

[B + 611 85 8 40											1 1 10 142	18291	3	-	
Date of Notification (1) 9-15-16					Building vich Res		이번에 하는 집 100 시간이다.	(2)		9.0	IF SFP	10	AHI	1: 2	ς
Agencies Notified	Type Notification			Street A	ddress						HE 355	12	HILL	1.5	
[7] -D.	57			120 W	. Germa	antown	n Pike.	Suite	120					9	4
EPA DEP	Initial Amended		-		ite, Zip Co										11
X DOL	Amendment	#			uth Mee		A 194	62			& L	CLE	NIN	U	
	Emergency		- F		Contact					Tol	enhone Nu	mbor			
DOH DCA	justification) Cancellation				n Deon					1 166	STRICTURE INC.	IIII)e.			
	Caricellation					DMATI	ON			_1					
Name of Facility Where	Abatement is Takin	o Place (3	3)	FACI	LITY INFO	JKWAII	ON	Type	of Facility (41					
Woolwich Common		3 (7					PERM		Scottle .					
Street Address									School (K-1 Subchapter		or than K-1	2)			
Block 18 & 22									Other (i.e. p				dings	, hom	es,
									etc.)						OSCILLED.
City (5)					,				re Feet	# of	Floors	11 82	Bldg.	Age	
Woolwich								3500				1	30+		
County (6)				County (Code (7) USE ONLY	1			ent Use (Pri			hed)			
Gloucester									ant, forme						
Name of Monitoring Firm		Owner (8)		ASCN	No.				tement Cor						
Indoor Environmer	ital Concept						ELC	ON E	nvironme	ental Ir	1C				
Street Address							Street	Addres	ss						
286 Sunset Rd							150	Glenv	wood Driv	/e					
City, State, Zip Code							City, S	State, Z	ip Code						
Barrington, NJ							Was	hingto	on Crossi	ing, PA	A 18977				
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph	none N	0.		License I	Vo.			
Michael Menz				856-62	28-6020		267-	240-6	356		01225				
Start Date (10)		Schedule	ed Cor	npletion I	Date (11)		Name	of OSH	HA Monitor						
9-29-16		10-0					sam	е							
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addres	SS						
Facility Closed/Vac	ated During Entire I	Period of	Ahatan	nent											
Apatement Perform	ned Outside of Norn	nal Facility	Hours	S			City, S	State, Z	ip Code						
Other - Describe:						_									
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 if	obersooner rouge er ment om eller sterne		Renova	tion			F	7	II Camballana		NI	D			
≥160 sf or ≥260 lf		provinces:	enova Demoli					Mir	II Containm		Negative	Pressu	ire		
_		brown)					×	Glo	vebag Pro	cedure					
							×	1 No	n-Exempte	d (*) and	Non-Fria	ble Pro	10000 00		
			Locat											emen ype	t
Location			Vorma				scription					-		T	Т
Asbestos-Containing TO BE AB			intena			tos Cont					mount specify	71		m m	ш
In Faci		Cus	todial 8	Staff?	(1.6.	thermal surface	cing, VA		ation,		or LF)	\em	Repair	cap	nck
(13)			(12)				niscellar					Remova	oair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	6
Basem	ent			х		Flue	e pack	ing		2	SF	x		1	
Basem	ent			Х		Pipe	insula	tion		9	1 LF	x	1		
Exteri	or			X		Roo	f shing	gles		30	00 SF	×			
Exteri	or			X		Wind	ow gla	zina		13	20 LF	×			
Name of Registered Wa			IN	JDEP W	aste		Yards	3	Name of		red Landfi				
Service Transport G			H	lauler ID	No.	of Was			Minerv	1000 30		1806			
	up		S	W2117		TBD					hilogo				
City, State						# 25	sal Date	80	City, Stat						
New Castle, DE 197	720					TBD			Wayne	sburg,					
Completed by		Title				S	ignature	9 /	11	1	D	ate		11	
Elizabeth Gosek		Pres	ident					11/1	10/	1		4-	15-	-16	.

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2016 SEP 19 AM 11: 25

A SOES FOS CONTROL & LICENSING

	Is Location Normally						Abate Ty	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
** 1/1	Yes	No	N/A					Ф	_
cont:							-	-	-
Exterior			X	Wall transite	4400 SF	Х			
Exterior			×	Window Caulk	30 LF	х			-
									_

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

Date of Notification (1) 09/15/2016			100	lame of Louise	Building O Ricart	wner/C	perator	(2)		2016	SEP 19	9 Al	11	1:2	5	
Agencies Notified EPA DEP	Type Notification Initial Amended				e, Zip Cod		4			\$ 5.8 6	ESTOS ELICE	S-CC Not	H(TR(
DOL DCA	Amendment Emergency (justification) Cancellation		1	Name of Louise		08204	4			Tele	ephone Nu	umber				
Name of Facility Where Residence Street Address	Abatement is Taking	g Place (3)		FACIL	ITY INFO	RMATI	ON		of Facility (4 School (K-12 Subchapter	2) 8 (Othe	er than K-	12)				
City (5) Cape May, NJ 082	204							- e	Other (i.e. pretc.) re Feet		Floors	cial bu		lg. A		S,
County (6) Cape May				County C (STATE U	ode (7) ISE ONLY)	_			nt Use (Pric dence	r if bei	ng demoli	shed)			20.00	
Name of Monitoring Firm LIS CONSULTING			'	ASCM	No.				tement Con nvironme							
Street Address 134 Bennington Pk	twy,			'				Addres Glenw	ss rood DR							
City, State, Zip Code Franklin Park, New	Jersey 08823								ip Code on Crossir	ng, PA	A 18977					
Project Manager for Mor Krzysztof A. Lis	nitoring Firm			Telephor (732) 9	ne No. 140-6207	7		none No 240-6			License 01225	No.				
Start Date (10) 10/01/2016		Schedule 10/01/2		npletion [Date (11)		Name		HA Monitor				All Comme			
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	batem Hours	nent i			City, S	State, Z	ip Code							
Scope of Work (Check	All That Apply)							7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property .	enova emolit				>	Mir Glo	I Containment- ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		Is	Locati	ion				140	TI Example	y () ()	4.11011111			Abate	ement	
Locatic Asbestos-Containin, TO BE AB In Fac (13	g Material (ACM) BATED illity	Use Mai	lormal d Sole intenai odial S (12)	ly by nce/		tos Con therma surfa	escription taining N Il system acing, VA miscella	Material s insula AT, or		(3	mount Specify or LF)	Kellioval	Domoulo	Repair	Encapsulate	Enclosure
Hallway into	Bedroom		865	X		Pipe	e insula	ation		2	22 LF	x				
												-				
Name of Registered Wa	aste Hauler			JDEP W	/aste	Cubic	c Yards		Name of	Regist	ered Land	fill				
Service Transport (lauler ID W2117	No.	of Wa	aste				erprises		Section.			
City, State New Castle, DE						Dispo TBD	osal Date	9	City, Stat Wayne		, ОН					
Completed by Elizabeth Gosek		Title Presi	dent				Signatur	(fl)	los		100	Date 09/1	5/2	016		



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ate of Notification (1) /13/16		Na Ke	ime of Bu	uilding Owne eier Priva	er/Operat te Hom	or (2) e		201	SEP 19	AM	11:	28		
gencies Notified Type Notification		St	reet Addi	ess					II TAYAA			~ .		
EPA Initial Amended Amendment	#	Ci	ty, State,	Zip Code City NJ 08	226				aESTOS & LICE	4311	₹G	-t		
Emergency justification) DCA Cancellation		2.500	ame of C					Teler	phone Numbe	er	_			
			FACILI	TY INFORM	ATION	Type of	Facility (4)							
Name of Facility Where Abatement is Taki Kellie Meier Private Home Street Address	ng Place (3)					So So	chool (K-12) ubchapter 8 ther (i.e. pri	(Othe	r than K-12) commercial l	ouildin	gs, ho	mes,		
City (5) Ocean City NJ 08226						Square 1000-	ŀ	2	Floors	35+	j. Age			
County (6)		(:	County Co	ode (7) SE ONLY) _		Hous	e & Gara	ge	ng demolished	d) 				
Capemay Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		ame of Abate ernaco In		ractor	(9)					
N/A Street Address					1	reet Addres O Box 32								
City, State, Zip Code					Ci	ty, State, Zi Vest Berli	p Code n NJ 0809	91						
Project Manager for Monitoring Firm		1	Telephor	e No.		elephone No 56-753-9			License No 00727					
Start Date (10)	Scheduled 9/30/16	Con	npletion [Date (11)		ame of OSH	A Monitor							
9/23/16 Occupancy Status During Abatement (Cl	0.00)			S	treet Addres	SS							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of Ab	aten	nent s		_ C	ity, State, Z	ip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				Mi	ni-Enclosur	e cedure	th Negative P e nd Non-Friab	le Prod	cedure			
	le l	Loca	fion								Abate Ty			
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Used Mair	orma d Sol ntena	ally ely by ance/ Staff?	Asbesto (i.e. t	os Contai hermal sy surfacir	ription of ning Materia ystems insung, VAT, or scellaneous	lation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
	Yes	No	N/A			21.0		-	1800 SF	x			H	
Exterior Siding			X		Exteri	or Siding			1800 5F	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
													I	
				1										
Name of Registered Waste Hauler			NJDEP		Cubic \				stered Landfi	I				
United Roll Off			Hauler I 22459	D No.	of Was		G.R.C		S. 					
City, State Elm NJ					9/30/1		City, St Morris	sville	PA 19067	ate				
Completed by Anthony T Perna	Title Pres	ider	nt		Si	ignature,	,		100	Date 9/13/16				



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Date of Notification (1) 9/13/16			Ci	ty Of C	uilding Owr Camden	ner/Oper	rator (2)	25	16 SEP	19 AF	11:	29		
Agencies Notified	Type Notification		1000	eet Addr		2110		χ.						
× EPA	Initial		1		ton Aver	lue			P 1	105110	1	OL		\dashv
EPA DEP DOL	Amended Amendment #		Cit	y, State, amden	Zip Code NJ 0810	01				ICERSI				
× DOH	Emergency (i justification) Cancellation	nciuaing	1	me of C uben P					Teleph	none Numb	er			
DCA	Caricellation		_	FACILIT	TY INFORI	MATION								
Name of Facility Where City Of Camden D	Abatement is Taking PW Building	Place (3)						School (K-12 Subchapter 8	?) B (Other	than K-12)				
Street Address 101 Newton Avenu	ne						×	Other (i.e. pretc.)	ivate & c	commercial		gs, h		,
City (5) Camden NJ 08101							10	uare Feet 00+	1+		35	-	•	
County (6) Camden				ounty Co	ode (7) SE ONLY) .		Cu	rrent Use (Prio	r if being	g demolishe	d)			
Name of Monitoring Fir	m Hired by Building (Owner (8)	1	ASCM I	No.	1	Name of A	batement Con	tractor (9	9)				
TTI Environmenta		S		0003			Pernaco	Inc.						
Street Address 1253 North Churc							Street Add PO Box							
City, State, Zip Code								, Zip Code erlin NJ 080	91		- W-122 II-			
Moorestown NJ 0			ΙT	alanhan	e No		Telephone			License No				
Project Manager for M James Guilardi	onitoring Firm		856-840-8800 856-753-9800 00727							==	-			
Start Date (10) 9/13/16		Scheduled 9/14/16	Com	pletion D	ate (11)		Same	JSHA Monitor						
Occupancy Status Dur	ring Abatement (Che	ck Only One)					Street Ad	dress						
Escility Closed//	acated During Entire	Period of Aba	ateme	ent		_	City, State	e, Zip Code						
Scope of Work (Check														
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 l 			novat moliti				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				2	
								Non-Exemple	d () and	I NOII-LIIAD		Abate		
		1,4,29(3)	ocati	2002								Ту		
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility 13)	Used Main Custo	tenar dial S (12)	iy by nce/ Staff?	Asbest (i.e.	os Conta thermal surfac	escription of ntaining Material (ACM) Amount (Specify are insulation, facing, VAT, or miscellaneous)					Encapsulate	Enclosure	
		Yes	No	N/A		·			-	9 LF	x			
Base	ement	Х		-		Pipe	insulation	on	1	5 Li	1			-
											+	-	-	+
									-		+			-
	Meste Havier		I N	JDEP V	Vaste	Cubic	Yards	Name o	of Regist	ered Landfi				
Name of Registered Waste Hauler United Roll Off				Hauler ID		of Wa).W <i>.</i> S.					
City, State						Dispo 9/14/	sal Date 16	City, St Morris		A 19067				
Completed by		Title Presid	dent				Signature	1			ate /13/1	6	ĕ	
Anthony T Perna		1 1631	JUIT	1										



Completed by		Title	esiden	4			//		_		3/13/	10	975	-
City, State Elm NJ						9/30/	16 Signatore	IVIO	110011	017,,00	Date 9/13/	16		
Name of Register United Roll O	ered Waste Hauler		H	NJDEP N Hauler II 22459	Waste D No.	of Was 4	te sal Date	G.R.	O.W					
									of Dr	egistered Lan	dfill			
EXI	0.1101 0.111 0													1
Ext	erior Siding			Х		Exteri	or Siding		+	1000 01				1
1	n Facility (13)	Yes	(12) No	N/A						1800 SF	x		0	
Asbestos-Cont	ocation of aining Material (ACM) BE ABATED	Use Mai	Location formally d Solely intenant codial St	by ce/	(i.e. the	Contain ermal sy	iption of ing Material stems insula g, VAT, or cellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Lilotoda
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥26		Re X De	enovatio emolition	n n			☐ Mini-	Enclosur	е		ble Proc	edure Abate		_
Facility Closed Abatement Per Other – Descri	Vacated During Entire Per formed Outside of Normal be:					City	y, State, Zip (th Negative F	Pressure	i		-
Carringpov Status D	uring Abatement (Check C	nly One)				10000000						_		_
Start Date (10) 9/23/16	9/	heduled (uon Dai	()		me eet Address							
Project Manager for I							6-753-9800 ne of OSHA I							1000
City, State, Zip Code			Tele	phone l	No.	Tele	phone No.			License No.				
Street Address						City	State, Zip Co st Berlin N	ode J 0809	1		-2.9.55			
N/A						Stree	t Address Box 329							-
Ocean Name of Monitoring Fi	rm Hired by Building Owne	r (8)	AS	CM No.		Peri	of Abateme naco Inc.	nt Contra		31 4 [/				-
County (6)			Count (STAT	ty Code E USE C	(7) ONLY)		Home							-
City (5) Beach Haven NJ (08008						1000+		2 being	g demolished)			
treet Address							Square Fee	et	# of F		Bldg. A			
ame of Facility Where Vallace Nunn Priv	Abatement is Taking Place ate Home	. (0)						(K-12) apter 8 (C	other the	han K-12) ommercial bu	uildings,	home	es,	
DCA		/2)	FAC	ILITY II	NFORMATIO	ON	Type of Faci							
DOL	Emergency (including justification) Cancellation	ig [Walla									_		
EPA DEP	Amended Amendment #		Beach	Have	n NJ 0800)8		T		one Number	-	H		
encies Notified	Type Notification			ate, Zip	Code				4	ESTES & LICEN	UURT BIRB	NU ì	L	
13/16			Nallac Street A		n Private				EU IU					
e of Notification (1)			11	a Nim	n Private I	erator (2) Home			9815	SEP 19	61111	1		

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

	_											
						2)		2015 S	EP I	9 ,	MI	1:3
2	C	City, State	e, Zip Code	e)							
	N	lame of	Contact				Teler	ohone Nur	nber	16		
		FACIL	ITY INFOR	RMATION			-					
Place (3)						School (K-1)	2)	r than V 1'	2)			
						Other (i.e. p etc.)	rivate &	commerci	al build			s,
						94,418	5		56		je 	
	(County C STATE U	Code (7) ISE ONLY)		-	Vacant/Fitnes	s Cen	ter	ned)			
)	ASCM N/A	No.									
				1	11-02	Queens Plaz	a Sout	th				
							Y 111			- 7 1041143		ale Sees
	1 62			1 1000								
		pletion [Date (11)	(1)								
		ant		1 3 7								
I Facility H	lours						2					
			ž.		×	Mini-Enclosure Glovebag Pro	e cedure				0	
Is L	ocati	on			Ł	1 Non-Exemple	u () and) NUII-FIIA		Abate	ement	
Used Main Custo	ormal Sole tenar dial S	ly ly by nce/		os Contair thermal sy surfacin	ning M /stems ng, VA	faterial (ACM) s insulation, T, or	(S	specify	Remova	Repair		Enclosure
Yes	No	N/A							-		te	
			Please	see atta	ached	d quantity list						
	10472								E1	1		
	13500		INO.	30 Yard	ds			rprises				
75						24.750.755			44688			
					nature							
	Scheduled 12/17/20 Only One; eriod of Abal Facility F Re De Is L No Used Main Custo	2 Cluding N () Place (3) Place (3) Scheduled Com 12/17/2016 Only One) Priod of Abatemal Facility Hours Is Locating Normal Used Sole Maintenan Custodial S (12) Yes No	County	Honey well Interest Street Address 115 Tabor Road City, State, Zip Code Morris Plains, N Name of Contact Glen Stock FACILITY INFORMATION Place (3)	Honey well International	Honey well International	Street Address 115 Tabor Road City, State, Zip Code Morris Plains, NJ 07950 Name of Contact Glen Stock FACILITY INFORMATION Place (3) Type of Facility (A Subchapter Other (I.e. p. etc.) Subchapter Other (I.e. p. etc.) Square Feet 94,418 County Code (7) (STATE USE ONLY) When I Telephone No. 212-785-0266 Scheduled Completion Date (11) 12/17/2016 Only One) Prod of Abatement al Facility Hours Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Name of Cubic Yards (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Warte Address 714 Centendy Blvd. City, State, Zip Code Bayonne, NJ 0700: Full Containm Mini-Enclosur Glovebag Pro Non-Exempte Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NDEP Waste Hauler ID No. 24310 Disposal Date City, State Name of Minerv Asbestos Address 714 Kennedy Blvd. City, State, Zip Code Bayonne, NJ 0700: Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NDEP Waste Hauler ID No. 24310 Disposal Date City, State City, S	Honey well International	Honey well International Street Address 115 Tabor Road	Honey well International Street Address 115 Tabor Road City, State, Zip Code Morris Plains, NJ 07950 Name of Contact Glen Stock FAGILITY INFORMATION Type of Facility (4) Subchapter 8 (Other than K-12) Other (i.e. private & commercial build etc.) Square Feet # of Floors Bl. 4,418 5 (Square Feet 94,418 94,418 94,418 94	Honey well International Street Address 11-02 Queens Plaza South City, State, Zip Code Morris Plains, NJ 07950 Name of Contact Glen Stock FACILITY INFORMATION Place (3) Type of Facility (4) School (K-12) Subchapler 8 (Other than K-12) Other (i.e. private & commercial buildings, I etc.) County Code (7) (STATE USE OMLY) Where (8) Sylvare Feet Street Address 11-02 Queens Plaza South City, State, Zip Code Long Island City, NY 11101 Telephone No. 212-785-0266 Telephone No. 22-785-0266 Telephone No. 22-785-0266 Telephone No. 22	Honey well International 2616 SEP 9 AM

M17 Fitne	ess Center			
			Qua	ntities
Floor	Location	ACM	SF	LF.
1st Floor	Throughout	Pipe Insulation/Fittings		100
1st Floor	Throughout	VAT	3000	
		Totals	0	100

RECEIVEL

2016 SEP 19 AM 11: 35

4 35E3 ILS CUNTROL & LICENSING

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NOTIFICATION OF ASBESTUS ABATE
‡2589	(Pursuant to NJAC 8:60 and 5:16)

eck#2589					NJAC 8									
(1)			Nan	ne of B	uilding Ow	ner/Oper	rator (2)							
ate of Notification (1)	13 / 16								0.04	000 10	11113	. 50		
				b Gol					201	8 SEP 19	AFILL	+5		
	Type Notification		Stre	et Add	iress				20 1					
1 market	✓ Initial ✓ Amended			0: 1:	Ti- Code				4	1 to 100	5017	1:01		
DOLWD DHSS	Amendment #_				, Zip Code					& LICE	ADIME			
DOS	☐ Emergency (inc				n, NJ 074	10			Te	lephone Numb	per			
(NJAC 5:23-8)	justification)		1000		Contact					XX				
	Cancellation				ldberg				_		-			
			F	FACIL	ITY INFO	RMATI		Type of Facilit	(N) v					\neg
lame of Facility Where A	batement is Taking	Place (3)						School (K-						1
rivate house								E Subchante	r 8 (Ot	her than K-1 2	2)			
Street Address								Other (i.e.	, privat	te and comme	rcial buil	dings,		
								homes, et		# of Floors	Bid	g. Age		-
City (5)								Square Feet	1	7 01 1 10013		,		
air Lawn, NJ 07410							. 6411.10	0	(Prior i	f being demoli	ished)			
County (6)			0	County C	Code (7) (ST	TATE USE	: ONLY)	Current use (FIIOLI	i being demen	.0.,,			
largen								. 0	(0)				-	
Name of Monitoring Firm	Hired by Building (Owner (8)	AS	CM No				nt Contractor	(9)					
						r Tech								
Street Address					100	Street Ad								
					5	76 Vall	ey Rd#	283	-					
City, State, Zip Code						City, Stat								
						Wayne,		/0		License No.				
						- 1 1	- hia			LICEUSE INC.				
Project Manager for Mor	nitoring Firm		Teleph	none No		Telephor								
Project Manager for Mor					9	73-638	-1777	Agaitar		01127				
Start Date (10)	Sche	eduled Con	npletic	n Date	(11)	973-638 Name of	-1777 FOSHA N							
Start Date (10)	Sche	eduled Con	npletic 23	n Date	(11) 16 H	973-638 Name of Envirov	-1777 FOSHA N	Monitor onsultants,In						
Start Date (10) 09 / 22	/ 16 Sche	eduled Con	npletic 23	on Date	(11) 16 I	973-638 Name of Envirov Street A	-1777 FOSHA Nision Co	onsultants,In	С	01127				
Start Date (10) 09 / 22 Occupancy Status Durin	/ 16 Sche	eduled Con 09 / _ eck only one	npletic 23 e)	on Date	(11) 16 H	Name of Envirov Street A 20-21 W	-1777 FOSHA Mision Co ddress	nsultants,In	С	01127				
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* Do not use this form for asbestos licensure exempted activities.

MAY 11

State of New Jersey Notification of Asbestos Abatement Cuzcu # 356

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) 09/13/2016 Hillel Adler 2016 SEP 19 AH 11: 37 Street Address Agencies Notified Notification Type X Initial Notification City, State. Zip Code **⊠** EPA O Amended # Teaneck NJ □ DCA Tabahana Number U O Emergency Notification Name of Contact; ⊠ DOL O Cancelled Hillel Adler X DEP MODE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) Private house ☐ Subchapter 8 (other than K-12) Street Address X Others (i.e. private & commercial buildings, homes, etc. Floors 2 .Age;76 Current Use (prior if being demolished) : County Code (7) City (5) County (6) (State Use Only) Bergen Teaneck Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. BL Contracting ,Inc Street Address Street Address 5 Marguerite Lane City State, Zip Code City, State, Zip Cod Towaco 07082 License Number Telephone Number Projec Manager for Monitoring Firm Telephone Number 973-901-0153 01265 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) BL Contracting Inc. 09/23/16 Street Address Occupancy Status During Abatement (Check only one) 5 Marguerite Lane ▼ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Towaco, NJ 07082 □Other - Describe: Source of Work (Check all that apply) xNon EXampted and Non Friable Procedure ☐ Mini-Enclosure ⊠ Renovation $\square > 3$ sf or ≥ 3 lf OGlove bag Procedure ☐ Demolition $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$ ☐ Full Containment with Negative Pressure Amount Abatement Type Description of Asbestos Containing Material Is Location Normally Location of Asbestos-(Specify SF (ACM) (i.e. thermal systems insulation, Containing Material (ACM) in Used Solely by Remove Repair Encap Enclose or LF) Maint/Custodial Staff? surfacing, VAT, or other misc.) Facility (13) (12)NO NA YES X 256 If X Floor tile Basement Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID # Name of Reg. Waste Hauler TRRF 38 bags Waste Management of Pennsylvania 32604 City, State Disposal Date Tullytown, PA Signature Date Completed by (Print or Type) Title President Nedo Vasilic Neto Cesilie 09/13/2016

Date of Notification (1)				1	Name of E	Building Ov	vner/Opera	ator (2)				-9:		m lu	
	tember 13, 201	6					Robert		iello		2016 8E	P 19	911	4.1.	1,
Agencies Notified [x] EPA [] DEP [x] DOL	Amend Amend	Notificat ed Notif ment #_	fication		Street Add	lress e, Zip Code		er, NJ	07936		4-0ES & L	THS	in the state of th	THU	
[x] DOH [] DCA	justific Cancel		cluding	1	Name of (Rafanel	lo		Telepho	one Number				
				FACII	LITY IN	VFORMA	ATION								
Name of Facility Where Aba Resi	atement is Taking P dence	lace (3)						Type	of Facility (] Sch	ool (k-12) chapter 8 (oth	ner than	k-12)		
Street Address									[x]	Oth	er (i.e., privat nes, etc.)	e & com	mercia	l buildir	ıgs,
City	-	County	(6)		County Co STATE U	de (7) JSE ONLY)		re feet 1300 sf		of Floors	Bldg.	Age 60)	
Ortley		Ocean							Res	idence	demolished)				
Name of Monitoring Firm F N/A		wner (8)	, i	ASCM No).			nent Contra Gua		ontracting,	Inc.			_
Street Address							Street A			9 Route	9, Unit 61				
City, State, Zip Code							Telephor	32 33	Ton	ns River	New Jers		55-12	71	
Project Manager for Monito	oring Firm		Telephone N		D : (1)		732-34	19-993			00624				
Scheduled Start Date (10) 9/23/16			Scheduled C 9/26/16		n Date (1	1)				1.S.L. A	nalytical				
[] Abat	abatement (Check of hity Closed/Vacated tement Performed (or – Describe	During	Entire Period				Street A		Code	6 Stelto	n Road , New Jers	ey 088	54		
Scope of Work (Check all t	hat apply)						[] N	ini-Enclosi	ure	Negative Pre	ssure			
L 1	f or ≥3 lf) sf or ≥260 lf		[] [x]	Renovat Demolit			[[x		lovebag Pro lon-Exempt		Non-Friable	Procedu	re		
					T							Abat	ement '	Гуре	
Location of Asbestos-Containing N TO BE ABA in facility (13)	faterial (ACM) TED		Is Location Normally us Solely by Intenance/Cu Staff (12) NO	sed		Ask N (i.e ins	Descripti pestos-Co Material (., therma ulation, s VAT, er miscel	ontainir ACM) I systen urfacin or	ns g,	(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 sidir	ng			1	300 sf	X			
S				<u> </u>		T G 1: 37	ards of Wa		Name of R	agistered 1	andfill				
Name of Registered Waste Guardian Co	Hauler ontracting, Inc.		NJDEP Wast 2	0223		3			T.R.R.		Landini		-		
City, State	New Jersey			Dispos 9/27/	sal Date		City, S		Pennsylv	vania /					
Completed by (Print or Tyr Nicholas Fer	pe)	Title Proj	ect Manag		Signat	ture		/	le	1		Date 9/1	e 3/201	6	

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



DEMOLITION / RENOVATION NOTIFICATION

Operator	Project #:	ostmark:	Notificati	on:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ncelled): O	П.	IS ASBESTOS PRESENT? (Y	'es/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contractor	and other operator)				
	OWNER NAME: Robert Rafanello					
	Address:					
	City: Hanover State:	NJ	Zip:	07936		
	Contact: Robert Rafanello		Tel:			
	REMOVAL CONTRACTOR: Guardian Contr	racting, Inc.		NJ License: 0062	4	
	Address: 1889 Route 9, U	Unit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Fernic	cola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)		t .	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 a	nd floor or room number)				
	Building Name: Residence					
W	Address: 2010 Bay Blvd					
	City: Ortley State:	New Jersey	County:	Ocean		
	Site Location: Exterior					
	Building Size: 1300 sf # of Floo	ors: 1	Age in Y	ears: 60		
	Present Use: Residence	Prior Use:	Resider	nce	-2001-200	
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIATE, USED TO DE	TECT THE PRE	ESENCE OF ASBESTOS MATE	ERIAL:	
		9				
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	1			Nonf	riable
VII.		RACM			Asbestos Not 7	Material Γο Be
	Regulated ACM to be removed Category I ACM not removed	To Be Removed		LOCATION	Rem	loved
	Category II ACM not removed	Kemoved			Cat I	Cat II
	Pipes (Linear feet):			8		
	Surface Area (Square feet): 1300 sf	Asbestos siding		Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 9/23	3/16	Complete: 9/	26/16	

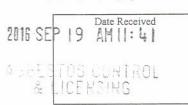
X.	DESCRIPTION OF PLANNED DEMOLITION OF	RENOVATION WC	ORK, AND METHOD(S) TO E	BE OSED	PEDELVEC
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:	IGINEERING CONT	ROLS TO BE USED TO PREV		
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution ta ed in double 6 mil. Bags,	pe and warning signs. Plastic sheet sealed and labeled and placed in a	ing will be placed on the gr	round below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting,	Inc.	ħ)	
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	lentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 10	1494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEA	ASE IDENTIFY THE AGENC	Y BELOW AND ATTA	ACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (N	IM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ons or would cause ed	quipment damage or an unreasc	nable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE			SBESTOS IS FOUND (OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND EVALUABLE FOR INSPECTION DURING NOR	VIDENCE THAT TH	E REQUIRED TRAINING HA	S BEEN ACCOMPLIS	PART M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Op	perator)	September 13, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	N IS CORRECT.		7 /	
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner/Op	perator)	September 13, 2016 (Date)

State of New Jersey

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

	0214								he h	():	11/					
Date of Notification (1) Sept	ember 14, 20	16			Name of Building			uilders, LL	.C 2016 SF	P 10	> 2	79	6			
[X] EPA [[] DEP [Amen	on Notificat ded Noti dment #	ification		Street Address City, State, Zip Co	de		oat Lane (8	89 th Street)	TOS ICE	HOIL HOIL	11:4 (TAO				
		gency (in cation)			Name of Contact Travia	Peahal s Lepley	la Park,	Telephone Number								
				FACI	LITY INFORM	IATION			_							
Name of Facility Where Abat Resid		Place (3)					Type of	Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)					
Street Address								[x]	Other (i.e., privat homes, etc.)	e & con	nmercia	ıl buildi	ngs,			
City	City County (6)					.Y)	1777	200 sf	# of Floors Bldg. Age 1 60							
LB Twp.		Ocea				TI .		Resider								
Name of Monitoring Firm Hi N/A	red by Building ()wner (8	3)		ASCM No.	Name of	Abateme	nt Contractor Guardi	(9) an Contracting,	Inc.						
Street Address						Street Ac	ddress	1889 R	oute 9, Unit 61							
City, State, Zip Code						River, New Jerse	ersey 08755-1271									
Project Manager for Monitoring Firm Telephone Number				umber		11 2	ne Numbe 19-9932		License N 00624	License Number 00624						
Scheduled Start Date (10) Scheduled Complet 9/16/16 9/19/16					n Date (11)	Name of	OSHA N		L. Analytical							
[] Abater	atement (Check of y Closed/Vacated ment Performed (- Describe	During	Entire Period			City, Sta	ddress	ode	telton Road	y 088	54					
Scope of Work (Check all that	at apply)					[]			with Negative Pres	sure						
	or ≥3 lf sf or ≥260 lf		5 5	Renovat Demolit		[] [x]] Glo	ni-Enclosure vebag Proced n-Exempted (°	ure *) and Non-Friable l	Procedu	иге					
										Abat	ement '	Гуре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED 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) O A A A A A A A A A A A A						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 sid	ing			1100 sf	X						
							. 151	CD :.	17 1611							
Name of Registered Waste H Guardian Con		1	NJDEP Waste 20	223	3	ards of Was		ame of Regist T.R.R.F.	ered Landfill							
City, State Toms River, N	New Jersey			9/20/	al Date			ennsylvani	a ,							
Toms River, New Jersey 9/20/16 Completed by (Print or Type) Title Nicholas Fernicola Project Manager				Signature	_		Le	1	9/1	4/201	6					





DEMOLITION / RENOVATION NOTIFICATION

Postmark:	237/									
C - Cancelled): O	II. IS ASBESTOS PRESENT? (Yes/No): Y									
FACILITY INFORMATION (identify owner, removal contractor and other operator)										
s, LLC										
ane (89 th Street)										
e: New Jersey	Zip: 08008									
	Tel:									
Contracting, Inc.	NJ License: 00624									
e 9, Unit 61										
e: New Jersey	Zip: 08755									
ernicola	Tel: 732-349-9932									
	NJ License:									
e:	Zip:									
Contact:										
7. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D										
ber and floor or room number)										
e: New Jersey	County: Ocean									
f Floors: 1	Age in Years: 60									
Prior Use:	Residence									
IF APPROPRIATE, USED TO DETE	ECT THE PRESENCE OF ASBESTOS MATERIAL:									
G:	Nonfriable									
RACM	Asbestos Mater Not To Be	ial								
То Ве	LOCATION Removed									
Removed	Cat I Cat	П								
Asbestos siding	Exterior									
) Start: 9/16/	16 Complete: 9/19/16									
	ractor and other operator) s, LLC une (89 th Street) e: New Jersey Contracting, Inc. e: 9, Unit 61 e: New Jersey ernicola e: R - Renovation E - Emergency R ther and floor or room number) e: New Jersey f Floors: 1 Prior Use: IF APPROPRIATE, USED TO DETE	ractor and other operator) s, LLC me (89th Street) e: New Jersey								

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WO	ORK, AND METHOD(S) To	O BE USED	PEDEIVED
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution ta	me and warning signs. Plastic s	REVENT EMISSIONS OF ASB	SEP APTHEIST OF THE IST OF THE IS
xii.	WASTE TRANSPORTER #1 Name: Guard	dian Contracting	Inc.		
		Route 9, Unit 61	<u> </u>	0 5	
	City: Toms River	State:	New Jersey	Zip: 03	8755
		olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.I	R.F.			
		entown Road	(á		
	City: Tullytown	State:	Pennsylvania	Zip: 1	9007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLE	ASE IDENTIFY THE AGE	NCY BELOW AND ATTACH	COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	ı (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 conditi	ons or would cause e	quipment damage or an unre	easonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLE	OWED IN THE EVI D, PULVERIZED, O	ENT THAT UNEXPECTEL R REDUCED TO POWDE	ASBESTOS IS FOUND OR F R	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED I THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT TH MAL BUSINESS-HO	IE REQUIRED TRAINING	HAS BEEN ACCOMPLISHED	BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u></u>	(Signature of Owner	-/Operator)	September 14, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		10	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	/Operator)	September 14, 2016 (Date)



Date of Notification (1) 09/13/2016		Name of Building Owner/Operator (2) Christopher Kinzel 2015 SEP 19 AH 11: 44														
Agencies Notified Type Notification		S	treet Ad	dress					LUI	er will)	111	11.	44		
EPA Initial Amended Amendment #				e, Zip Code t, NJ 079			ASSESTOS CONTROL & LICENSING									
Emergency (in justification) DCA Cancellation	cluding	1 1 1 2 3	Name of Contact Tele Christopher Kinzel							Telephone Number						
			FACILITY INFORMATION Type of Facility (4)										len-			
Name of Facility Where Abatement is Taking House	Place (3)							of Facility (4) School (K-12 Subchapter 8)	ar than K.:	12)					
Street Address							×	Other (i.e. pr etc.)	ivate 8	k commerc	cial bu	al buildings, homes,				
City (5) Summit							N/A	re Feet	N/A			N//	g. Ag A	je		
County (6) Union			SALVARETA LA SALVI DON	SE ONLY)			Hou			E2	snea)					
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.		10000000000000000000000000000000000000		tement Cont ement, Inc		(9)						
Street Address							osen	gren Aven	ue							
City, State, Zip Code						100000000000000000000000000000000000000	y, State, Zip Code otowa, NJ 07512									
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph 973-3	none N 345-8			License 01311	No.						
	Scheduled 09/16/20		pletion [Date (11)		Name of OSHA Monitor D&S Abatement, Inc.										
Occupancy Status During Abatement (Check	Only One	:)				100000000000000000000000000000000000000	Addre									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of Ab al Facility I	oatem Hours	ement 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512													
Other – Describe:					_	1010	wa, N	13 07512		-		-		-		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	ls l	ocatio	nn.									70	bate	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormall Solel ntenar odial S (12)	y y by nce/		os Con therma surfa	escription taining N I system acing, VA miscellar	Materia s insul AT, or	ation,	(Amount (Specify SF or LF)			Repair	e Encapsulate	Enclosure	
1st floor kitchen		Х			duc	t insula	ation		į	55 LF	x	1				
Name of Depictured Wests Having	N1	JDEP W	laste	Cubic	Yards		Name of	Regist	ered Land	fill						
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	auler ID 0996	1743.SXX	of Wa	aste		Waste I				4				
City, State Totowa, NJ					Dispo	sal Date	9	City, State Tullytov		A						
Completed by Ned Joksimovic PM						Signature Date 09/13/2016										

page 1

DS ABATEMENT

D002

THE FUND

State of New Jersey NOTIFICATION OF ASBESTOS ASATEMENT (Pursuant to NJAC 8:60 and 12:120) 2016 SFP 10 Name of Building Owner/Operator (2) Date of Notification (1) Christopher Kinzsi 09/13/2016 Street Address Type Notification Agencies Notified initial EPA 記録は City, State, Zip Code Amended DEP Summit. NJ 07901 Amendment # DOL Emergency (Including Telephone Number E Name of Contact Justification) DOH Christopher Kinzel Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) House Subchepter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address E etc.) Bidd, Apa # of Floors Square Feet City (5) N/A NJA N/A Summit Current Use (Prior if being demolished) County Code (7) County (5) (STATE USE ONLY) House Union Name of Abstament Contractor (9) ASCM No. Name of Montoring Firm Hired by Building Owner (8) D&S Abstement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01311 873-345-8685 Name of OSHA Monitor Scheduled Completion Date (11) Siari Data (10) D&S Abatement, Inc. 08/16/2016 09/15/2016 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosangran Avanue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abstement Parformed Outside of Normal Facility Hours Totowa, NJ 07512 Other - Describs: Scope of Work (Check All That Apply) Full Containment with Negative Pressure X X Renovation 23 af or 23 if Mini-Endosure Demotion 2180 af or 2260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abstament is Location Type Normally Description of Asbestos Containing Material (ACM) Location of Used Spiely by Amount Encapsulate Asbestos-Containing Material (ACM) Enclosure (I.e. thermal systems insulation, Maintenance (Specify Removal Repair TO BE ABATED Custodial Staff? SF or LF) aurading, VAT, or in Facility (12)other miscellaneous) (13)No NA Yes 55 LF duct insulation x × ist floor kitchen Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Wasts Hauler of Weste Waste Management of PA Hauler ID No. D&S Abatement, Inc. TBD 20996 City, State Disposal Date City, State Tullytown, PA TBD Totowa, NJ Date Skinature Tirle Completed by 08/13/2016 PM

Ned Joksimovic

CV.5187

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

		I N:	ame of P	Ruilding Ow	mer/Op	erator (2)								
Date of Notification (1) 9/14/16	Name of Building Owner/Operator (2) Geraldine Beauchamp Private Home 2016 SFP 19 AM II									: 4.	_				
Agencies Notified Type Notification		St	reet Add	iress											
EPA Initial DEP Amended Amendment			ity, State	A SHESTOS CONTROL & LICENSING											
Emergency (justification) DCA Cancellation		100	ame of C	Tele	ephone Nu	ımber									
		FACIL	ITY INFOR	MATIC	N	T	Facility /4								
Name of Facility Where Abatement is Takin Geraldine Beauchamp Private Hor	g Place (3) ne						☐ Sc	Facility (4 hool (K-12	2)						
Street Address							Su × Otl	bchapter (ner (i.e. pr	3 (Otherivate 8	er than K-1 & commerc	12) cial bu	uildir	ngs, h	omes	j.
							etc	:.)		Floors			g. Ag		_
City (5) Cape May NJ 08204							Square 1000+		2			35			
County (6) Cape May			ounty C	ode (7) SE ONLY)		_	Current	Use (Prio	r if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			of Abate aco Inc	ment Con	tractor	(9)					
Street Address							Address								
Cit. Otala 7in Codo						10000000000	ox 329								
City, State, Zip Code			West Berlin NJ 0809							D8091 License No.					
Project Manager for Monitoring Firm	1	856-7					6-753-9800 00727								
Start Date (10) 9/23/16		pletion [Date (11)		Name Sam		A Monitor								
Occupancy Status During Abatement (Che	9/30/16 ck Only One					Street	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	batem	ent			City, S	State, Zip	Code							
Scope of Work (Check All That Apply)						_	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Name and Address of the Parket		nolition Mini-Er Gloveb					Containment with Negative Pressure i-Enclosure vebag Procedure n-Exempted (*) and Non-Friable Procedure				e			
	1					<u></u>	- NOI	-LACITIPIO	u () u	10 11011 11			Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	Location of Sole intenar (12)	ly ly by nce/ Staff?	Asbesto (i.e. t	os Con thermal surfa	Description of Intaining Material (ACM) all systems insulation, facing, VAT, or resisted in the systems in the			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Do	unuall i	ioint co	ompou	nd	F	38 SF	,	ζ			
Bedroom 2nd floor		L.	X	DI	ywan	JOINT CO	Прои	IU			-	-			
											+				
											1				
Name of Registered Waste Hauler	l N	JDEP V	Vaste	Cubic	c Yards		Name of	Regis	tered Lan	dfill		1			
United Roll off		F	tauler ID 2459		of Wa	aste									
City, State Elm NJ					Dispo 9/30	osal Dat /16	е	City, Sta Morris		PA 1906	7				
Completed by Anthony T Perna Title President						Signatu	re C	C		Think on the Laborator	Date 9/1		6		

		N			OF ASBE to NJAC 8					0/0	ck	17	55	59	7		
Date of Notification (1) 9/14/16				Name of John D	Building (Owner/C	perator	(2)		1	212.050						
Agencies Notified	Type Notification			Street A				-			O16 SEP	19	AH	11:1	47		
EPA DEP DOL	Initial Amended Amendment		1000	City, Sta Wycko	te, Zip Co off, NJ	de											
DOH DCA	Emergency (justification) Cancellation	including	10.3	Name of John D	Contact Dalo		Telephone Number										
				FACILITY INFORMATION													
Name of Facility Where A home Street Address	batement is Takin	g Place (3)							School (K-1 Subchapter	2) 8 (Oth			J.				
City (5)									etc.) are Feet	# of	Floors	0 0					
Wyckoff County (6)				County (Code (7)			210	rent Use (Pric	2 or if hei	na demolis		8				
Bergen					JSE ONLY)	-		Ouri	en ose (i iii	JI II DCI	ng demons	ileuj					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.				atement Cor ironmenta)					
Street Address							Street PO E		dress 483, 4 E Gate Drive								
City, State, Zip Code									City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm				Telepho	ne No.		Teleph 973-		No. 2276		License N 703	lo.					
Start Date (10) 9/23/16		Scheduler 10/23/1		ompletion Date (11) Name					SHA Monitor								
Occupancy Status During	Abatement (Chec	k Only One	9)				Street	Addr	ess								
Facility Closed/Vaca Abatement Performe Other – Describe:										ie							
Scope of Work (Check Al	l That Apply)			因					rap & C	· +							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(C)		enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ls l	Locatio	on			-		on-Exemple	u Non-Fria	Abatement						
Location		N	ormall Solel	У			scription					-	Ty	ре			
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Mair Custo	ntenan odial S (12)	nce/ staff?		thermal surfa	taining N system cing, VA miscellar	s insu		Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure		
		Yes	No	N/A				1.		- 4	20.15						
baseme	ent			X		pipe	insula	ition		13	80 LF	X					
							121					-					
		1					-					-					
Name of Registered Was	te Hauler		(9.5)	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Registe	ered Landfil	1	1	L	-		
Freehold Cartage				auler ID 5959	No.	of Wa	ste		Wester	n Berl	ks Landfi	1					
City, State Freehold, NJ						Dispo: TBD	sal Date		City, State Birdsbo		Ą						
Completed by A. Scott Higgins		Title Presid	lent			S	Signature	9	00	~	10000	ate 14/16	6				
			100					-						-			