manager for Monito	ring Firm		Telephone	Number		Telephone Number L 732-349-9932 0					icense Number			
Scheduled Start Date (10) Scheduled Completic 9/22/16 9/23/16				on Date (	11)	Name of	OSI	HA Monitor E.M.S.L	. Analytical					
	ity Closed/Vacated	During I					Street Ad	ldres		lton Road				
	ement Performed ( r – Describe	Outside of	Normal Fa	acility Ho	urs		City, State	e, Z		ay, New Jerse	ey 088	54		
Scope of Work (Check all the	nat apply)						[ ]		Full Containment w	ith Negative Pres	ssure			
[ ] >3 sf	or ≥3 lf		[ ]	Renovat	ion		[ ]		Mini-Enclosure Glovebag Procedure	e				
[ x ] ≥160	sf or ≥260 lf		[ x ]	Demolit	ion		[ x ]		Non-Exempted (*)	and Non-Friable	Procedu	ire		
			NO. 10 10 10 10 10 10 10 10 10 10 10 10 10								Abat	ement '	Гуре	
Location of Asbestos-Containing M TO BE ABAT in facility (13)	aterial (ACM)	N	Is Location ormally use Solely by enance/Cu Staff (12)	sed		Ast N (i.e. inst	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior		115	X	INIA	Acho	stos sidin	~			650 sf	L X	_	Е	Е
Exterior			Λ		ASDC	Stos Sidili	g			030 81				
Name of Registered Waste F Guardian Cor		N.	DEP Wast	0223		Cubic Ya	rds of Waste		Name of Registere T.R.R.F.	d Landfill				
City, State Toms River, 1	New Jersey			Disposa 9/26/1			City, Star Tullyto		ı, Pennsylvania					
Completed by (Print or Type Nicholas Fern	)	Title Projec	t Manage		Signat	ште	1	1	1		Date 9/12			
	<del></del>	*De	not use t	this form	for asb	estos licen	sure exemp	ptea	d activities.		1			

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



#### DEMOLITION / RENOVATION NOTIFICATION

Operat	tor Project #:	Postmark:		Notificat	ion:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled):	0	II.	IS ASBESTOS PRESENT? (	Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contract	ctor 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 Co	ntracting, l	Inc.		NJ License: 0062	24	
	Address: 1889 Route 9	9, Unit 61					
	City: Toms River State:	New Jo	ersey	Zip:	08755		
	Contact: Nicholas Fer	nicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State:			Zip:		10000	
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovatio	n E - Emergency R	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number	r and floor or	room number)	<del></del>			
	Building Name: Residence						
	Address: 21 W Susquehanna Dr	rive					
	City: Little Egg Harbor State:	New Jo	ersey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 700 sf # of Fl	oors:	1	Age in Y	ears: 60		
	Present Use: Residence		Prior Use:	Residen	ce		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIA	TE, USED TO DETE	ECT THE PRE	SENCE OF ASBESTOS MATE	ERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	1			T	Non	friable
VII.			P. C.			Asbesto	s Material
	Regulated ACM to be removed     Category I ACM not removed		RACM To Be		LOCATION	100000	To Be noved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet):						2000/2000/
	Surface Area (Square feet): 650 sf	Asbest	os siding		Exterior		-
			-				
	RACM Off Facility Component (Cubic feet):						
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/22/1	16	Complete: 9/2	23/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

DESCRIPTION OF WORK PRACTICES AND EVEN PERSON OF THE PERSO	EIVE
DESCRIPTION OF WORK PRACTICES AND THOSE TO THE PRACTICES AND THE PRACTICES AND THE PRACTICES AND THOSE TO THE PRACTICES AND THE P	
xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTO AND RENOVATION SITE:	os at the demolition
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 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 5 lbs.	OSESSION MILES. CENSING
	CENSING
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 PREVIOUS ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER	USLY NONFRIABLE
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WITTED THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)	LL BE ONSITE DURING HIS PERSON WILL BE
Nicholas Fernicola / Project Manager (Printed Name/Title)  Se (Signature of Owner/Operator)	eptember 12, 2016 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	
Nicholas Fernicola / Project Manager (Printed Name/Title)  Se (Signature of Owner/Operator)	eptember 12, 2016 (Date)