ASCM No.

Telephone No.

Scheduled Completion Date (

12-31-16

(302) 326-2333

County Environmental

New Castle, DE 19720

461 New Churchmans Rd.

Street Address

City State, Zip Code

Telephone Number

(302) 322-8946

Name of OSHA Monitor

County Environmental

Date of Notification (1)

Notification Type

Amendment #

Justification)

Name of Facility Where Abatement is Taking Place (3) Chamber works plant

☐ Cancellation

☐ Emergency (Including

Initial x

Name of Monitoring Firm Hired by Bldg. Owner (8)

Harvard Environmental Inc.

Project Manager for Monitoring Firm

760 Pulaski Highway

New Castle, DE 19720

Scheduled Start Date (10)

City, State, Zip Code

Wesley Morrison

☐ Amended

Agencies Notified

T EPA

DEP

E DOH

DCA

Street Address Rt 130 City (5) Deepwater County (6)

Salam

10-03-16

Street Address

X DOL

State of New Jersey TION OF ASBESTOS ABATEMENT ant to NJAC 8:60 and 12:120)	CK	009	184
Name of Building Owner/Operator (2) Chemours Company	10,5	CEIV	
Street Address Rt 130 south	The state of the s	SEP 22 20	16
City, State, Zip Co Deepwater NJ.08023	200	TOTAL CONT	DOI °
Name of Contact Chris Orange	ASB	Telephone Nor	mber
FACILITY INFORMATION			
amber works plant		2) 8 (other than K-12 rivate & commerc	
	Square Feet 15,000	# of Floors	Bldg. Age 60
County Code (7) (STATE USE ONLY)	Current Use (pr	rior if being demol	ished)
ASCM No. Name of Contractor (9)			

License Number

00578

Occupancy Status During A		- 2				t Address New Churchmar	s Road						
Facility Closed/Vacated  Abatement Performed C  Other – Describe:	utside of Normal Facilit	y Hours	nent S -			State, Zip Code Castle, DE 1972	20						
Scope of Work (Check all the X ≥ 3 sf or ≥ 3 lf   \[ \subseteq 160 sf or ≥ 260 lf \]	nat apply)			☑ Rend	ovation olition	Full Containme  Mini-Enclos  Non-Exemp		ebag Proced	ure	9			
			Locati			Description				A		eme /pe	nt
Location Asbestos-Containing <u>TO BE AB</u> IN Facility	Normall ed Solel aintenar Custodi Staff? (12)	ly by nce/ al		Description of estos Containing Mate e. thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure		
Bldg 1114		Yes	X	IN/A	Roofi	ng and flashing		14,000 sf		×			
Name of Reg. Waste Hauler S & G Tranport			DEP Wa No.0321	aste Hau 17	uler	Cubic Yards of Waste	Name of R constoga	0.70					
City, State New castle DE				Disposal Date TBA	City, State Mongantov	vn PA							
Completed by Charles Flowers	Title PM					Signature Souls	Da	معليه	Date	2-/	9-	-/4	6
ASB-41	Do not use this form for asbest	tos licensu	ire exemp	ted activitie	es.			•	01	_			

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

B & G proj. #: 2016-141

Check # 8020

Date of Notification	1 (1)		Name of Bui	lding Own	er/Operator (2)				N E	True Contraction	1	
10 19 1/12 10			Fred Ma				Park Park	NEGE			And a company	
Agencies Notified EPA	Type Notificat	tion	Street Addre	SS			Control of the Contro		2 2012	$\mathbb{I}$		
☐ DEP	X Initial			r 0 1				III SEP 3	2 2 2016	-	1	
X DOL	Amend		City, State, Z Wayne,		70			ASPESTOS	CONTRO		-	
<b>▼</b> DOH	_	1	lame of Con	tact				Telephor	e Number		_	
☐ DCA	☐ Cancell	ation	Fred Ma	aines								
				FAC	ILITY INFORM	ATION	l					
Name of facility wh	nere abatement	is taking pl	ace (3)					Type of Facility	(4) ol (K - 12)			
Fred Maines									apter 8 (Other	than K	(-12)	
Street Address								X Other	(Private/Comn			
									/Homes, etc. # of Floors	В	ldg. Ag	ge
City (5)		Cou	nty (6)			0.000	nty Code (7)					
Wayne, NJ 0	7470	Pa	ssaic			(Sta	te use only)	Current Use (P residential	rior if being de	molish	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)				
	****				n/a 		B & G Restorat	ion, Inc.				
Street Address							Street Address 105 Ryerson F	Road				
City, State, Zip Cod	е					-	City, State, Zip Code					
						_	Lincoln Park,	NJ 07035				
Project Manager for	r Monitoring Firm	1	Pho	one Numb	er		Telephone Number (973)696-686	9	License Nur 00378			
Scheduled Start Da	te (10)	Sched	d. Completio	n Date (1	1)	-	Name of OSHA Mon		4			
09/30/2016			01/2016	ta cancella cabbattan, actor t ( <b>18</b> 07 co. <sup>e</sup> )	****		B & G Restorat	ion, Inc.				
Occupancy Status I	During Abateme					-	105 Ryerson R	oad				
Facility closed	d/vacated during	entire peri	od of abater				City, State, Zip Code					_
Abatement pe Describe:	erformed outside	of normal	facility hours	S-		_	Lincoln Dorle N	1.07025				
Other-Describ			~			-	LincolnPark, N	J 07035				_
Scope of Work (ch	<u> 21</u>	5.00	. n			П	ull Containment w/ne	antivo proceuro [	Claushaa	roood	150	
>3 sf or >3 lf	×	Renovatio					un Containment w/nei //ini-enclosure	gative pressure : [.	★ Glovebag    Non-friable  ★ Control  ★			
		≥160 sf or	n normally u	sed solely	/	[			R	R	E	T
Location of asbestos-con	taining		enance/cust			on of a	sbestos-containing	Amount	_ e	e p	n	E n
material to be abated in faci		Yes	No	N/A	material (			(Specify S LF)	F or o	a	a	C
		163	INO		<u> </u>				е	1	р	-
basement work bench area				×	pipe insula			12 lf 6 lf	X	出	片	片
gas meter area	1			X	pipe insula			6 If	X	卅	H	片
gas meter area					in production					盲		
2												
Registered Waste H B & G Restorat			EP Hauler II 19563		ubic Yards of V 1	Vaste		Landfill Resource & Re	ecovery Cer	nter		
City, State Lincoln Park, N	1J .			Disposal D 10/	ate 03/2016		City, State Tullytown,	PA				
Completed by (Print		Title	L	1000 1000	Signature		Gordana Luna		Date	4.0		
Gordana Luna		Secreta	ry/Treasu	rer			zoruwnu Lunti		09/20/20	10		

VMC COMPANY INC

4.1		NOT		OF ASSES						į,	-
Oale of Majircallon (1)		(	Pursuant (	OF ASSES	TOS ABAT	EMENT			0	P	
09/14/2016			Name of	Bullding Ow		£0)	İ	JE	6	E	
Agencies Notified Type Notific		_	BN	1047	nerroperer	07 (2)	i is	4F	-		/
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DEP MILE			56	SVI	1/44	1.1=	IL	1	-	-	1-/10
DOL Amenda	od Mente	- 1	TITTI WEDGE	a, and Code		<u> 405</u>			1		V
Emerge	ncy fineli	dina	CL	LFTON		17 -		ACT	- F	08 (	CONTRO
DCA [Justiflost	HD/D1		WHILLS OF F	Ontact		37 0	- L- L		110		SING
			SANZ	AY TI	و ما ما له ١	-5	Tele	ונוא פתסתכ	nber		
Name of Facility Whate Abatement is T	aking Pla	CP (3)	FACILI	TYINFORM	ATION	حكـ					
Street Address		(-/				Type of Fac	clitty (a)				
						-	(K-12)				
56 SYWAN AU	Ė					A H Subch	SOISE & IOLE	سه مرسمدار			
City (b)						Olher	(I.a. private & c	tinan it-12	) I belle	diane	
County (6)						Squara Fee					1
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PASSALC Vame of Monthloring Francis		13	STATE USE	ONLY)		Current Usa	(Prior H beirg)	damolist	_		
vame of Montioring Firm Hired by Buildin	ng Owner	(8)	ASCM NO			V 78.15			(0)	- contain Ed	
Bireel Address			2 140		Nama	DI AMBIENALI	0.4-1				
985	XI STATE				1 11110	COMPBUY.	Inc	٠.			
ify, State, Zip Code		* .			200 D	dares			_		
	ASSESSMENT OF	~			400 P	laget Ave					
raject Managar for Monitoring Firm					City, \$1	is. Zip Code					
Willy Buildings ion real	10	T	elephone N	0		i. NJ 0701	1				
lari Dele (10)		1			Telapho 973.00	ne No.	Lic	ensa No.			
Dalsolsols	Sched	ued Comp	etion Date	(11)		33-8828	100	704			
company status During Abalament Cha	10-1	15015	OI6	, ,	VMC C	OSHA Mont	lor		-	-	
Facility Closed/Varolan During	- Uniy (	One)									
Abetem F					CILESI VI	CIPAD		-			
Other Described Outside of Non	mal Facili	Abalemen	nl		Sirsel A	0/849				_	
Facility Closed/Vacaled Duting Entire Abstement Performed Outside of Nor- Other - Describe:	Pariod of mal Facili	ly Hours	nl								
ope of Work (Check Alt That Apply)	Pariod of	Abalemer				e, Zip Code			_		
ope of Work (Check Alt That Apply)	Free								_		
ope of Work (Check Alt That Apply)		Rénovation				e, Zip Code			_		
ope of Work (Check Alt That Apply)				==_	Cily, Stat	Full Contains	ment with Neg	alive Pres	aurė.		
ope of Work (Check Alt That Apply)		Rénovation Osmolillan			Cily, Stat	e, Zip Code  Full Contains	ment with Neg Ire	alive Pres	āu(ģ		
200 of Work (Check Alt That Apply) 20 of or 20 if 2180 of or 2260 if		Rénovation Osmolillon			Cily, Stat	e, Zip Code  Full Contains	ment with Neg I's locedure ed (*) and Non	alive Pres	rocedi	UI 9	
23 st or 23 if 2180 st or 3280 if Location of Asbesics Containing Mercuint (ACA)	Is Use	Renavation Osmolition E Location Normally		Ces	City, State	Full Contains Mini-Englose Glovebag Pr Non-Example	ment with Neg If a baedure ed (*) and Non	ative Pres	rocedi Aba	lemer	
Location of Asbesics Containing Material (ACM) IO SE AMATEO In Facility	Us:	Renavation Demolition  Location Normally ad Solely by	Asb	PESIOS Conta	City, State	Full Contains Mini-Englose Glovebag Pr Non-Exemple	ocedure ed (*) and Non	-Filable P	rocedi Aba	ure leiner ype	
Location of Asbesics Confaining Material (ACM) TO BE ARATED	Us:	Renavation Osmolition E Location Normally	Asb	estos Contr : thermet : : Aurfaci	City, State	Full Contains Mini-Endose Glovebag Pr Non-Exempt	ocedure ed (*) and Non Amount (Specify	-Filable P	Aba	ype	
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		NOTI	FICATION	ON OF AS	BESTOS ABATI	EME	NT	$\Delta U$	1	í,		> /
		(1	Pursua	nt to NJA0	8:60 and 12:12	20)	<b>8</b>	10K	_ (	H	6	1
Date of Nütification (1) 09/16/2016				of Building	g Owner/Operato	or (2)	- IF		э п <i>г</i>	VII F		
Agencies Notified Type Notification			900000000	Address Atlantic	Avenue			EGE		<u> </u>		11
EPA X Initial X DEP Amended X DOL Amendment	#		City, S	State, Zip C			30	SEP 1	2.2 2	016		圳
Emergency (	including	_		of Contac			h.d He	Telephone			+	
X DCA Cancellation				Thorn				T refebriorie		11101	Uk	
Name of Facility Where Abatement is Taking	Place (	3)	FA	CILITY IN	FORMATION	T T.	ma = 5 = -1111 /		NSINC	3		
St. Peter School Kolbe Hall		0)				(X	pe of Facility (4	*				
Street Address 415 Atlantic Avenue							Subchapter	2) 8 (Other than rivate & comm	K-12) ercial bu	ildings	s, hom	ies
City (5) Pt. Pleasant						Sc	etc.) Juare Feet	# of Floors		Bldg.		
County (6) Ocean			Count	y Code (7) E USE ONL	VI		urrent Use (Prio	r if being dem	olished)			
Name of Monitoring Firm Hired by Building C	Winer (8			OM No.		4	chool					
Ahera Consultants, Inc	(0		005		VM	C C	Abatement Con ompany, Inc	tractor (9)				
Street Address PO Box 385		т ,			Stree	et Add	dress get Avenue					
City, State, Zip Code Oceanville, NJ 08231					City,	State	, Zip Code NJ 07011					27 W
Project Manager for Monitoring Firm			Teleph	none No.	Telep			Licens	e No			
John Smoyer Start Date (10)			609-	352-1833	3 973		3-8828	0070				
09/30/2016	10/07/	ed Co 2016	mpletio	n Date (11			OSHA Monitor Ompany, Inc					
Occupancy Status During Abatement (Check	Only O	ne)			Stree							
Facility Closed/Vacated During Entire P     Abatement Performed Outside of Norm     Other – Describe:	eriod of al Facilit	Abater y Hour	ment rs		City,	State	, Zip Code					
Scope of Work (Check All That Apply)												-
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renov Demoli			Excessive Property of the Prop		Full Containme Mini-Enclosure Glovebag Proc	edure				
	Is	Loca	tion	T	E		Non-Exempted	(*) and Non-F	riable Pr	8885	re emen	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole	illy		Descriptio	n of		*)			ype	,
TO BE ABATED In Facility (13)	Me	intena	ance/ Staff?	Asbe (i.e	stos Containing thermal system surfacing, V other miscella	ns ins AT, o	sulation, r	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u>a</u>		late	Уřе
Boiler Room	Х				Pipe insula	atior	1	70 LF	×	-	-	
Boiler Room				Вс	piler exhaust	insu	lation	45 SF	×	+	12.	* *
Boiler Room					Gaskets and	pacl	king	25 SF	×			
Boiler Room					VAT/mas	stic		480 SF	×	+-		
Custodian office/storage	* -			Pipe	e insulation -\	Vrap	o & Cut	40 LF	×	-		
Name of Registered Waste Hauler			NJDEP Hauler I		Cubic Yards of Waste		Name of R	egistered Lan		1		
Newark Carting, Inc Dity, State			5409	D INU.			GROWS	0		<u> </u>		
Newark, NJ					Disposal Date	9	City, State Tullytow	n. PA				
Completed by √oytek Roszkowski	Title Presi	dent			Signatu(	1	51	1	Date 09/16/	2016		-
						10	OSIL	4>16~	001101	2010		

Date of Notification (1)	55.3				g Owner/Operator (						
9 / 20 /	16		Me	tro Self S	Storage Wood Ri	idge, LLC / Jo	b #1609-212	2C	1k.#4	1481	
Agencies Notified Type Notifica	ation		Stree	t Address			INF	GE	11		
			13	528 West	Boulton Boulev	ard					
☑ DOLWD ☐ Amended			City,	State, Zip (	Code						- 1
□ DHSS   Amendment     □ DCA   □ Emergen		-	Lal	ke Forest	t, Illinois 60045			SEP 2	5 5	016	1
(NJAC 5:23-8) justification		g	Name	e of Contac	pt .		Telephone N	lumber			-
☐ Cancellat			To	m Fraser						TRO	1 8
			FA	CILITY IN	FORMATION		HOUL	LICEN			
Name of Facility Where Abatement is T	aking Place	e (3)			Oranization	Type of Facility (	(4)				
Rudox		. (-/				School (K-12	100				
Street Address						Subchapter 8	(Other than K				
765 Route 17 North						Other (i.e., pr homes, etc.)	ivate and com	mercial b	uildin	gs,	
City (5)						Square Feet	# of Floors	F	ldg. A	ne	
Carlstadt						56,221	2	-	50 +		
County (6)			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	_	nolished)			
Bergen				, (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vacant	or it boing don	ronoriou)			
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme						
Horizon Environmental					The same of the sa	d Mold Service	s Corp				
Street Address					Street Address		о, оогр.			1500	
PO Box 316					3859 Sylon B	oulevard					
City, State, Zip Code					City, State, Zip Co						
Thorofare, NJ 08086					Hainesport, N						
Project Manager for Monitoring Firm		Те	lephone	No.	Telephone No.		License No.				
Dave or Steve Flanigan		0.000	856-848		609-702-0400		00862				
Start Date (10)	cheduled C	omp	letion Da	ite (11)	Name of OSHA M		00002				
10 /5 /16			9 /		EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (C	Check only	one)			Street Address					-10	
□ Facility Closed/Vacated During Entire	e Period of	Abat	ement		200 U.S. Rou	te 130 North					
Abatement Performed Outside of No	rmal Facilit	у Но	urs - Des	cribe	City, State, Zip Co	ode					-
Time of Abatement:AM	PM/	PN	Λ	AM	Cinnaminson						
Scope of Work (Check all that apply)											-
☐ ≥3 sf or ≥3 lf	□R€	nova	ation		☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf	⊠ De				☐ Glovebag						
						mpted (*) and Nor	-Friable Proce	edure			
	~ 7	Loca Norm	ation					Al	atem	ent T	уре
Location of Asbestos-Containing Material (ACM)	1 1.		lely by	Acho	Description o		A	R	Re	Щ	Ш
TO BE ABATED	Ma	inten	ance/	(i.e	stos Containing Ma ., thermal systems i	nsulation.	Amount (Specify	Removal	Repair	ncap	ıclo
IN Facility	Cus	todia (12	Staff?	150	surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)	Yes	No		1	other miscellaned	ous)				ate	
Exterior Main Building				Transite	e Roof Panels		18,000 SF			П	П
Exterior Shed				Transito	e Siding		2,400 SF				
Exterior Main Building	П	П		Transite	e Siding		2,800 SF				
				· ranoic	o oranig		2,000 01		屵		
Name of Registered Waste Hauler				Monto	Cubia Vandaria	N			Ш	Ш	Ш
Carnevale Disposal			NJDEP \ Hauler I[		Cubic Yards of Waste	Name of Registe					
			17297	Control of the Control	30	GROWS La	natili				
City, State					Disposal Date	City, State	14 TH CARRESTON				
Hamilton, NJ					11/10/16	Morrisville,	PA 19067				
Completed By (Print or Type)	Title		alak A		Signature	Λ		Date	22	AVIII	
Kimberly A. Trumbetti	Office (	Coor	dinator	•1	1 XI	V-		9	-20	-16	0

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)					Name	of Building	g Owner/Operator (	2)	HA E G	-15		₩	51
9 /	16 /	16	_			n Meloni		/ Job #1609-21	21 Chk. #4	477			
Agencies Notified  EPA	Type Notifica	ation			Street	Address		A Marketta a A	SE SE	P 2	2 21	16	
⊠ DOLWD	Amended	1											
⊠ DHSS	Amendme					State, Zip C			L	00.0	2001	TDO	10
DCA	☐ Emergen	cy (inclu	uding			ntnor, NJ			ASBEST	CEM	SIVIC	HU	La
(NJAC 5:23-8)	justification	on)			Name	of Contac	t		Telephone Num	ber	OI: 4C	.1	
	☐ Cancellat	ion			Joe	Meloni							
					FA	CILITY IN	FORMATION						
Name of Facility Where A Residential Propert		aking F	Place	(3)				Type of Facility (4 ☐ School (K-12)					
Street Address	Ly							Subchapter 8	(Other than K-12		.!!a!!		
								Other (i.e., printed homes, etc.)	vate and comme	rciai bi	illaing	S,	
City (5)								Square Feet	# of Floors	В	dg. A	je	
Ventnor								1500	1		1955		
County (6)					Cour	nty Code (7	()(STATE USE ONLY)		or if being demoli	shed)			
Atlantic								Residential					
Name of Monitoring Firm	Hired by Build	ding Ow	mer (8	3)	ASCM	No.	Name of Abateme						
Horizon Env.							Asbestos an	d Mold Services	s, Corp.				
Street Address							Street Address						
PO Box 316							3859 Sylon B	loulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Thorofare, NJ 0808	6						Hainesport, N	NJ 08036					
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Dave Flanigan				85	6-848	-0800	609-702-0400		00862				
Start Date (10)	7,09000	Schedule					Name of OSHA N	lonitor	*				
9 / 29 /		_9 ===			_ / -	16	EMSL Analyt	ical, Inc.					
Occupancy Status During					versoner 200		Street Address	ALI 2007/ART WATE 1700					
☐ Abstament Performed							200 U.S. Rou						
Abatement Performed Time of Abatement:							City, State, Zip Co						
Scope of Work (Check all	that apply)							2					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novati nolitic			☐ Mini-Enc ☑ Gloveba	g Procedure					
								mpted (*) and Non	-Friable Procedu	re			
Ÿ#-	. 2			Locat orma			2 7 2			Ab	ateme	ent T	уре
Location Asbestos-Containing I		n		d Sole		Ashe	Description o stos Containing Ma		Amount	Re	Re	En	En
TO BE ABA	TED	.		ntena			., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facilit	ty		Custi	odiai ( (12)	Staff?		surfacing, VAT,		SF or LF)	la la		Encapsulate	ure
(13)		,	Yes	No	N/A	1	other miscellane	ous)				ite	
Attic					$\boxtimes$	Paper V	Vrap on Ductwo	rk	200 SF				
Attic					$\boxtimes$	Vermice	ulite Insulation		1,000 SF				
Name of Registered Wast	te Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Registe	ered Landfill				
Carnevale Disposal				Н	auler II 17297		Waste 5	GROWS Lai					
City, State							Disposal Date	City, State		The state of the s			
Hamilton, NJ							10/15/16	Morrisville,	PA 19067				
Completed By (Print or Ty	/pe)	Title					Signațure/	1	Da	ate		-	
Kimberly A. Trumbe		Offi	ce C	oord	inato		OXI	_			30-	10	

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)					Name	of Building	g Owner/Operator (	2)					
9 /	8 / _	16			Mrs	. Jannin	e Gomes	/ Jo	ob #1609-2118	Chk	. #44	170	
Agencies Notified	Type Notifica	ation			Street	Address		<del></del>					
□ EPA	☐ Initial								MEGI	3 1	W	F	F
☑ DOLWD ☑ DHSS	☐ Amended Amendme				City, S	state, Zip C	Code			- U	U		$\neg \Pi$
□ DCA			udina		Way	yne, NJ (	7470						
(NJAC 5:23-8)	justification		aag		Name	of Contac	t		Telephone Number	er 2	201	6	114
	☐ Cancellat	ion			Jan	nine							
					FAC	CILITY IN	IFORMATION		ASBESTOS	00	NITE	101	
Name of Facility Where A		aking f	Place	(3)				Type of Facility	(4) LICE				α
Residential Propert Street Address	.y					<u> </u>		School (K-1)	8 (Other than K-12)				
Street Address								Other (i.e., p	rivate and commerc	ial bu	ilding	s,	
City (5)				-				Square Feet	# of Floors	Blo	dg. Ag	ne .	
Wayne											-5	, -	
County (6)					Coun	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ed)		11-11-11	
Passaic						•	***	Residential		-940033.			
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9	)				-
Hillmann Environm							Asbestos and	d Mold Service	es, Corp.				
Street Address							Street Address		•				
1600 Route 22 East	, Suite #107						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode	10.5-10.5		-	2410012	
Union, NJ 07083							Hainesport, N	NJ 08036					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Thomas Rubino					08.688		609-702-0400		00862				
Start Date (10) 9 /16 /	11/25/02				tion Da		Name of OSHA N EMSL Analyt						
Occupancy Status During	Abatement (0	Check (	only or	ne)			Street Address						
☐ Facility Closed/Vacate	d During Entir	e Perio	od of A	bate	ment		200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement: _							City, State, Zip Co	ode					
		PIVI/		-PIVI		AIVI	Cinnaminson	n, NJ 08077					
Scope of Work (Check all	that apply)						☐ Full Cont	tainment with Ne	native Pressure				
☐ ≥3 sf or ≥3 lf			⊠ Ren				☐ Mini-Enc	losure	gative i ressure				
≥160 sf or ≥260 If		L	_ Den	noliti	on			g Procedure mpted (*) and No	on-Friable Procedure	)			
				Loca						Ab	ateme	ent Ty	уре
Location				orma	lly elv bv		Description of			R	R	Ш	ш
Asbestos-Containing I TO BE ABA		)			ince/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	ncal	nclo
IN Facilit			Custo		Staff?	(	surfacing, VAT	, or	SF or LF)	val	7	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A	1	other miscellane	ous)				ate	
WHOLE HOUSE			πÌ			CLEAN	ING		NA			П	П
			=+	$\vdash$	1000								
Name of Desired 197	te Hearten			Ц	ПП			Tu (5.	L	Ш	Ш	Ш	Ш
Name of Registered Wast Carnevale Disposal				1000	IJDEP \ lauler II		Cubic Yards of Waste	GROWS L	stered Landfill				
City, State					17297		5 Disposal Date						
Hamilton, NJ							9/30/16	City, State  Morrisville	e, PA 19067				
Completed By (Print or Ty	(ne)	Title					Signature /	A	Date	a			
Kimberly A. Trumbe			ice C	oor	dinator	•	Signature			-12	3-1	10	
	water to the same of the same						MX	7		lox	1	Ψ	

ASB-41 MAY 11

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

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Date of Notification (1)		10						er/Operator (	(2)	11	$D_{l}$	6	G		1	W	厚	F
9 /		16			Sta	сеу Моо	re			- 11	KI		2000		_	<u> </u>	5	
Agencies Notified	Type Notifica	tion			Street	Address				- 111	$ \Pi $	0.1						П
⊠ EPA	⊠ Initial									14	-	St	EP :	22	20	116		U
☑ DOLWD	Amended Amendme				1000	state, Zip				- 1	-						1-	_
□ DCA	☐ Emergend		uding		Mo	unt Holly	, NJ	08060			AS	BES	TOS	00	17			
(NJAC 5:23-8)	justificatio				Name	of Contac	ct			_	Tele	ephone	MEM	uper.	VII	HOL	. &	-
	☐ Cancellati	ion			Sta	cey Moo	re									_		
					FA	CILITY IN	NFOR	MATION			277							
Name of Facility When	e Abatement is T	aking F	Place	(3)					Type of	Facility	(4)							
Moore Residence	е									ool (K-12			- IZ 41	27				
Street Address										chapter ( er (i.e., p					buil	ding	S,	
										es, etc.)							90	
City (5)									Square	Feet	#	of Floo	rs		Bld	g. Ag	e	
Mount Holly									3,400	)		3			7	0		
County (6)					Cour	ity Code (	7)(STA	TE USE ONLY)	Current		ior if b	peing o	lemol	ished	)	()		Sharet et la
Burlington										dence								
Name of Monitoring Fi	rm Hired by Build	ling Ow	mer (	8)	ASCM	No.	Nan	ne of Abatem	ent Contr	actor (9)	)							
Mgmt. & Enviro.	Consulting Se	rvices	;				S	hade Envir	onmenta	al, LLC								
Street Address							Stre	et Address										
PO Box 341							6:	23 Cutler A	venue									
City, State, Zip Code							City	, State, Zip C	ode									
Chesterfield, NJ	08515						M	aple Shade	e, NJ 080	)52					245.00	20222		
Project Manager for M	lonitoring Firm			Tel	ephone	No.	Tele	phone No.			Li	cense	No.					
Bill Weisgarber				6	09-298	-4070	8	56-755-0099	9			00842	2					
Start Date (10)					etion Da		Nan	ne of OSHA N	Monitor									
10 /17	/16	10	/	_2	1_/	16	E	MSL Analyt	tical, Inc									
Occupancy Status Dur	ring Abatement (C	Check o	only o	ne)			Stre	et Address										
□ Facility Closed/Vac	ated During Entir	e Perio	d of A	Abate	ment		20	00 Route 13	30 North									
☐ Abatement Perform							City	, State, Zip C	ode									
Time of Abatement	t:AM	PM/		_PM		AM	С	innaminsoı	n, NJ 08	077								
Scope of Work (Check	( all that apply)							BOLANIC SCHOOL THE TOTAL PROPERTY.		W25 V5T		V. V				-		
M > 2 of or > 2 If		_	☑ Rei		ion					with Ne	gative	Press	ure					
<ul><li>≥3 sf or ≥3 lf</li><li>&gt;160 sf or &gt;260 lf</li></ul>			Der					☐ Mini-End		ure								
								☐ Non-Exe	empted (*)	and No	n-Fria	able Pr	roced	ure				
			100000	Loca	700 TO 100 U									,	Aba	teme	ent T	/pe
Locati Asbestos-Containir		,		lorma d Sol	ely by	Ach	notos (	Description of Containing Ma		20.40		Amou	ınt	1	Po	Re	En	En
TO BE A		'	Mai	inten	ance/	(i.e	e., the	rmal systems	insulation	), 1,		(Spec		1	Pemoval	Repair	cap	Enclosure
IN Fa			Cust	odial (12)	Staff?		s	urfacing, VAT	, or			SF or I	LF)	3	2		Encapsulate	ure
(13	3)		Yes	No	N/A	-	oth	er miscellane	eous)								ite	
					-	ļ	-								7			
Basement		l l	Ш	$\boxtimes$		Pipe In	sulat	ion				145 L	_F	0		Ш	Ц	Ш
		1																
			П															
	#1F2011	_		+-									Г	7	П	П	П	
Name of Dogistared 14		Ц.	NJDEP 1	Maeta	Cub	ic Yards of	Nama	of Regis	eterod	I and	fill		_	ш		Ш		
Name of Registered W Freehold Cartage		100	Hauler II		Was		1	nberla:				dfill						
		15939		2				ilu O	Juilly	Lail	MIII							
City, State							1000000000	osal Date	City, S		D.A							
Freehold, NJ							10	0/21/2016	Nev	vburg,	PA							
Completed By (Print o	r Type)	Title						Signature	al -				4 6	Date				
Christina Lynch		Ор	erati	ons	Manag	jer		( THAX	Or	$\geq$	2		(	9/	10	1	0	

			108.000						1		_	ノし	V	1		
Date of Notification (1) 9/19/16					f Building ( Janzer											
Agencies Notified	Type Notification			Street A	ddress				E	E	P	E	7	77 - [	3 1	71
EPA DEP	× Initial					-				1-1-	6			<u>y</u> [		
Total Control	Amended	**		U 102/2 1/2	te, Zip Co										1	
(100-100)	Amendment Emergency (				nawkin N	19 080	50				CED	0.0	20	110		
DOH DCA	justification)	3	11.0		f Contact				10 -	Tolo	nhone l	Númb	er	110	1-	$\neg$
DCA	Cancellation			Stacy						1						
Name of Facility Where A	Ahatement is Taking	Place (3)	-	FACI	LITY INFO	RMAT	ION	Type	of Facility (4	ASB	ESTO				_&_	_
Stacy Janzer Priv		g i lace (o)						_			LICI	ENSI	NG	<u> </u>		
Street Address						W 12 - 1			School (K-12 Subchapter 8		r than k	(-12)				
Otroot Address								×	Other (i.e. pr				uild	ings,	home	es,
City (5)									etc.) re Feet	# of	Floors		Грі	dg. A	70	
Manahawkin NJ 080	050							1000		2	F10015		1	ug. A 5+	ye	
County (6)			1	County (	Code (7)				nt Use (Prior		na dema	lichad				
Ocean					JSE ONLY)			Hous		i ii beli	ig deme	maneu	,			
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	1 No		Name	of Ahat	tement Cont	ractor	(9)					
N/A	Timed by banding c	owner (o)		7.001	1110.		1000	aco Ir		ractor	(5)					
Street Address							Street	Addres	is.				-			
								30x 32								
City, State, Zip Code							City, S	tate. Zi	p Code				-			-
									n NJ 0809	91						1.
Project Manager for Mon	itoring Firm		Τ-	Telepho	ne No.		Teleph	none No	0.	Т	License	e No.				
•				******************************			0.0000000000000000000000000000000000000	753-9			00727	7				
Start Date (10)	1	Schedule	d Com	pletion I	Date (11)		Name	of OSH	A Monitor							
9/30/16	1	10/6/16					Sam	е								
Occupancy Status During	Abatement (Chec	k Only On	9)				Street	Addres	SS							
× Facility Closed/Vaca	ated During Entire F	Period of A	batem	ent												
Abatement Perform	ed Outside of Norm	al Facility	Hours				City, S	tate, Zi	p Code			0 - 2				
Other – Describe: _						-										
Scope of Work (Check A	II That Apply)															
23 sf or ≥3 lf		R	enovat	tion				Ful	I Containmer	nt with	Negativ	re Pres	ssur	е		
× ≥160 sf or ≥260 lf		× D	emoliti	on					i-Enclosure		1570					
							×		vebag Proce n-Exempted		l Non-Fr	riable l	Proc	edure	9	
		le	Locatio	nn.											ment	
Location	of	N	ormall	у		De	scription	of						Ту	pe	
Asbestos-Containing	Material (ACM)		l Solei			os Con	taining N	<b>Naterial</b>		Ar	nount				т	_
TO BE ABA			dial S	9100111000	(i.e.		system cing, VA		ation,		pecify or LF)		Rer	Re	nca	incl
(13)	ity		(12)				miscellar			OI:	OI LI')		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u> </u>		ate	Ге
Futorior C	i din n	100	140			Г		-1:		100	20.05		-		_	
Exterior S	olaing			Х		EXIE	erior Si	aing		120	00 SF	×				
		1										_				
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of R	eniste	red I and	dfill				
United Roll Off	i laulei		12781.350	auler ID		of Wa			la con la constanta de la cons		ou Lail	um				
Officed Holl Off			22	2459		3			G.R.O.W	v.S.						
City, State							sal Date		City, State						-1,0.7	
Elm NJ						10/6/	16		Morrisvil	le PA	1906	7				
Completed by		Title				5	Signature	9	72	_		Date	12 -	R		
Anthony T Perna		Presid	ient				(	1				3/19	/16			

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

Date of Notification	1 (1)	,	1	Name o	of Buil	ding	Owi	ner/Operator	r (	2)	NEC	E	Π	$\mathbb{W}$	E	[7]
9/19/2016				Mai	rie M	IcMa	nu	s			DEC		Ш	<u>U</u>	ط	
Agencies Notified	Type Noti:	fication	1   5	Stree	t Addre	ess				- Company	ni					
[ ]EPA	[X]Initi	al								Qui de	III SF	P 2	2	2016		L
[ ]DEP	Noti	ficatio	n	City,	State	Zip	Cod	de							-	-
[X]DOL	[ ]Amend			Dun	nont,	NJ,	07	628			ASBES	TOS	00	NTR	OL	&
[X]DOH	Noti	ficatio	1 1	Name o	of Cont	tact			_	Telephon	ASBES	ICEN	1511	VG_		
[ ]DCA	[ ]EMERG	ENCY			cie M		nu	s								
* * *	[ ]Cance	llation														
Name of Facility Whe				- 77		LITY	INF	ORMATION	TIE	C T (1	: (4)					
Marie McManus	ere Abateme	ent is i	akin	g Pia	.ce (3)					ype of Facil	(K-12)					
Street Addres									1		ter 8 (Other i.e., priva					
											uildings, h					
211 /5		- 10		<b>51.5</b>		- Ia		- 1 (7)	S	quare Feet	# of Floo	ors	1	lg. A	ge	
City (5 Dumont		Coun	try (	6)Ber	gen	1		Y Code (7) E USE ONLY)		2200	2			5		
Danono										urrent Use (	Prior ii be	eing	aem	OLISI	nea)	
Name of Monitoring H	Firm hired	by Buil	ding	ASC	M No.		Na	ame of Abate	ll emer	nt Contracto	r (9)					
Owner (8) N/A								AZTECH N	MA)	NAGEMENT	, Inc.					
Street Address						2007	St	reet Addres	35						5500	
								86 Chris	st	opher St						
City, State, Zip Cod	ie						Ci	ity, State,	Zij	p Code						
								Montclai	ir	, NJ 070	42					
Project Manager for	Monitoring	g Firm			e Numb	er	Te	elephone Num				Licen			er	
			N/	A				(973) 744	4-	8800		003	37:	1		
Scheduled Start Date	(10)	Sched. C		etion	Date	(11)		ame of OSHA	Mon	nitor						
9/28/16		9/29					N	/A								
Occupancy Status Dur			neck			<u> </u>	St	reet Addres	ss							
[X]Facility Clo of Abatemen		d Durin	g Ent	tire 1	Period											
[ ]Abatement Pe		tside o	f Nor	mal 1	Facilit	-y	Ci	ty, State,	Zij	p Code						
Hours - Desc [ ]other - Desc	-			-	rint»					- N - 12 - N - 13 - 13 - 13 - 13 - 13 - 13 - 13						
Scope of Work (Check			aricy	Desci	1000	-										
bcope of work (oneon	all mat	appry,						[X]Full	Co	ntainment wi	th Negative	e Pre	ssu	re		
[X]>3 sf or [ ]>160 sf or					vation olition					closure g Procedure						
1 1/200 02 .				, D C.III.						able Procedu	re					
Location	of			Is ocatio				Descripti	OTI	of		1	Aba	temer	t I	ype Ype
Asbestos-Cor		l	No	Used	Ly		I	Asbestos-Cor			Amount		R E	R	N	N N
Material TO BE AB		1		olely Main			(i	Material .e.; therma			(Specify	Y	M	E P	A P	L O
In Facil			te	enance	e/	iı		lation, surf			LF)		VA	A	S	S
(13)		<u>-</u>	Sta	No	12) N/A		or	other misce	ella	aneous)			L	R	L	R
Basement				-110	-	Pip	e :	insulati	LOI	n	160 1	£ 2	2		•	
Basement					-			r insula	-		35 sf					
Name of Registered V	100000	DEP W				Yards		Name of Regi	stered Land	fill						
AZTECH MANAG		uler 7040	ID No.	ot	f Wa	ste 1.5		Minerva	Enterp	ris	e	INC	!			
City, State							-	sal Date		City, State			77.70			
Montclair, NJ	07042						9/	30/16	_	Waynesb	urg, Oh	io	44	688		
Completed By (Print	or Type)	Title						Signature	e l	1	-1/	Da	to			
	onstantine Vivian Pres							1	1	ich it	1/	100000		2016		
Particular Company of the Company of		1						1	12	W) fell lan	11641		100 100 (100 (100 (100 (100 (100 (100 (1		X	
										( '	5.2					

Date of Notification (1)				Nam	e of Buildir	g Owner/Operator	(2)		1	_			
9/1	6 /201	6		IN	TTION	on Dild O	Thlou	sha aa a		D. 0			
Agencies Notified	Type Notification			Street	ot Address	MANA	MAH	小原"原尼		_\\/		IF	
	<b>⊠</b> Initial			E é	a: 00	12 0	The state of the s		ш				
☐ DOLWD	☐ Amended			City	State, Zip	un St.	-	31				111	Ш
DOH	Amendment #	3 36 0400		11.	11 .	1 -	madil	SEP 2	2	201	6	IL	
	Emergency (i justification)	ncludin	g		Od Dizi		0709911		2000				
(NJAC 5:23-8)	☐ Cancellation			ML	o I Contac	ha - 1		Telephone Numb	)er			_	
				141	H D	oranek		1.2		40-140-		×	- 1 -
Name of Facility Where At	otomost in Tolde	o Dian	- /21	FA	CILITY II	VFORMATION		LICE	11/5	ING	_		_
NTTURNPIT				00			Type of Facility			77472			
Street Address	THE LIFE	en	22/	(IX			School (K-1)	2) 8 (Other than K-12)					
Jueer Address T. 11	D1 - 10		10				Other (i.e., p	nivate and commen	cial b	uildin	IS.		
City (5)	riaca	10-	10				homes, etc.						
Outhor	ford 1	IT					Square Feet	# of Floors	В	ldg. A	.ge		
County (6)	10111,	177		1 Cour	nh: Cada C	NOTATE LINE ONLY	16,500st	. 1 1					
Luds)	a Cour	1.1		Cou	nty Gode (i	)(STATE USE ONLY)		ior if being demolis	hed)			-	
Name of Monitoring Firm H	lired by Building	17 Y	1 /6/	ASCM	Ma	[N]===== (2) (	Toll P	laza		1			
Traine of monitoring ( and )	med by building	OWITE	(0)	MOUN	NO.	Name of Abateme	ent Contractor (9)	1	1	1.	20		
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Oity, Oidio, Zip oode						City, State, Zip Co	1 1	T 1700:	2				
Project Manager for Monito	ring Ciem		Tele		NI-	Migabe	1h, N-	07200	1				
r rojoct manager for Blothio	and cum		168	phone	NO.	Telephone No.	2700	License No.	11				
Start Date (10)	I Cobo	duled C		Ena Da	In IIII	908-43Le.	3137	N	1A				
9 1 26 16		0 1				Name of OSHA M	lonitor						
			3.00	_ ' 0	1016							- 1	
Occupancy Status During A						Street Address							
★ Abatement Performed C	outside of Normal	Facilit	MUBIE!	nent s - Dae	cribo								
Time of Abatement:	AM <b>%</b> Pi	M/	_PM-	5	AM	City, State, Zip Co	ede						
Scope of Work (Check all ti	net annivi	-											
	rat apply)					☐ Full Cont	ainment with Neg	ative Pressure					
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			novati			☐ Mini-Encl	osure	Jan 20 1 1055010					
<u>⊠</u> ≥100 St 01 ≥200 II		⊔ ⊔е	molitic	ın			Procedure	n-Friable Procedure	e.				
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IN Facility	-0		lodial 3		l (i.e	, thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	air	sde	Enclosure	
(13)		-	(12)	1		other miscellaned		0, 0, 2, ,	-		Encapsulate	10	
2 ( 22 )		Yes	No	N/A	<u> </u>								
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Name of Registered Waste	I Invite		Ц			2	1						
Con I ( 11)	. (3			JDEP V		Cubic Yards of Waste	Name of Regis	tered Landfill	Λ			.	
Cartury Wil	Ite Jen	ices	13	auler 15	17		1 Wastell	langarment	- (-	IRO	211	lan	Voffi V
City, State	A 1 -	I				Disposal Date	City, State	J					0111
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Completed By (Print or Type		-		, 1		Signature	Λ,	Date	3	,	,	$\neg$	
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ASB-41 JAN 13		Do no!	use th	is form	for achori	os licensule exemp		5	-	,,			
	100.0	sint			ויסו הסחססוו	JU HOUHOUND TABIFIER	CON CUNYERS.						

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

GAC Project # 060-16

π 000-10										
Date of Notification (1) Septem	nber 19,	2016			Name of Building Owner/ RUTGERS, THE ST		ERSITY	OF NJ		ı e
Agencies Notified  EPA  DCA  X DOL		Notification  Initial N  Amend  Emerg	Notifica led Noti ency (i	fication #	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH &		Y DEP	T. PUS	016
DEP- No Longer REQUIR	RED	justific □Cancel			PISCATAWAY, NJ 0	8854	H .	6	, C 61	010
<b>Ж</b> рон					Name of Contact MICHAEL SMITH, E HEALTH & SAFETY	ENV.	Telephor		CON	TROL 8
			-	FACILITY INF	FORMATION	Buston				
Name of Eacility Where Abaten LOREE GYM, BLDG#	nent is Tak 8432	ing Place (3)			Type of Facility (4)  School (K-12)					
Street Address DOUGLASS CAMPUS					Subchapter 8 (other than   Other (i.e. private & cor   Sq. Feet: N/A #				years	
City (5) NEW BRUNSWICK	County (6)	LESEX		Code (7) Use Only)	Current Use (prior if being	g demolished)	: ACADE	MIC		
Name of Monitoring Firm Hired ATC	by Bldg. C	Owner (8)	ASCM 0098		Name of Contractor (9)  GREENWOOD ABAT	TEMENT C	ONSULT	ANTS, I	NC.	
Street Address					Street Address					
3 TERRI LANE					268 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring BRIAN KEARNY	<u>Firm</u>	Telephone N			Telephone Number		License N	lumber		
DRIAN REARINT		009-300	-0000	100	973-492-0477		00840			
Scheduled Start Date (10) 09/30/16		Scheduled (10/03/16	Completic	on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC	o.				
Occupancy Status During Ab					Street Address					
	ring Entire	e Period of Ab rmal Facility I	atement Hours -	i.	20-21 WARGARAW	ROAD				
XOther – Describe: Schedule: 5PM – 5AM (24 H	IOURS &	WEEKENDS	AS NEE	EDED)	City, State, Zip Code					
					FAIRLAWN, NJ					
Scope of Work (Check all that a	(ylage					Full Contain	ment with	Negative	Pressure	
$\ge$ 3 sf or $\ge$ 3 lf $\square$ $\ge$ 160 sf or $\ge$ 26	60 If			Renovation  Demolition		Mini-Enclosu Glovebag Pro Non-Exempt	cedure / V			edure
Location of Asbestos-Containin Material (ACM) in Facility (13)	Sole	ocation Normal ly by Maint./Co ?? (12)			pestos Containing Material (A ems insulation, surfacing, VAT		. CE	patement ]	William Control	Enclose
024, 122		×		VAT		1408	F 🔯	j T		
	_							_	-	+
Name of Reg. Waste Hauler See Hauler Below #1 & 2	2	NJDEP Was See Below	I r ID #	Cubic Yards of Waste:	25 CY		Registered V.S. Nor		lfill	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509						Disposal Da 10/03/201		100 N Morri	State New Ford isville, Pa 736-1700	
Completed by (Print or Type) RAYMOND C. PEDALI	NJ DEP# 4509					dalino	Date Sep	otembe	r 19, 20	016

	N		CATION	ate of New OF ASBI to NJAC	ESTOS	ABATE		[F	_(	Y		54		1		71
Date of Notification (1) 9/19/16				Building (						E C			W			11
Agencies Notified Type Notification			Street A	ddress					Annual	SE	P S	2 :	2016	1 1	U	#
EPA Initial			0.11	7: 0					1 11	- CL	-1 6		-011	4		
DEP Amended Amendment	#			ite, Zip Co on Beac		8008			L	SBES	TOS	CON	ITR	01.8		
Emergency (		_  -		Contact				-		Teleph				020	_	$\perp$
DOH justification)  DCA Cancellation			Chuck													
			FACI	LITY INFO	DRMATI	ION										
Name of Facility Where Abatement is Taking Charles Becker Private Home	g Place (3)						Errord.	of Facilit								
Street Address								School (ł Subchap		(Other th	nan K-	12)				
							X (	Other (i.e					ildin	gs, ho	mes	
City (5)								etc.) re Feet	T	# of Flo	ors		Bldg	. Age		-
Brighton Beach NJ 08008							1000	)+		2			35+	50		
County (6) Ocean			County (	Code (7) USE ONLY	1		Curre	nt Use (I	Prior i	f being o	demol	shed)				
Name of Monitoring Firm Hired by Building (	Durpor (9)		ASCM			Nama		tement C	Contro	otor (0)						_
N/A	owner (o)		ASON	I NO.		1000000	aco Ir		2011116	10101 (3)						*
Street Address						Street	Addres	SS								-
						POE	lox 32	29								
City, State, Zip Code						1000		p Code n NJ 0	8091	ĺ						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No	0.		Lic	cense	No.			-	-
						856-7	753-9	800		00	727					
Start Date (10) 9/30/16	Scheduled 10/6/16		npletion I	Date (11)		Name Same		IA Monit	or							
Occupancy Status During Abatement (Chec	k Only One	9)				Street .	Addres	ss								
Facility Closed/Vacated During Entire F     Abatement Performed Outside of Norm     Other – Describe:						City, S	tate, Zi	p Code								
Scope of Work (Check All That Apply)																-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	programmy.	enova emolit		85		×	Mir Glo	I Contair ni-Enclos ovebag P n-Exemp	ure	lure				turo		
	lal	Locati	ion				1 1401	1-LXCITIP	Ted (	) and in	011-1 116	able F	72370	ateme	ent	
Location of	N	ormal	‼y		De	scription	of							Туре	_	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair	Sole ntena odial S (12)			tos Con thermal surfa	taining M systems cing, VA miscellan	laterial insula T, or			Amou (Spec SF or	cify	Remova	- Copen	Encapsulate	1	Enclosure
	Yes	No	N/A											e		
Exterior Siding		х		Exte	rior Sic	ling			1800	SF	х					
Name of Registered Waste Hauler United Roll Off		H	JDEP W lauler ID 2459		Cubic of Wa	Yards ste		Name G.R.0		gistered .S.	Land	fill				
City, State Elm NJ				-		sal Date		City, S Morri		PA 19	9067	8				$\neg$
Completed by Anthony T Perna	dent			5	Signature	/	CO EFFERNOW.			100	Date 3/19/	16				

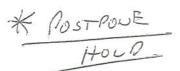
Print Form

Date of Notification (1) 9/19/16			Building (				Home	A		()						
Agencies Notified  EPA  DEP  DOL	Type Notification  Initial Amended Amendment Emergency (				ddress te, Zip Co Pleasant		n NJ 0	8742				SE	<b>尼</b>	2	2016	
DOH DCA	justification)  Cancellation			Morga		DISATI	ON			Tel	enddae ASI	<b>5</b> F. 1		<del>1/3 </del>		OL 8
Name of Facility Where A Morgan & Jan Mclad				FACI	LITY INFO	KWIATI	ON	Person	of Facility (4) School (K-12			L	IOL	1401		
Street Address								X	Subchapter 8 Other (i.e. pri	ivate 8	& comm	nercial				s,
County (5) Point Pleasant Beac	ch NJ 08742			Causti (	2-d- (7)			1000		2	f Floors		3	dg. A 5+	ge	
County (6) Ocean				STATE L	Code (7) JSE ONLY)	·		Hous				olishe	d)			
Name of Monitoring Firm N/A	Hirea by Building C	Owner (8)		ASCN	1 No.		Pern	aco Ir		ractor	(9)					
Street Address							PO E	Addres Box 32	29							
City, State, Zip Code									p Code n NJ 0809	1						
Project Manager for Moni		Telephor	ne No.		F 3000000000000000000000000000000000000	one No 753-9			Licens 0072							
Start Date (10) 9/29/16	Schedule 10/5/16		pletion (	Date (11)		Name Sam		IA Monitor								
Occupancy Status During  Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F	eriod of A	batem					Addres	p Code							
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enovai emoliti				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	dure					9	
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Exterior S		х		Exte	rior Sid	ding		30	00SF		x					
Name of Registered Was	N	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red Lar	ndfill				_		
United Roll Off		auler ID 2459	No.	of Was	ste		G.R.O.W	es <del>o</del> mous.								
City, State Elm NJ						Dispos 10/5/	sal Date 16		City, State Morrisvill	le PA	1906	67				
Completed by Anthony T Perna	dent				ignature		**************************************		a	Date 3/1:	9/16					

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Date of Notification (1)		Name of	F Building Owner  + Debb	Operator	(2) Che	D) E	CEI	$ \forall$	E		
Agencies Notified  Type Notification  FPA  DEP  DOL  Amendment #  Emergency (in	cludina	Spr	te, Zip Code	0 2 , Ne	wiers	N ASB	SEP 22		iĝ ROL	<u> </u>	1
DOH justification) DCA Cancellation		Do	f Contact	,	L	0	M26 \$6				1
Name of Facility Where Abatement is Taking  Che + 1 Che on Che  Street Address  City (5)  Name of Monitoring Firm Hired by Building O  Street Address  City, State, Zip Code		County	Code (7) USE ONLY)	Name Ace Street 95 N City, S		(K-12) pter 8 (Other Be, private  # 0 (Prior if be Contracto		al build	oldings,	ge	es,
Project Manager for Monitoring Firm		Telephor	ne No.	Teleph	one No. 294 1757		License No	).			
Start Date (10)  G	riod of Abate	ement urs	Date (11)	Street	Mini-Enclos	nment will	n Negative Pr	ressun	re		and the state of t
	fs Loc	ation			Glovebag I Non-Exem	pted (*) ar	nd Non-Friabl	e Pro	Abali	ement	l l
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Norm Used Sc Mainten Custodia (12	nally slely by nance/ I Staff?	Asbestos Co (i.e. therm surf		faterial (ACM) s insulation, T, or	(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
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Name of Registered Waste Haufer Ace Insulation Co., Inc.		NJDEP W Hauler ID 12086	No. of W		Chris	ns Landi	ered Landfill	on any state of the state of th	responsively.	and broad for delivery	TO CALL THE PARTY OF THE PARTY
City, State Colts Neck, New Jersey Completed by Bree McGuire	Title Secretary	y Treasu	- 9	osal Date   30   1 Signature   1	City, S Fast		Dat	17	lic	Ĉ.	April 1 i i i i i i i i i i i i i i i i i i



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

MOC	K
CHECK#	9185

		(P	ursuant	to NJAC	8:60 an	d 12:120)		F P	F	П	7.//	E
Date of Notification (1)			-60			Operator (		DE G	<u> </u>	Ш	<u>W</u>	TE
8/29/16				AUM	IOND	F	taguan	11531				
Agencies Notified Type Notification			Street A	ddrèss				III III	P 2	2	2016	i
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X DOH justification		1	1	f Contact				Telenhone Ne	mhar h	ICIN	IG	
DGA Cancellation	n		61	MILY	K	CRAU	SE	1				
			FACI	LITY INF	ORMAT							
Name of Facility Where Abatement is Takir	ng Place (	3)					Type of Facility (	4)				
RESIDENCE							School (K-1	2)				
Street Address		J. 100 - 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /						8 (Other than K-1		••		
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WAYNE County (6)							1,500	2	-	4	56	
County (6)		-	County	Code (7)				or if being demolis	hedi			-
PASSAIC.				USE ONLY	Y)			DNTI4C.				
Name of Monitoring Firm Hired by Building	Owner (8	1	ASCN	A No.		Name	f Abatement Con					
one control of the co	J (0	•	1.000	1100			C Contracting					
Street Address						Street A						_
							reeland Ave.					
City, State, Zip Code												_
ong, otate. Zip obde							ate, Zip Code					
Project Manager for Manager			T 1				nd Park, NJ					
Project Manager for Monitoring Firm		-	Telepho	ne No.		Telepho		License N	√o.			
	,					(201)2	262-5841	00156				
Start Date (10)	Schedul	ed Cor	noletion l	Date (11)		Name o	f OSHA Monitor					-
						Omeg	a Environmer	ntal Services				
Occupancy Status During Abatement (Che-	ck Only O	ne)				Street A	ddress					
Facility Closed/Vacated During Entire	Period of	Abaten	nent			280 H	uyler St.					
Abatement Performed Outside of Norr	nal Facilit	y Hours	3			City. Sta	ate, Zip Code					
Other - Describe:							ensack, NJ 07	606				
cope of Work (Check All That Apply)							***					-
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≥160 sf or ≥260 If	Distance.	Demolit				Z	Mini-Enclosure	ent with Negative F	-ressure	е		
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	ALC: OVER 1		-									
ame of Registered Waste Hauler			JDEP W		Cubic		Name of F	Registered Landfill	-			
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ity. State	7508		-	15			1300 (31)					
ewark, NJ					Dispos	Il Date	City, State				2000 T	
					7/7	116	Bethlehe	em. PA				
Completed by	Title				0	inneture		T =				-

Vice President

Joseph Vocaturo

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Date of Notification (1)		-			Name of	Building On	new Tham	120)	-14	4:	- n - <u></u>			7
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DEP DOL	Amenda Amenda	Sant di	4	-	ity, State	Zip Code	MAKK	67 8	7	TI				
DOH DCA	Emerge justificat Cancella		duding	N	MARKET ELI P	ontact	K L	12/		Telephon			Tanga (A)	
Name of Facility Where Aberta 786 BRUAN	ment is Ti	aMing P	ince (2)		CANH	Y INFORM	ATION		·		a Attio	- and		" !
Street Add		1600	ALT	YA	750	20000		Type of F						_
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County (5)								Bours Fo	and I	of Floors			ස්පු, ර	
County (5)  ESSEX  Name of Marklothing Firm Hilled	By the state			(91)	Unity Gode ATE USE	ONE IS		Current Us	e (Prior V)				6	
Street Address	O) CURRY	A ONLH	Pr (6)	I	SCM No.		Name A. Ma	of Abelemen IC Contrac	0-6-2			_		
City, State, Zip Code							Street J	realand A				_		
roject Manager for Monitoring s	Filtri			1500			City, St.	nto, Zip Cod				_		
Part Dato (10)		Sche	Guinet C	1	on Date (		Telepho 201-20	ne No. 32-5841		License 00156	Na.			_
ocupancy Status During Abatem	nem (Che	de Post	101	20/	on Date (	19}	Name of Omage	OSHA Mon Environ	tor					_
Facility Closed/Vacated Duri Absternant Parformed Dulei Other – Describe:				ini Marit			280 Hu	idrees Tyler Stree		ervices (	PC.			_
ope of Work (Check All That As			_				City, State Hacker	sack, N.J	07809		-	-		-
29 sf or 23 H 2160 sf or 2280 d	·-#/		Renov Demo.	wion			- ·	Full Contain	andrit with		?/essu	ira	_	_
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Location of Asbestos-Containing Material (- 10 SE AGATEO	ACM)	Ue	Nonna ad Ros	lly an		Desc						Abe	iomer VP4	18
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s of Registered Waste Hauter			- 1	DEP W							1	$\Box$		
Wark Carling, Inc.			Ma	200 Mario 10: 1 Ceria Avi	ista Vo.	Cubic Yar of Waste	de	Name of	Registered	Landial	1			
Stole Vark, N.J. 07105			104			Disposal E	·	Grand C	Cantral S	enitery L	andi	<b>J</b> 51		
feted by feDonald		Ma				9/15/	15 02	Pen Arg	yl. PA O	9072		_		
	11	Presk	ient			Signs	CAN ART	V		Date				

<sup>\*</sup> Do not use this form for expositos licensure exampled activities.

15/2015 14:01 201252	3321			AMAC				P4	AGE
				New Jorsey Le prestor adantement AC 8:60 and 12:120)  Imp Demand Creation (2)  EINCH IAN GIND CO INC. SREPTOS CO  IT stephone Number  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other II.s. private & commercial buildings, homes on the contracting to the contracting forc.  Shoper Address 185 Vrestend Ave.  City State, 2p Code Midland Park, NJ  Telliphone No. (201)262-5841  D0158  Siner Address Sin					
	NAC.	THICATION	N OF ARB	ESTOB ABATE			CHSCKA SET Z  SE	92	
ate of Notificetian (1)		Name o				1 1-1	4	1	
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lly, Statu Zip Code									
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Facility Closed/Americal Outloo Entire 6	at Only One								
Facility Closed/Vacated During Entire if Abate inerti Performed Dutette of Norm Other — Describe:	us Facility h	SUITS		Utty, E	Hale, Zip Code	07000			
cope of Work (Check All That Apply)				I RAC	NEVISECK, NJ	U/6UG		~~	
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ewerk, NJ				07/16/16	City, S Bethi	tate ehem, PA			
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The second of th	٠		PF 1/2		C 40.0	~	110	٧	

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

Amended Non-Friable Notification / Check #: 6743

Date of Notification	1 (1)		Name	e of	Buil	ding	Owner/Operato	or	(2)		70	_			20
0 9 /1			IEN	د الام	olth S	vetar	ms, Inc.		· // (	).(	1				
Agencies Notified					Addre		113, 1110.	_	The February of the Control of the C	@ E	7	I E	3 1	ani,	
[X]EPA	[ ][nitial				es St.				F	CE	<u>U_\</u>	<u> </u>		1:1	_
(X]DEP	Notifica	tion	Cit	y. St	tate,	Zip	Code		lini		0 0	016	1		
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(×) DOH	[ ]Cancella	1	Nam	e of	Cont	act							لِ		
[ ]DCA	( 10-11-1		Joe	e Pas	qual	е			LASE	F2103	00.	TRO	)L &		+
							FORMATION		1	LIUL	NON	<u>a</u>		and I like July 1	_
Name of Facility Wh	ere Abatemen	t is Tak	ing	Plac	e (3	)		11	Type of Facilit						
JFK Health Systems,	Inc Main Bu	uilding							X]School [ ]Subchap [ ]Other (	ter 8	(Othe	r tha	en K	12)	
Street Address									ain't hi	il ding	g. ho	mes.	etc		
65 James St.									Square Feet	3	oors	1	50	36	
City (5)		County	(6)			Cour	aty Code (7) ATE USE ONLY)		50000 Current Use (Pr	rior if	bein			shed	)
Taliana N.I.00010		Middles	2AV			1,21,		11	School						
Edison, NJ 08818	Firm Hired b	y Build	ing	ASCN	1 No.	1	Name of Abat	em	ment Contractor	(9)					
Owner (8)							Four Strong E	3u	ilders. Inc.						
S&S Environmental Street Address	Sciences, Inc.						Street Addre	SS	S						
						Ì	180 Sargeant	tΑ	Avenue						_
98 Sand Park Rd.	ode						City. State.	. 2	Zip Code						
Cedar Grove, NJ 070	009 F Monitoring	Firm T	elep	hone	Numb	er	Clifton, NJ 07	70°	13-1935 ber		icens	se Nu	mber		
Prakash Khaitan				57-7	12002002		973-614-037	7		0	0807				
Scheduled Start Da	te (10)   Sc)	ned.Comp	leti	on D	ate	(11)	Name of OSHA	A I	Monitor						
0   9   / 2   3   /   Day / Occupancy Status D	The thin	0 //2	Day	1	rear		Four Strong I	Bu	uilders, Inc.						
[]Facility Clos of Abatement []Abatement Fer Hours - Descr	ed/Vacated D	uring Er	ntire	Per	iod	y	180 Sargean	nt A	Avenue Zip Code						
X Other - Descr	ibe: Section clos	sed				-	Clifton, NJ 07	70	)13						
Scope of Work (Che	ck all that	apply)					[ ]Fu:	11	. Containment wi	ith Neg	ative	Pre	SSUI	e	•
[ ]Demolit [ ]>3 sf o [X]>160 st			×	] Renc	vati	on	[ ]Min	ni	Enclosure vebag Procedure -Friable Procedu						
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			1												
			1	1											
Name of Registere	d Waste Haul	er	H	laule	Was r ID	No.	Cubic Yards of Waste		Name of Regis		Landf	111			
Four Strong Builde	ers, Inc.		1	12609	3		Disposal Dat	te	G.R.O.W.S., Ir	10.					_
City. State	,														
Clifton, NJ							Signati	11 5	Tullytown, PA			10.	ate		_
Completed By (Pri	nt or Type)	Title		and the second			Jugilaci	0		7				16	
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ASB-41 JUN 95														G46	567

		(P	ursuant	to NJAC	8:60 an	d 12:12	0)	(	K	- 10	J-	10	)		
Date of Notification (1) 9/16/16				of Building Mobil E				ces _				7	П		5
	otification		Street A	Address Route 2	2 Fast	Room	CCS	-09C		G			1		
DEP Ar	itial nended nendment #		City, Sta	ate, Zip Co	ode				M	SEP	2 2	2	016		世
DOH Er	nergency (including stification) ancellation		Name o	of Contact edro A. I					Tel	lephone N				IOL	8
				ILITY INF					LA	Spesi	CEN	SIA	4G		
Name of Facility Where Abateme Former Exxon Facility #35		(3)					0.0800.0000	of Facility	# 1.7 B 4						
Street Address 405 Piaget Ave								Subchapte Other (i.e. etc.)	r 8 (Oth			uildi	ngs,	home	es,
City (5) Clifton								e Feet	# o	f Floors		Blo 60	dg. A	ge	
County (6) Passaic				Code (7) USE ONLY	)		Curre	nt Use (Pr ner Gas	or if bei	ing demol	lished)				
Name of Monitoring Firm Hired by	Building Owner (8	)	ASCN	И No.				tement Co Develop			s Inc.				
Street Address						Street	Addres		97 W. San						
City, State, Zip Code						City, S	state, Zi	p Code 10451							
Project Manager for Monitoring Fi	m	Т	Telepho	ne No.		Teleph	none No	).		License	No.				
Start Date (10)	Schedu	led Cor	npletion	Date (11)		100000000000000000000000000000000000000		IA Monitor		01241					
9/26/16	9/26/1	6					Lope							10-110-20-11	
Occupancy Status During Abatem  Facility Closed/Vacated During							Addres 9th Sti								
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:						City, S	tate, Zi	p Code , NJ 070	97						
Scope of Work (Check All That Ap	pply)					Onio	II Oity	, 145 070	01			152 HT 45			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	permana.	Renova Demolit	77.7			×	Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure					<b>.</b>	
	1	s Locati	ion				1 1101	Licensia	<u> </u>	4 14011-111	abic (		bate	ment	E .
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Use	Normal ed Sole aintena stodial S (12)	ly by nce/		tos Coni thermal surfa	scription taining M systems cing, VA niscellan	faterial s insula T, or		(8	mount Specify F or LF)	Kemova		Tyr	e Encapsulate	Enclosure
	Yes	No	N/A				10000000000000000000000000000000000000				<u>a</u>	-	7	ate	re
Lower Building Roo	f	X			Roof I	Mastic	Black			60	X	+			
Main Building Roof	X			Roof	Vent M	lastic		1	6 LF	X	1				
Name of Registered Waste Hauler Veolia ES Technical Solutio	H	JDEP W lauler ID 0071		of Was	Yards ste		Name of Wayne								
City, State 1 Eden Lane, Flanders NJ 0				Dispos 9-26-	sal Date 16		City, Stat Bellevil		48111						
Completed by Sanford Alper	Title Seni	or Pro	ject Ex	ecutive	5	Signature		$ \mathcal{I} $			Date 9-1-1	6			

Date of Notification (1)				Name	of Building	g Owner/Operato	(2)		1	_		
[] P. B. M. S.	15/16			rvanic	or Bullaling	g Owner/Operator	Duym		- n	Π.Π	_	
Agencies Notified	Type Notifica	tion	-	Street	Address		-	in is 6 t	3	W	E	7
□ EPA	Initial											
DEP	Amended		\	City, S	tate, Zip C	ode					1000	
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<b>⊠</b> DOH	justification	on)	·	Name	of Contac			Telephone Numb				H
DCA	☐ Cancellation	on			,	Tom Duym		ASBÉ				
	I			FAC	ILITY INF	ORMATION		LICE	NSII	VG	Uh.	CX
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facili					=
,		esidentia					☐ School (K-	12)				
Street Address							Subchapte	er 8 (Other than K-12	)			
							homes, et	private & commercia	al build	lings,		
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
2 727	Gle	n Ridge,	NJ				2300	_ 2	_	80	+/-	_
County (6)				Coun	ty Code (7	7) (STATE	Current Use (	Prior if being demolis	hed)			
I	Essex			USE	ONLY)							
Name of Monitoring Firm	Hired by Build	ing Owner		ASCM	No.		ment Contractor	Charles and the second second	93935			
(8)	MECS					Ste	vens Enviro	nmental Service	es, Ir	ıc.		_
Street Address						Street Address						
	PO Box	341	Sentitor (			-		Box 322				
City, State, Zip Code			_			City, State, Zip 0		211.00.701				
	rosswicks, 1	NJ 08515					Allentov	wn, NJ 08501				
Project Manager for Mon	7			phone I		Telephone No.	50.0600	License No.	0.40			
	eisgarber		_		8-4070		59-9688	0	0493	5		
Start Date (10)	S	cheduled C		A STATE OF THE PARTY OF THE PAR	te (11)	Name of OSHA		AECC.				
9/9/16			0/7/	16				MECS				
Occupancy Status Durin				_		Street Address	DO.	Box 341				
☐ Facility Closed/Vacat						01. 01.1. 71.		D0X 341				_
Other - Describe:			y noui	5		City, State, Zip		cks, NJ 08515				
							Closswic	3KS, INJ U0313				$=$ $\downarrow$
Scope of Work (Check a	all that apply)					☐ Full Co	ntainment with N	legative Pressure				- 1
≥3 sf or ≥3 lf			enovati			☐ Mini-Er	nclosure	24				
≥160 sf or ≥260 lf		ШЪе	emolitio	n			ag Procedure cempted (*) and I	Non-Friable Procedu	re			
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			omally Solel			Description	.f			Typ	e	
Location Asbestos-Containing I			ntenan		Asbes	Description of tos Containing Ma		Amount			т	
TO BE ABA	TED	///	ustodia Staff?	al	(i.e.,	thermal systems		(Specify	Re	Z,	nca	Enc
IN Facility (13)	У	`	(12)			surfacing, VAT other miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
V-7-2.7e		Ven	No	N/A			ecc.**2 * 9 (a € e		<u>ai</u>		late	ITe
		Yes	INO	NIA								
Basement x						ermal Pipe Ir	sulation	30 lf	×			
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			X									
Name of Registered Wa	ste Hauler		IN	JDEP \		Cubic Yards	Name of Re	gistered Landfill				
858	ices Inc	.   +	lauler ID	No.	of Waste		GROWS Lan	dfill				
Stevens Environmental Services, Inc.					292	1 CU Disposal Date	City, State	SICO II D Lai.		_	-	-
Allentown, NJ						10/7/16	-h / /	Morrisville,	РА			
Completed By Title						Signature	11-//	Date	111		_	_
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Mahlon E. Stevens Project Manager 9/16/16												

ASB-41

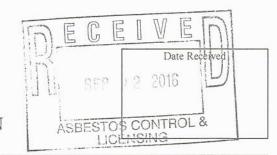
#### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 23 9/19/2016 David Nicholas Building & Property Agencies Notified Type Notification Street Address | Initial EPA ASBESTOS CONTROL & DEP Amended City, State, Zip Code LICENSING X DOL Amendment# Margate, NJ 08402 Emergency (including justification) DOH DCA Name of Contact Telephone Numbe Cancellation David Nicholas **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings, homes, etc. Square Feet City (s) # of Floors Bldg. Age Margate, NJ 08402 3200 sf 50 yrs County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Atlantic Residence Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. AEi2, LLC Street Address Street Address 361 E. Fleming Pike City, State, Zip Code City, State, Zip Code Hammonton, NJ 08037 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 00689 609-481-2122 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 9/29/16 10/7/16 AEi2, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 361 E. Fleming Pike City, State, Zip Code Hammonton, NJ 08037 Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation Demolition ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Description of Maintenance/ Asbestos Containing Material (ACM) Amount Custodial (i.e., thermal systems insulation, (Specify e m Staff? IN Facility surfacing, VAT, or SF or LF) 0 (12)other miscellaneous) (13)a 1 Yes No N/A TSI 200 LF Attic X X Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill NJDEP Waste Hauler ID No. of Waste AEi2, LLC TBD 21376 City, State City, State TBD Hammonton, NJ **TBD** Completed By Signáture Date 9/19/2016 Wm. Minnick Program Mgr.

ASB-41

			State of New	Jersey						
y		NOTIFICATION (Purs		STOS A		B	EC			E
Date of Notification (1)	1 10 20	17	Name of Buildin				SE		201	o i
	ptember 19, 20			Dona	ld Boyle		30	32	11	
Agencies Notified  X ] EPA  DEP	L 3	ion Notification Ided Notification	Street Address			,	ASBES L	TOS CO	ONTF SING	IOL &
x DOL x DOH	Amer	dment # gency (including	City, State, Zip		Island, NY 1030	06				
] DCA	T	cation) ellation	Name of Contact Dor	et nald Boyle		Telephone Nur	nber			
			ACILITY INFOR	RMATION						
Name of Facility Where At Res Street Address	patement is Taking sidence	Place (3)			Type of Facility (4	School (k-1 Subchapter Other (i.e., homes, etc.	8 (other the private &	commerc	cial build	dings,
City		County (6)	County Code (7) (STATE USE Of		Square feet 600 sf	# of Floor	s B	lldg. Age	60	
Toms River	Twp.	Ocean			Current Use (Prior		shed)			
Name of Monitoring Firm N/A	,	Owner (8)	ASCM No.	Name of	Abatement Contract	or (9) dian Contrac	ting, Inc			
Street Address				Street A	ddress	Route 9, Un	. 0.0			
City, State, Zip Code				City, Sta	te, Zip Code Toms	River, New	Jersey (	)8755-1	271	
Project Manager for Monito	oring Firm	Telephone Num	ber	732-34	ne Number 19-9932	Lice 006	nse Numb	er		
Scheduled Start Date (10) 10/5/16		10/6/16	pletion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytic	al			
	lity Closed/Vacated	During Entire Period of		Street A		Stelton Road	ł			
	tement Performed ( er – Describe	Outside of Normal Facility	y Hours	City, Sta	te, Zip Code Piscar	taway, New .	lersey 0	8854		
2 1	that apply)  f or ≥3 lf  O sf or ≥260 lf		novation molition	[ [ [ [ x	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted					
					10000			batement	Type	
Location (		Is Location Normally used	, and the second	Description	ntaining	Amour	nt R	R	E N	E N

									Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	N	Is Location formally used Solely by tenance/Constaff (12)	ised y	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 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 siding			600 sf	X				
Name of Registered Waste Hauler	N	JDEP Was	te Hauler II	) No.	Cubic Yard	s of Waste	Name of Registere	ed Landfill					
Guardian Contracting, Inc.		20223			3		T.R.R.F.						
City, State Toms River, New Jersey			Disposal 10/7/1			City, State Tullytown	ı, Pennsylvania,						
Completed by (Print or Type) Nicholas Fernicola	Title Projec	ct Manag	ger	Signat	ure				Date 9/1	9/16			

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



### DEMOLITION / RENOVATION NOTIFICATION

Operate	or Project #:	ostmark:		Notificatio	on.						
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled):	0	II.	IS ASBESTOS PRESENT? (Yes	s/No):	Y				
III.	FACILITY INFORMATION (identify owner, removal contractor	r and other of	perator)								
	OWNER NAME: Donald Boyle										
	Address:										
	City: Staten Island State:	NY		Zip:1030	6		887/1				
6.	Contact: Donald Boyle			Tel:	917-502-9134						
	REMOVAL CONTRACTOR: Guardian Contraction	racting, In	c.		NJ License: 00624						
	Address: 1889 Route 9, 1	Unit 61									
	City: Toms River State:	New Jer	sey	Zip:	08755						
	Contact: Nicholas Fernic	cola		732-349-9932							
	OTHER OPERATOR (if different)				NJ License:						
	Address:										
	City: State:			Zip:							
	Contact:		Tel:								
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	Renovation	E - Emergency Rer	novation):	D						
V.	FACILITY DESCRIPTION (Including building name, number a	nd floor or ro	oom number)								
	Building Name: Residence										
	Address: 118 West Shell Way										
	City: Toms River Twp. State:	New Jersey County:			Ocean						
	Site Location: Exterior										
	Building Size: 600 sf # of Floo	rs:	I	Age in Ye	ars: 60						
	Present Use: Residence		Prior Use:	Residenc	e						
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AF	PROPRIAT	E, USED TO DETEC	T THE PRES	ENCE OF ASBESTOS MATERI	AL:					
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Nonf	riable				
			RACM			Asbestos	Material To Be				
	Regulated ACM to be removed     Category I ACM not removed		To Be Removed		LOCATION		oved				
	Category II ACM not removed		Kellioved			Cat I	Cat II				
	Pipes (Linear feet):										
	Surface Area (Square feet): 600 sf	Asbesto	s siding		Exterior						
	RACM Off Facility Component (Cubic feet):										
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/5/16	5	Complete: 10/6	5/16					

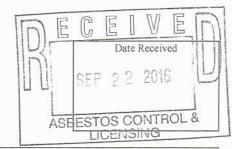
X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED DECEMBER 1
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the building will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal LICENSING
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
	Address: 1889 Route 9, Unit 61
	City: Toms River State: New Jersey Zip: 08755
	Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name:
	Address:
	City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.
	Location: Bordentown Road
	City: Tullytown State: Pennsylvania Zip: 19007
	Telephone: 215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:
	Authority:
	Date of Order (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):
XV.	FOR EMERGENCY RENOVATIONS
	Date and Hour of Emergency (MM/DD/YY):
	Description of the Sudden, Unexpected Event:
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20) 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)  September 19, 2016 (Signature of Owner/Operator)  (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	Nicholas Fernicola / Project Manager (Printed Name/Title)  September 19, 2016 (Date)

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

		NO			at to NJAC 8:60			_	EG			
Date of Notification (1)					Name of Building	Owner/Ope	rator (2)	1135		2	,	
Se	ptember 19, 20					Alex	Stagliano		50	PS20	260	)16
Agencies Notified  [ X ] EPA  [ ] DEP	[ ] Amer	l Notifica	ification		Street Address  City, State, Zip C	ode		Sond Grand	SBES	TOS	CON	TROL
[x] DOL [x] DOH [] DCA	[ ] Emer	gency (in ication) ellation			Name of Contact	Name of Contact  Alex Stagliano  Telephone Number						
[ ] DCA				FAC	ILITY INFORI							
Name of Facility Where Ab	patement is Taking idence	Place (3	)				Type of Facility	y (4) ] School (k-12)				
Street Address						[x]				k-12) nmerci	al build	lings,
Ortley Beach		Count	*******		County Code (7) (STATE USE ONI	# of Floors 1 rior if being demolished		. Age	0			
Name of Monitoring Firm Hired by Building Owner (8)  N/A  Street Address					ASCM No.	Name of	Abatement Contr	sidence actor (9) ardian Contracting,	Inc.			
Street Address						Street Address 1889 Route 9, Unit 61						
City, State, Zip Code						City, State, Zip Code Toms River, New Jersey					271	
Project Manager for Monitoring Firm Telephone Number				Number			ne Number 19-9932	License N 00624		755 1.	271	
Scheduled Start Date (10) 9/29/	16		Scheduled 9/30/1		on Date (11)	Name of	OSHA Monitor E.N	M.S.L. Analytical				
[ ] Abar	lity Closed/Vacated tement Performed (	d During	Entire Perio		II.							
[ ] Othe	er – Describe					5,		cataway, New Jerse	ey 088	54		
Scope of Work (Check all t $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix}$ $\geq 160$	(A.3 E.W.		[ ] [ x ]	Renovat Demolit		[ ] [ ] [ x ]	Mini-Enclos Glovebag Pr			ıre		
		Ī						T	Abat	ement '	Type	
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			sed stodial	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 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 rear house on	nly		X		Asbestos sid	ing		1800 sf	X			
	Hauler ntracting, Inc.	1	NJDEP Wast	0223	3	ards of Was	T.R.R.	egistered Landfill F.				
City, State Toms River,				Dispos 9/30/		City, St Tullyt	ate own Pennsylv	vania				
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager			Signature	\	Le	1	Date 9/19	9/201	6			

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



### DEMOLITION / RENOVATION NOTIFICATION

Operat	or Project #:	Postmark:	Notification	ion:					
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - Ca	ancelled): O	II.	IS ASBESTOS PRESENT? (Y	es/No):	Y			
III.	FACILITY INFORMATION (identify owner, removal contracto	r and other operator)							
	OWNER NAME: Alex Stagliano								
	Address:								
	City: Brick State:	New Jersey	Zip:	08724					
	Contact: Alex Stagliano	7.110.020.010.51	Tel:	302-388-2930		71-00-111-2			
	REMOVAL CONTRACTOR: Guardian Contraction	racting, Inc.		NJ License: 00624					
	Address: 1889 Route 9,	Unit 61							
	City: Toms River State:	New Jersey	Zip:	08755					
	Contact: Nicholas Fernic	cola	732-349-9932						
	OTHER OPERATOR (if different)			NJ License:					
	Address:								
	City: State:		Zip:						
	Contact:		Tel:						
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	- Renovation E - Emergency Ren	novation):	D					
V.	FACILITY DESCRIPTION (Including building name, number a	nd floor or room number)							
	Building Name: Residence								
	Address: 1756 Route 35 North								
	City: Ortley Beach State:	New Jersey	County:	Ocean					
	Site Location: Exterior								
	Building Size: 1800 sf # of Floo	ors: 1	Age in Ye	Years: 60					
	Present Use: Residence	Prior Use:	Residenc	e					
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF AF	PPROPRIATE, USED TO DETEC	T THE PRES	ENCE OF ASBESTOS MATER	IAL:				
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Nonf	riable			
	Regulated ACM to be removed	RACM			Asbestos	Material To Be			
	2. Category I ACM not removed	To Be Removed		LOCATION	1	oved			
	Category II ACM not removed	Removed			Cat I	Cat II			
	Pipes (Linear feet):								
<u> </u>	Surface Area (Square feet): 1800 sf	Asbestos siding		Exterior-rear house					
	RACM Off Facility Component (Cubic feet):								
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 9/29/16		Complete: 9/30	0/16				

	NOTIFICATION	OF DEMOLITIC	N AND RENOV	ATION (continued)	
х.	DESCRIPTION OF PLANNED DEMOLITION OF	RENOVATION WOR	K, AND METHOD(S) T	O BE USED	EGEIVE
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:  Prior to removal, the work area around the building will be			ASE	BESTOS CONTROL &
	removed by non-friable procedures. All waste will be place	ed in double 6 mil. Bags, ser	and warning signs. Frastic saled and placed	in a locked container for disposal.	Selfow-autorate astreside Anni ne
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting, In	nc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State: 1	New Jersey	Zip: 08	3755
	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: Bord	lentown Road			
	City: Tullytown	State: I	Pennsylvania	Zip: 19	9007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEASI	E IDENTIFY THE AGE	NCY BELOW AND ATTACH C	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:				
				N 92 N 32 2	
	Explanation of how the event caused unsafe conditi	ons or would cause equip	oment damage or an unre	asonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL				REVIOUSLY NONFRIABLE
	ASBESTOS MATERIAL BECOMES CRUMBLE	D, PULVERIZED, OR R	REDUCED TO POWDE	R	
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV	N THE PROVISIONS O	OF THIS REGULATION	(40 CFR PART 61, SUBPART HAS BEEN ACCOMPLISHED	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE
	AVAILABLE FOR INSPECTION DURING NOR	MAL BUSINESS HOU	S. (Required after Nov	ember 20, 1991)	1999 II. 1999 (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner,	/Operator)	September 19, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.			e .
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner	(Operator)	September 19, 2016 (Date)

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		(,	rursua	nt to NJA	C 8:60 and 12:12	"   "	THE DEL 54	CU	10	الم	7
Date of Notification (1)	16/16		Na	me of Build	ing Owner/Operator	(2) CH (0	N. Jack Carl	6	301	2	
Agencies Notified	Type Notification	n	Str	eet Addres:	§0		LICENS		102	-	-
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₩ DOL	Amendment Emergency			GR	EENALL	O N.	2 0853	0			
Ø DOH	justification		Na	me of Conta			Telephone Numb			. 1	
DCA	Cancellation				UCE		1			_	
									-		=
				ACILITY IN	FORMATION						
Name of Facility Where		ng Place (3	)			Type of Faci	ility (4)				
RESID	FNCE					School (F					
Street Address						Subchap	ter 8 (Other than K-12 ., private & commercia	!) al build	linne		
						homes, e		ar Duite	a. 193,		
City (5)						Square Feet	# of Floors	500	dg Ag	58	
MARC	HATE					1000		_	10	+	
0 1 (0)					(7) (STATE		(Prior if being demolis	hed)			
AILA	INTIC		- 0	SE ONLY)		-	CANT				
Name of Monitoring Firm	Hired by Building	Owner	ASC	M No.	Name of Abatem						
(8)	A			KLEMED INC.							
Street Address			1	Street Address							
					369	5, 5 CA	UCE AVE.				
City, State, Zip Code					City State Zin C	odo					=
City, State, 21) Code					MAPI	E SH.O	DE, N.J.	080	52		
Describbanes for Mon	itariaa Cirm	T	elephor	ne No	Telephone No.		License No				=
Project Manager for Mor	nong riin	1 '	ciep oi	10.140	866-77	79-047	2 004	14			
	I Cohe	duled Com	olotion	Data (11)	Name of OSHA						=
Start Date (10) 9 / 16		15		Date (11)	Traine of Golden	A	IΔ				
					Street Address						
Occupancy Status Durin					Sueet Address						
Facility Closed/Vacate					City State 7in C	`oda					_
	Outside of North	ai raciity n	ours		City, State, Zip C	20de	. V V .	-			
Other - Describe:						<u> </u>					=
Scope of Work (Check a	II that apply)				□ Full Cor	ntainment with	Negative Pressure				
>3 sf or >3 lf		Renov	ation		Mini-End						
1 ≥ 160 st or ≥ 260 lt		Demoi	ition			ag Procedure	Non-Field-Decode				
					Non-Ex	empted (*) and	Non-Friable Procedu	7	bater	2001	
		Is Loca Norma						^	Typ		
Location of	of	Used So	lely by		Description of			-			
Asbestos-Containing M		Mainten		Asbes	stos Containing Mat , thermal systems i	terial (ACM)	Amount (Specify	70		g	m
TO BE ABAT IN Facility		Staf		(1.6.	surfacing, VAT,		SF or LF)	lem	Repair	ap	Clo
(13)		(12	)		other miscellaned	ous)		Removal	air	Encapsulate	Enclosure
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			NIDE	Waste	Cubic Yards	Name of R	egistered Landfill				
Name of Registered Was	_		Hauler	ID Np.	of Waste_	, torre or re	^ <i>^</i> .	1 /1			
KLEMCO	INC,		179	04			14.0,6	11	-		
City, State	/	N,J			Disposal Date	City, State		N.	-		
MAPLE	SHADE,	N, 3	'			1/LEDSA	NTVILLE 1	,			_
Completed By	Title				Signature	LK	Date	_ 1/	-11		
JOE KL	EMM _	MWN	ER		Josep	m Dla		10	1		_

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Date of Notification (1)	6		Nam		ng Owner/Operator KICAM	CONTICA	ClaresTosta		961	<u> </u>  &			
	Notification		Stree	Z 5		- RD.	SUITE	ING	-1				
DBP MA	itial mended						30116	=			=		
Ø DÔL AI	mendment # mergency (includi	ing	City,	State, Zip	HARBOR	TWP.	NO. 0	82	34				
	stification) ancellation		Name	lame of Contact  Tolenhous Number  STAW									
			FA	CILITY IN	FORMATION								
Name of Facility Where Abatem	ent is Taking Pla	ce (3)			ty (4)	0.00015000							
Street Address	TNCE				School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,								
						homes, etc Square Feet	# of Floors	TR	ldg. A	OO.			
City (5) MARC	ATE					1500	_		50				
County (6)				nty Code ( ONLY)	7) (STATE		Prior if being demolis	shed)					
Name of Monitoring Firm Hired b	y Building Owner	- /	ASCM	No.	Name of Abatem								
(8) N/A		.				LOMCO	INC						
Street Address					Street Address 369 S, SPRUCE AVE								
City, State, Zip Code					City, State, Zip Code WAPLE SHADE NT 08052								
Project Manager for Monitoring I	Firm	Telep	phone	No.	Telephone No.	9-0472	License No.	ųι	1				
Start Date (10)	Scheduled	Completi	ion Da	te (11)	Name of QSHA M						_		
9-29-16	10 -	_	-16		NIA		1-1						
Occupancy Status During Abate	ment (Check only		10		C: Madroos								
Facility Closed/Vacated Durin	g Entire Period of	f Abatem				<u> </u>	· · · · · · · · · · · · · · · · · · ·				_		
Abatement Performed Outside	e of Normal Facili	ity Hours	5	1	City, State, Zip Co	ode	g. 40						
Other - Describe:					MA WILL MISS			-	7		_		
Scope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□R	enovatio emolition			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure	e					
	Is	Location	1			7		7	bate	ment			
•		lormally	L.		Description of				Тут	æ			
Location of Asbestos-Containing Material (A		d Solely ntenano		Asbest	Description of os Containing Mate	erial (ACM)	Amount			m	_		
TO BE ABATED	C	ustodial Staff?		(i.e.,	thermal systems in surfacing, VAT, of		(Specify SF or LF)	Rer	Ra	Encapsulate	Enclosure		
IN Facility (13)		(12)			other miscellaneou		37 01 21 )	Remova	Repair	lusc	osui		
(1-7)	Yes	No	N/A					=		ate	9		
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City, State WAPLE SHAK	E NI.T	86	65.	>	Disposal Date	PLEAS:	AUTVILLE	,	N.	T			
Completed By	Signature	17	Date	.11	-11								
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Date of Notification (1)	Date of Notification (1)						Operator UEC		BUA	SPER	cos cc	NTF	ROL	_ &	
Agencies Notified	Type Notification	m		Stre	et Address						ICENSI	rus-			
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⊠ por	Amendment		_	City.	State, Zip	Code FANN	ON FI	EID	M.	T (	080	33			
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□ DCA	☐ Cancellation					OM									_
	¥			FA	ACILITY IN	FORMAT	ION	Type of Facility (4)							
Name of Facility Where	Abatement is Tak RESIDEA	ing Plac	æ (3)						Facility ool (K-12						
Street Address	CE DIDEN	رك			Subchapter 8 (Other than K-12)  ☑ Other (i.e., private & commercial buildings,										
City (5)				Square	res, etc.	# of F	loors	В	ldg. A	ge	-				
ST				100		1_1		-	0	+					
County (6) CAPE	inty Code ( E ONLY)	(7) (STA)	E			ior if bein	g demolis	hed)							
	Name of Monitoring Firm Hired by Building Owner ASCM No.							ent Contr	* 1						
(8) N			EMI	(0)	LAIC			_			-				
Street Address		Street Address 369 S SPRUCE AVE								_					
City, State, Zip Code	City, State, Zip Code  MAPLE SHADE N.J 0805 2														
Project Manager for Mon	No.	Telepho				Licen	se No.	41							
Start Date (10)	Sche	duled C		tion Da	ate (11)	-	f OSHA M		15		00 1				-
9-26-16		9- ]						N	IA						
Occupancy Status During						Street A	Address								
☐ Abatement Performed	d During Entire P	eriod of al Facilit	Abate v Hou	ment rs		City. Sta	ate, Zip Co	ode							=
Other - Describe:															
Scope of Work (Check al	that apply)						Full Cont	tainment v	with Neg	pative Pre	essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				Mini-Enc Gloveba Non-Exe	g Procedu	ire	n-Friable	Procedur	e			
		Isl	ocatio	n	T	X	THOTPLAC	intpied ( )	dira ivo	TTROUG	1100000		bate		
	4		ormally Solely			Desc	ription of					_	Typ	e I	
Location of Asbestos-Containing Ma		Mair	ntenan	œ/	Asbes	tos Contai	ning Mate ystems in	erial (ACM	1)	Amo (Spe	F50 630	, z		Enc	m
TO BE ABATE IN Facility	ED	5	Staff?		(I.e.,	surfacio	ng, VAT, o	or		SF or		Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other mi	scellaneou	us)				val	ř.	ılate	ure
		Yes	No	N/A						(1	0.0				
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	a Haular		IN	JDEP V	Waste	Cubic Y	ards	Name	of Regis	tered La	ndfill				$\neg$
Name of Registered Wast	27 97 37		317	auter IC	No.	of Wast		C	M	( 1	M. ()	A			
City, State	INC		-11	170	79	Disposa	Date	City, St							
MAPLE S	HADE	N.	7			Sign	nature _ ^	_ \rac{1}{\rac{1}{2}}	100	10 BI	Date		1.	_	-
MICHAEL KLEWM Title SUP.							Lul	107	4		D 2 - 1	6-	16	_	_