CL 2483295

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

Date of Notification (1)			1000		uilding O		erator	(2)	1010 0	5D 0	3 4411	. 50			
9/19/2016					of Esse	ex.			2818 0		J falli		3		
	ype Notification			treet Add 900 Blo	iress omfield	Avenu	е					hel.			
DEP	Initial Amended		17	3 (5)	, Zip Cod	le					distribution				
X DOL	Amendment		- '	Verona,	, NJ										
X DOH	Emergency (i justification)	including	0.050	lame of C						Tolo	nhone Numl	per			
X DOH X DCA	Cancellation				njeev Va					1					
				FACILI	TY INFO	RMATIO	N								
Name of Facility Where Ab		Place (3)						Type	of Facility (4)					
Veterans Courthous	9								School (K-12		- than 1/ 42\				
Street Address								X	Subchapter of Other (i.e. pr	ivate 8	er than K-12) commercia	l buildi	ngs, l	nome	s,
50 West Market Stre	et							L 6	etc.)						
City (5)								100 CONT. (100 CONT.)	re Feet	100	Floors	80	dg. Ag n	je	
Newark,								275,		11			J		
County (6)				County Co					nt Use (Prio irthouse	r if beir	ng demolishe	ea)			
Essex			,								(0)			-	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM					tement Cont ral Consti						
Mott MacDonald		-		00140)					uctio	11, 1116.				_
Street Address 111 Wood Avenue S	South							Addres 0 Clift		e, PN	IB Suite 2	18			
City, State, Zip Code			+				City, S	State, Z	ip Code						
Iselin, NJ 08830							Clift	on, N	J 07012						
Project Manager for Monit	oring Firm		1	Telephon	e No.		Telepl	hone N	0.		License No).			
Kevin Herrighty				973-91	2-2480			-389-(00693	<i>N</i>			
Start Date (10)		Scheduled	Com	pletion D	ate (11)				HA Monitor						
9/30/2016		10/3/20	16				DIA	Gene	eral Const	ructio	n, Inc.				
Occupancy Status During	Abatement (Chec	ck Only One)					Addre		-	1D 0 11 0				
Facility Closed/Vaca	ted During Entire	Period of Ab	atem	ent						e, PN	1B Suite 2	18			
Abatement Performe	d Outside of Norr	nal Facility H	Hours						ip Code						
Other – Describe: _							Clift	ton, N	J 07012						
Scope of Work (Check Al	That Apply)						F7								
× ≥3 sf or ≥3 lf			nova						III Containme ni-Enclosure		n Negative P	ressur	e		
≥160 sf or ≥260 lf		L De	emolit	ion				_ GI	ovebag Prod	cedure					
								_ No	n-Exempted	d (*) an	d Non-Friab				
		ls l	ocati	ion									Abate Ty		į.
Location	of	10.000	ormal				scriptio								
Asbestos-Containing	Material (ACM)		Sole Sole			tos Conta					Amount Specify	70	_	E	甲
TO BE ABA		Custo		Staff?	(1.6.		system		lation,		F or LF)	Remova	Repair	aps	Enclosure
(13)	,		(12)			other m	niscella	aneous))			oval	Bi.	Encapsulate	sure
		Yes	No	N/A				3						Ф	
Mechanica	Floor	X				, Marion Marion		lation			40 SF	K			
Mechanica	Floor	X				Elbow	v Insu	lation		8	Each	X			-
															-
			1.6	JDEP W	loato	Cubic	Varde		Name of	Regist	ered Landfill				
Name of Registered Was			120	lauler ID		of Was	ste		Minery						
Service Transport G	roup		2	20990		5 CY					idilli				
City, State						Dispos			City, Sta		011.440	00			
New Castle, DE 197	'20					10/3/			Wayne	Spari	g, OH 446				
Completed by		Title	10. 211			S	Signatu	re \ y			1	ate Ovove	U4-6		
Krutarth Jagad		Proje	ct M	lanager				11	X	_		0/3/2 7 9 j		-	
								-	11/			1 11	1		

nock

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

PECELVED

100		(15. V-790 (C)		140/10 0.0										-
Date of Notification (1) 09/16/2016			Na Th	me of Bu	uilding Ow son Tea	ner/Opera Buildin	ator (2 igs C) ondom	inium A	ssoci	ation Ing	3 41	11:	34	
Agencies Notified	Type Notification		Str 15	eet Addi 500 Wa	ress ashingto	n St. Ma	anage	ement	Office	8 30	: 5510	3 00	TI	:OL	
EPA DEP DOL	Initial Amended Amendment #	2			Zip Code n, NJ 07						4 110	LNUI	ΝG		
▼ DOH	Emergency (in justification) Cancellation	cluding	212/22/2	ime of C	ontact anotte,	Manage	er			Tala	nhone Nutt	nber			
X DCA	Caricellation		1	FACILI	TY INFOR	MATION				-					
Name of Facility Where Hudson Tea Buildi		Place (3)					F	7 Sch	acility (4))					
Street Address 1500 Washington				- Indiana in the Indi			T. Wash	Sub Sub Oth	er (i.e. pri	3 (Othe ivate &	er than K-12 commercia	2) al buildii	ngs, h	omes	
City (5)								Square F	eet	# of 12	Floors		ig. Ag 05	е	
Hoboken County (6)			C	ounty Co	ode (7) SE ONLY)			Current Apartn		r if beir	ng demolish	ned)			
Hudson County Name of Monitoring Fir	m Hired by Building O	wner (8)		ASCM		N	lame o		nent Cont	ractor	(9)		-	No de	
The Oak Group Street Address						S	Street A	Address	lidland A	Nuo 9	Suite A				
200 Federal St. St City, State, Zip Code	uite 224					0	City, St	ate, Zip	Code		Julie A				
Camden, NJ 0810			ΙT	elephon	e Na.	T	elepho	one No.	k, NJ 0	/663	License N	No.			
Project Manager for Me Ed Eichen, CIH	oritoting Firm		(856)37	7-0060			791-67	77 Monitor		01110				
Start Date (10) 06/21/2016		Scheduled 11/30/20	16	DIEUON D	rate (11)	F	EMSI		/tical, In	C.					
Occupancy Status Dur	ring Abatement (Check acated During Entire F			ent			1056	Shelto	n Ave.						
	rmed Outside of Norm Occupied-Outdoor pr				or columns	<u> </u>		tate, Zip ataway	Code , NJ 088	354					
Scope of Work (Check	(All That Apply)		***********	******			Г	1 Eull	Containme	ent wit	h Negative	Pressur	·e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	f		novat moliti				×	Mini- Glov	Enclosure	e cedure				۵	
				-			EQ.	1 Non-	Exemple	0 () ai	IG NOTI-FITE			ement	3
	• .		ocatio	100000				-5						pe	
Asbestos-Contain TO BE / In Fa	tion of ing Material (ACM) ABATED acility 3)	Used Main Custo	Sole	ly by nce/	Asbest (i.e.	os Contai thermal s surfaci other mi	ystem ng, VA	Λaterial (s insulat ∖T, or	ACM) ion,	(Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Remova	al of C	Coating			46,000	X			
Exterior	Columns		X			Kemova	1010	Joanny			10,000				
Name of Registered \	Waste Hauler		IN	JDEP V	Vaste	Cubic			Name of	l f Regis	stered Land	fill			
SMAC Corp.	- Lagra - Lagra-			lauler ID 8590	No.	of Was			Grows		dfill				
City, State Saddle Brook, NJ						Dispos 11/30/			City, Sta Morris						
Completed by Borce Gjorsoski		Title Presid	dent				ignatur		. Gr	óp	4	Date 09/16/	201	5	



Date of Notification (1)				Name of	Building C)wner/0	Operator	(2) Con-	dominium A	\sso	2016 ciation I	SEP 2	3	AH I	1:3
06/16/2016	Total Matter			Street Ad	Idreiss		ildingo								
Agencies Notified	Type Notification Initial			1500 V	Vashing		reet. M	ana	gement Offi	ice	437		3 L	Uĥ	
EPA DEP DOL	Amended Amendment	# 1			e, Zip Cod en, NJ 0			***							J
	Emergency (including	-	Name of	State of the second					Tele	ephane N	umber:	_		
DOH DCA	justification) Cancellation			73.4 644	Lanotte	, Man	ager						ŧ		
101 201				FACIL	ITY INFO	RMAT	ION								
Name of Facility Where Hudson Tea Building		g Place (3)		#3 63			Туре	of Facility (4) School (K-12						
Street Address						+		X	Subchapter 8 Other (i.e. pri	(Oth	er than K- k commer	-12) rcial buil	lings,	home	s,
1500 Washington S	Street							Sair	etc.) are Feet	T # of	Floors	B	ldg. A	dė	
City (5) Hoboken			xx= 2==30 ,200=					120	0000	12		1	905	9.	
County (6) Hudson County				County C (STATE U	Code (7) ISE ONLY)				ent Use (Prior artments	if bei	ng demol	ished)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.		Name SMA		atement Contr	ractor	(9)				
The Oak Group							Street	9 500				-			
Street Address 200 Federal St. Su	ite 224		2			i di	4311	Norti	n Midland A	ve.	Suite A				
City, State, Zip Code Camden, NJ 08103	3								Zip Code rook, NJ					35	
Project Manager for Mor Ed Eichen, CIH	nttoring Firm			Telephor (856) 3	ne No. 377-0060)	Teleph (201		No. -6777		License 01110				
Start Date (10)				npletion D			Name	of OS	HA Monitor		1.				
06/21/2016		09/30		6			Street		nalytical, Inc	<i>.</i> .					
Occupancy Status Durin									ess elton Ave.						
Facility Closed/Vac	ated During Entire F	Period of	Abaten	nent					Zip Code						
Other – Describe:	ned Outside of Norm Occupied -Outdoor	project-Ab	atème	nt on exte	rior columi	ns_	7		ay, NJ 088	54		- 7			
Scope of Work (Check A	All That Apply)						geno	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	M	ill Containmer ini-Enclosure lovebag Proce on-Exempted	edure		(5.25		e	
		+:-		- 1			L	7 14	UIT-EXCITIPICA	() ()		1		ement	
			Locat			2 5	1. 1747-00						T	pe	
Location Asbestos-Containing		Use	d Sole	ely by	Ashest		escription Itaining N		al (ACM)	А	mount			П	
TO BE AB	ATED		intena todial		(i.e.	therma	systems	s insu	lation,		Specify	Rer	70	nca	incl
In Faci (13)	-	Ous	(12)	Otan,			acing, VA miscellar)	51	or LF)	Remova	Repair	Encapsulate	Enclosure
(15)		Yes	No	N/A						,		<u>m</u>		ate:	ē
Exterior C	olumns		Χ		F	Remo	val of C	oati	ng	4	6,000	X			
		,					7.				1.	-1			
			1									ļ			
Name of Registered Wa	ete Hauter		11	NJDEP W	/aste	Cuhic	Yards		Name of R	Registe	ered Land	ifill			
SMAC Corp.	ore Harrel		1	Hauler ID: 8590		of Wa			Grows L						64
City, State				<u> </u>	1- 1		sal Date		City, State		• •				
Saddle Brook, NJ	1-1 Fabrus 1		100	38-2008	107	091	30/2	36	Morrisvi			Data			
Completed by		Title	1212				Signature	8	1	_	1	Date 6	6/1	G	
Borce Gjorsoski		Pres	ident			(1	97	re CTI	wy		OH	9 1 1	_	



RECEIVED

Date of Notification (1) 05/13/2016	1.0	1	Name of The Hu	Building C udson Te	wner/0 ea Bu	Operator ildings	(2) Condo	ominium A	\ssoci	atjons l	BEP	23	4.4	:1
Agencies Notified Type Notificati	on		Street Ac		on St	reet, M	ianage	ment Off	ice		× = =			. 10
EPA Initial DEP Amended Amendm	ent #	(City, Stat	te, Zip Coo en, NJ 0	de			-			-	ÛĒ	4314	G
DOH justification DCA Cancella				Contact Lanotte	, Mar	ager			Telep	hone N	umber			
Assert Control of the			FACIL	LITY INFO	RMAT	ION		SE 101 //				,	٠	
Name of Facility Where Abatement is Ta Hudson Tea Buildings Street Address	aking Place (3)							of Facility (4 school (K-12 subchapter 8 other (i.e. pr	!) B (Other	than K-	12)	ildina	s hom	20
1500 Washington Street					20000		е е)iner (i.e. pr tc.) e Feet		Floors		Bldg.		53,
City (5) Hoboken							1200	00	12			1908	650	
County (6) Hudson County		1	County (STATE L	Code (7) JSE ONLY)				nt Use (Prio tments	r if bein	g aemoli	isnea)			
Name of Monitoring Firm Hired by Buildi The Oak Group	ng Owner (8)		ASCM	No.			of Abat C Cor	ement Cont p.	ractor (9)				
Street Address 200 Federal St. Suite 224							Addres North	s Midland <i>A</i>	Ave. S	uite A				
City, State, Zip Code Camden, NJ 08103			-				State, Zij dle Bro	p Code ook, NJ 07	7663					
Project Manager for Monitoring Firm Ed Eichen, CIH			Telephor (856) 3	ne No. 377-0060)	1 22 12.50	hone No)791-6			License 01110	No.			
Start Date (10) 06/06/2016	Schedule 09/30/2		pletion (Date (11)				A Monitor lytical, Inc	c.					
Occupancy Status During Abatement (C						-	Addres	s on Ave.						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Occupied-Outdo	Jormal Facility	Hours		, erior Colum	ns	City, S	State, Zi	allo-mile amountaine, nous as to	54					
Scope of Work (Check All That Apply)				-			_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure	94			ura.	
						<u> </u>	21 Nor	1-Exempled	(*) and	NOH-F11	able Fi		atemer	it
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)) Use Mai	Locati lormali d Sole ntenar odial S (12)	ly ly by nce <i>l</i>		os Cor therma surf	escription ntaining M al system acing, VA miscellar	Material Is insula AT, or		(Sp	nount pecify or LF)	Remova	T	Type Encapsulate	Enclosure
* **	Yes	No	N/A					-			_		6	,,,
Exterior Columns	Χ		F	Remo	val of C	Coating	3	46	,000 .	X	-	+	-	
											1	-		
					0.11	. V/c!		Name of F	Danieton	ad Land	fill			
Name of Registered Waste Hauler SMAC Corp.		H	JDEP W auler ID 3590		of W			GROWS	S Land					
City, State Saddle Brook						osal Date 0/2016		City, State Morrisvi						
Completed by Borce Gjorsoski	Title Presi	dent				Signatur		Gore	up.		Date 05/13	/201	6	

no CK

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

Date of Notification (1) 9/22/16			of Building (Getty Ave		perator	(2) 20	16 SEP 2	3 4	4	: 2	4.00	
Agencies Notified Type Notification Type Notification Type No			Address Getty Ave	nue		2	1. 2.012			Į U	L	
DEP X Amended Amendment #			tate, Zip Co n, NJ	de								
Emergency (ir justification) DCA Cancellation	cluding		of Contact Inglese				Telephone	Numb	er	₹.		
		FAC	CILITY INFO	RMATIC	N				-			
Name of Facility Where Abatement is Taking Former Alfred Heller Site	Place (3)					Type of Facility (4						
Street Address 356 Getty Avenue						Subchapter 8 Other (i.e. pretc.)			build	lings,	home	≱S,
City (5) Clifton			:			Square Feet 16,100	# of Floors	3	7:	ldg. A 5	ge	
County (6) Passaic			Code (7) USE ONLY			Current Use (Prior NA	r if being den	nolishe	d)			
Name of Monitoring Firm Hired by Building O'RT Environmental Services	wner (8)	ASC	CM No.			of Abatement Cont ervices, LLC	ractor (9)					
Street Address 510 Heron Drive, Suite 360						Address West Lincoln Hi	ghway, Sı	uite 50	00			
City, State, Zip Code Bridgeport, NJ 08016						tate, Zip Code n, PA 19341						
Project Manager for Monitoring Firm Tony Alessandrini			none No. 467-2276			none No. 872-8884	Licer 0116	ise No.				
	Scheduled 0 10/28/16	Completion	n Date (11)		Name EMS	of OSHA Monitor						
Occupancy Status During Abatement (Check						Address Route 130 Norti	n .					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Abatement in segregation	I Facility Ho				City, S	tate, Zip Code aminson, NJ						
Scope of Work (Check All That Apply)					Ollill	arringori, 140						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	ovation olition			×		edure				0	
						3 Non-Exempled	() and Non-	rnable			ement	
Location of		cation nally		Dee	1-41	a.f				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	olely by nance/ al Staff? 2)		tos Conta thermal s	system ing, VA	faterial (ACM) s insulation, T, or	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
See Attached	Yes N	o N/A									te	
			+				-0					
Name of Registered Waste Hauler		NIDED	Monte	Cubins	lass's	Nome) agintared !	ndfil				
Service Transport Group		NJDEP Hauler I		of Was		Minerva	Registered La	mann				
City, State New Castle, DE				Disposi	al Date		burg, OH					
Completed by Jack Bally	Title Sr. Proje	ect Man	ager	Si	gnature	Lade 15	roll	Date 9/2	2/16	3		

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

RECEIVED

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Abatem Repair	11 11 · C	Enclosure
Building 1	na na	acpi	1988 If		Repair	A C	Enclosure
Building 2	na			X			
Building 5		Gray floor tile	3 sf	X			
	na	әсрі	825 If	X			
Building 6	na	әсрі	525 If	X			
Brick Building	na	9"x9" floor tile	1250 sf	X			
Brick Building	na	floor tile mastic	3925 sf	Х			
Brick Building, boiler room	na	tank insulation	32 sf	X			
Brick Building, boiler room	na	асрі	20 lf	Х			
Single Story Masonry Building	na	9"x9" floor tile and underlying mastic	2600 sf	X			
10-							

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

Paragon Job#

Name of Building Owner/Operator (2) Date of Notification (1) 0 19 1/12 11 1/11 16 City of Clifton Agencies Notified Type Notification Street Address X EPA Initial 900 Clifton Ave. DEP Amendment City, State, Zip Code DOL Amendment# -Clifton, NJ 07013 Emergency (includ ₩ DOH Name of Contact Telephone Number justification) ☐ DCA Cancellation Mr. Dominick Villano FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) City of Clifton DPW Garage Building B Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age 307 East 7th Street Square Feet # of Floors 12,000 sf County (6) 65 City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Vacant Building Passaic Clifton, NJ 07013 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No Paragon Contracting, Inc. EnviroVision Street Address Street Address 590 River Rd. 20-21 Wagraw Rd. Bldg. 35 City, State, Zip Code City, State, Zip Code Clifton, NJ 07014 Fair Lawn, NJ 07410 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 00748 (973) 614-1600 973-636-9144 Frederick Larson Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) Paragon Contracting, Inc. 10/17/2016 Street Address Occupancy Status During Abatement (Check only one) 590 River Rd. Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Clifton, NJ 07014 Other-Describe: Scope of Work (check all that apply) □ Demolition Full Containment w/negative pressure Glovebag procedure Renovation Mini-enclosure Non-Exempted (") Non-friable procedure > 3 sf or > 3 lf≥160 sf or ≥260 lf Is location normally used solely E E Location of e by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m staff(12) p (Specify SF or material to be material (ACM) 0 2 abated in facility (13) Yes No N/A p 245 LF Pipe Insulation \boxtimes 90 SF X Garage 1st Floor Bathroom VAT X Garage 2nd Floor Bathroom VAT & Mastic 120 SF Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Paragon Contracting, Inc. GROWS/Tullytown 15 cyds City, State Disposal Date City, State Clifton, NJ TBD Tullytown, PA Signature Completed by (Print or Type) Title Date 09/21/2016 Goran Lazevski President

Date of Nor heatier (1)			9,	are of i	Building O	ATES O	इस्टाइटर	rz-							
9/22/16					Fossil				eral ng	2013	SEB	2	3	. 11	: 2
-perpes Notifed	Type Nor callon			Yer As				-							
X FFA	X via				stredme		Ξ								
IN DEP	T American				FIG. C.N.										
<u>□</u> 33L	-ar engment	***			n, New	JE"3E	7								
n sur	 Emergency (in such subsen) 	1.21,0,013		65 4 OF						Tables hone f	vumbe	F			
Ø CCA	Carroe span		Į.	lave fi	/il.ams					-					
				FACIL	ITY INFO	RMATI	QM _	-						-	
Name of Escity Where A								1,000	of Facility (4)						
PSE&G Fossill LLC	Vercer Genera	ning stand	2					Decisional	School (K-12) (Other than K					
Screen Address							Ī			್ವವರ್ಣ ಸಹಾಗ ಆಶಕಿ ಕೆ ಮಾಗಾಗಕ		u idi	mipt.	or e	5.
2512 Lamberton Ro	30							band	eta.)				20 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1	12+41-7 Let	
Cay (5)									rie Feet	# of Ficen's		1	13 2	74	
Hamilton, New Jers	aÀ						1		000	10		50			
County (6)				bunty C				Cum	ent Use (Prior	if being demo	મંક્રીક્ટ)			1
Mercer		and the second	1.	and Charles	SE OHLY)										
Name of Monitoring Firm		haner (S)		ASCVI	No				atement Conti	Company of the Compan					
Total Environmenta	Solutions								ergy Servic	es, LLC		-		+	
Street Address			-				5798								
1005 St George Lar	1 e								rans Drive						
City, State, Zip Code									Zp Code						
Lancenburg, PA 19	1350									ersey 0808					
Project Manager for Mon	Aciting F. Thi			6050,000			Telegi			Liasns					
Ed ligelesias			1 3	302-34	4-4217		908-			01009	3				
Start Date (10)		Scheduled		aetan D	X486 (11)				HA Montor	^-					
9/22/16		10/13/16							itonmenta!	SOALIORS					
Occupancy Status Dunne	Abatement (Chec	k Only One)					Stroct								
The Facility Glosed Wass	ned Dunnig Eithre I	ence of Acc	וד פת	27.					George Lan	8					
Abatement Parform	ed Outlide of Nem	ial Faci to H					1		Zp Code		7220				
Diher - Describe:	LIVE CELLC FOM	CMI					Faut	ier b	urg, PA 19	150					
Scape of Work (Check A	I That Appry)							_							
□ មាន៤១៛		The state of the s	GG.				. >			ni welih Negati	re Pre	ssu:	Ċ		
चि र 60 स वर र260 lf		☐ Dec	ದ್ದು	רכ			-		ini-Endosure Jovepas Proc	ove to					
							E			ೀಯಾಗ (1) ಹಾರ Non ಸ್	riable	Proc	eŭi	-	
			catio	_ 1									Abate	ment	
		10	Carried to				apple for	t act					Ту	De.	
Location Asbestos-Containing		Used 5	Cit	A \$20.	Aubes				al (ACM)	ATOUR.				-	
TO BE AS	ATED	Mairo Custod		Charles and the control of the contr	(- <u>)=</u> .	therma	373'E'	5 F15U	Setion,	(Specify		Rer	20	B. H.	1
in Faci			12)	adores.			ieing, VA miscellar			SF or LF)	100	Remava	Rapali	Enrapsolate	Гисозите
(13)						OURE	110000	Ja Was	·/			127	_	F .	4
		Yes	Ner	K'A							1				
Unit #1 Air	Heater	X				Ther	mal Sy	sten	3	3500 SF	-	X			
								-	1	and - Selfence Self- of Self-	1				
			-								-				
						-		-							
Name of Registered Was	th Heuer			DEP W			Yaras		414000000000000000000000000000000000000	legistered Lar					
Waste Management	of New Jersey			sder ID 1273	40_	60 C			Tucytow	m Resource	a Rec	:OVE	эгу Я	aci 1	ty
City, State			1.				nai Des	4	City, State	+			_		
Trenton, New Jersey	v					10.1			Turiytow						
	/ 	Title	_				Soreta	4			Date				
Completed by Dan McConnell		1	ine i	Superi	ntenden		الموجور	111	Rull		9/22		ŝ		
Dan Modelliet		s. rounds		- open		-	12	1	con						

									-1960	- de - F	27		
Date of Notification (1)	16 /	16					er/Operator (2	of Design and	Construction	E I	\forall		M
9 /	10 /	10			0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	11401	only online	o, booig. a.	-21				
Agencies Notified EPA	Type Notificat	tion			Address Elm Dr.			And the second s	I L' SEP	23	2018		الكا
⊠ DOLWD				City S	tate, Zip C	ode		1 100					
☑ DHSS	Amendme				ceton, N		544		ASREST	00.00	NITE	01.8	2
☑ DCA	☐ Emergenc		9		of Contact		211		Telephone Nu	imber	Part		
(NJAC 5:23-8)	justificatio	0.5		INCOMPRESENTE					- Telephone III		M.		
	☐ Cancellation	on		Rot	ert Orteg	go					T		_
				FAC	CILITY IN	FOR	MATION						
Name of Facility Where	Abatement is Ta	aking Place	(3)					Type of Facility					
Princeton Univers	ity-Firestone	Library			M.			School (K-12		.12)			
Street Address								Other (i.e., pr	rivate and comr	nercial b	uilding	js,	
Washington Rd								homes, etc.)				2000	
City (5)								Square Feet	# of Floors	E	ldg. A	ge	
Princeton								1,000,000	8		70		
County (6)				Coun	ty Code (7)(STAT	E USE ONLY)	Current Use (Pri	or if being dem	olished)			
MERCER								Library					
Name of Monitoring Firm	m Hired by Build	ing Owner	(8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)					
ATC Group Service		•		0009	8	В	RISTOL EN	VIRONMENTA	L, INC.				
Street Address						Stre	et Address						
Three Terri Center	-					11	23 BEAVE	R STREET					
						892	State, Zip Co						
City, State, Zip Code	046						RISTOL, PA						
Burlington, NJ 080			Tal		No		phone No.	10007	License No.		2-		
Project Manager for Mo	nitoring Firm			ephone 09-386		100000000000000000000000000000000000000	5-788-6040		00509				
Michael Keehn							e of OSHA M		00000		_		
Start Date (10)	1.00	cheduled (INC				
<u>ON HOLIS</u>		_1_		<u> </u>	17			VIRONMENTA	L, INC.				
Occupancy Status Durin						1/2000/07/05/0	et Address						
☐ Facility Closed/Vaca	ited During Entire	e Period of	Abate	ment			23 BEAVE						
☐ Abatement Performe					cribe	City,	State, Zip Co	ode					
Time of Abatement:	7:00AM-3:30P	IVI/F	101	AIVI		BI	RISTOL, PA	19007					
Scope of Work (Check	all that apply)						D = "0		- His Dranes				
□ . 2 . f 2 lf		Mp	enova	ion				tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			emoliti				Gloveba	g Procedure					
				5000			☐ Non-Exe	empted (*) and No	n-Friable Proce	edure	-		
		1	s Loca							Α	baten	ent T	ype
Locatio		lle	Norma	ally ely by			Description of		Amount	Re	Re	E	四四
Asbestos-Containing TO BE AB		1	ainten				mal systems	aterial (ACM) insulation.	(Specify	Remova	Repair	cap	Enclosure
IN Fac		Cu		Staff?	1,		urfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure
(13)			(12	T	4	oth	er miscellane	eous)				ite	
		Yes	No	N/A							+	-	-
Levels B, A and 1	Levels B, A and 1						e fitting In	sulation	4190 LF				닏
Levels B, A and 1			Floor ti	le an	d mastic		18,440 SF				닏		
Levels B, A and 1	10-2-1				Joint c	ompo	ound		16,520 SF		-		
Levels B, A and 1		\boxtimes			Acoust	ical	ceilin plaste		2,222 SF				Ш
Name of Registered Wa	aste Hauler		0.4	NJDEP			ic Yards of	Name of Regis					
BRISTOL ENVIRO		IC.		Hauler I 1870		Was	ste	G.R.O.W.S	S. NORTH LA	NDFIL	-		
City, State				.070		Disp	osal Date	City, State					
BRISTOL, PA 190	07							MORRISV	ILLE, PA 190	67			
	oleted By (Print or Type) Title							1 4		Date			_
Brian Scafiro	. , , , ,	Estim	ator				Signature	Scafer 1	(9/	6/1	6	
		1					10	- /		1			

ASB-41 MAY 11

BS/6/20 191

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

NO CK

Date of Notification (1) 9									1	Tas	6-6-		-	
Agencies Notified EPA DOLVM Amended Amendment #1 Emergency (including Justification) (INAC 523-8) Justification) (INAC 523-8) Justification) Name of Facility Where Abatement is Taking Place (i) Princeton University-Firestone Library FACILITY INFORMATION Name of Facility (where Abatement is Taking Place (i) Princeton University-Firestone Library Type of Facility (4) School (K-12)	Date of Notification (1)	16 /	16							Construction			F	16
DILING D							mive	isity-Office	of Design and	OUTSU dello			711	-111
DHSS DHSS Cancelastion Cancelastion Demonstrated Princeton, NJ 08544 Name of Contact Robert Ortego Princeton, NJ 08544 Name of Contact Robert Ortego Princeton Top of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Other (Ic., private and commercial buildings, homes, etc.) Other (Ic., private and	⊠ EPA □	- 1 · · · · · · · · · · · · · · · · · ·	tion		100000000000000000000000000000000000000					SEP 2	2 3 20	16	$\ L$]][
Emergency (including Cancellation Cancellatio	Name and the second sec				City	State, Zip	Code		1	T			1	-
Name of Facility Where Absterment is Taking Place (3)				_	Pi	inceton,	NJ 08	3544	and the second s	ASSESTAS	00 -	-	J	
				9	Nam	e of Conta	ct		Ĺ.			.0_	i, i	1
Name of Facility Where Abatement is Taking Piace (3)		☐ Cancellati	on		R	bert Orte	go			,				
Princeton University-Firestone Library					F	ACILITY II	NFOR	RMATION						
Subclapter 8 Subclapter 9 Subc	Name of Facility Where Aba	atement is T	aking Plac	e (3)					Type of Facility	(4)				
City (5)	Princeton University-	Firestone	Library								40)			
Mashington Rd	Street Address								Other (i.e., p	3 (Other than K rivate and com	-12) mercial b	uildin	as,	
1,000,000 8 70	Washington Rd													
County (6)	City (5)								Square Feet	# of Floors	В		ge	
MERCER Name of Montoring Firm Hired by Building Owner (8)	Princeton											70		
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC ASCM No. 00098 Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Three Terri Center Street Address 1123 BEAVER STREET City, State, Zip Code Burlington, NJ 08016 Telephone No. 609-386-8800 City, State, Zip Code BRISTOL, PA 19007 Project Manager for Monitoring Firm Michael Keehn Telephone No. 609-386-8800 Z15-788-6040 Disposable No. 00509 Start Date (10) State (10)	County (6)				Co	unty Code (7)(STA	TE USE ONLY)		ior if being dem	olished)			
Street Address														
Street Address Three Terri Center City, State, Zip Code Burlington, NJ 08016 Project Manager for Monitoring Firm Michael Keehn Start Date (10) Scheduled Completion Date (11) Scheduled Completion Scheduled Completion Date (11) Scheduled Completion Scheduled Comple	1		ing Owner	(8)	ASCI	ЛNo.								
Three Terri Center		LLC			00	098			VIRONMENTA	L, INC.				
City, State, Zip Code Burlington, NJ 08016							107.000							
Burlington, NJ 08016														
Project Manager for Monitoring Firm Michael Keehn Stephone No. 609-386-8800 215-788-6040 00509														
Michael Keehn Sep3-386-8800 215-788-6040 00509				T					19007	I i No	14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
Start Date (10) Scheduled Completion Date (11) 1	Carried and the same of the second second second second	ring Firm						12			FS			
Street Address Stre	44.50.50.10.00.11.40.00.11.40.00.11.40.00.11		-t1-1-1							00303				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PWPMAM										LINC				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PW PMAM					70				VIICONNENTA	L, 1110.				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM					omont		200		DOTDEET					
Time of Abatement: 7:00 AM-3:30 PW PM—AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Support of Market (Check all that apply apply and Non-Friable Procedure Abatement Type Support of Market (Check all that apply) Support of Market (Check all that apply						escribe	600-16							
Scope of Work (Check all that apply) Soperation Sope	Time of Abatement: 7:0	0AM-3:30P	M/	PM	AI	Л								
≥3 sf or ≥3 lf	Scope of Work (Check all th	nat annivi						7,10,101	1 10001					
Second Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non	Scope of Work (Check all ti	iat apply)	1944							gative Pressure				
Non-Exempted (*) and Non-Friable Procedure	≥3 sf or ≥3 lf ≥160 sf or >260 lf		1.											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Levels B, A and 1 Levels B, A	△ ≥100 si 0i ≥200 ii			CITION	don			☐ Non-Exe	empted (*) and No	n-Friable Proce	edure			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Levels B, A and 1 Maintenance/ Custodial Staff? (12) Yes No N/A Fireproofing Radiator liner Spline, plaster & Drywall ceiling Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) Title Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Fireproofing 1,620 SF Disposal Date Cubic Yards of Waste G.R.O.W.S. NORTH LANDFILL Disposal Date City, State MORRISVILLE, PA 19067 Completed By (Print or Type) Title											A	baten	ent T	уре
Custodial Staff? (12) Service			. 116			0.1				Amount	Re	Re	En	四四
Custodial Staff? (12) Service) N	ainte	nance/	(i.					mo	pair	cap	clos
Yes No N/A Levels B, A and 1 □ □ Fireproofing 1,620 SF □ □ Levels B, A and 1 □ □ Radiator liner 320 SF □ □ □ Levels B, A and 1 □ □ Spline, plaster & Drywall ceiling 15,924 SF □ □ □ Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. NJDEP Waste Hauler ID No. 18706 Cubic Yards of Waste Name of Registered Landfill City, State BRISTOL, PA 19007 Disposal Date City, State Completed By (Print or Type) Title Signature Date	IN Facility		Cu			1	S	surfacing, VAT	, or	SF or LF)	l'a	1	sula	ure
Levels B, A and 1 Levels B, A and 1 Levels B, A and 1 Devels B, A a	(13)		Ves			Δ	oti	ner miscellane	eous)				te	
Levels B, A and 1 Levels B, A and 1 Spline, plaster & Drywall ceiling Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. NJDEP Waste Hauler ID No. 18706 Disposal Date Completed By (Print or Type) Title Radiator liner Spline, plaster & Drywall ceiling 15,924 SF Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL City, State MORRISVILLE, PA 19067 Signature Date	Levels B, A and 1						oofin	g		1,620 SF				
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) Title NJDEP Waste Hauler ID No. 18706 Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste City, State G.R.O.W.S. NORTH LANDFILL City, State MORRISVILLE, PA 19067 Signature Date			Radiat	or lin	ier		320 SF							
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) Title NJDEP Waste Hauler ID No. 18706 Cubic Yards of Waste Waste Cubic Yards of Waste Cubic Yards of Waste City, State Disposal Date City, State MORRISVILLE, PA 19067 Date	Levels B, A and 1					Spline	, plas	ster & Drywa	all ceiling	15,924 Si				
BRISTOL ENVIRONMENTAL, INC. Hauler ID No. 18706 Disposal Date City, State BRISTOL, PA 19007 Completed By (Print or Type) Title Hauler ID No. 18706 Disposal Date Signature Date														
BRISTOL ENVIRONMENTAL, INC. Hauler ID No. 18706 Disposal Date City, State BRISTOL, PA 19007 Completed By (Print or Type) Title Hauler ID No. 18706 Disposal Date City, State MORRISVILLE, PA 19067 Date	Name of Registered Waste	Hauler					1000000		Name of Regis	stered Landfill				-
BRISTOL, PA 19007 Completed By (Print or Type) Title Signature Date	[IC.					2767-5		, NORTH LA	NDFILL	e 		
Completed By (Print or Type) Title Signature Date							Dis	posal Date		ILLE, PA 190	67			
Completed by Infinition 1700)		0)	Title					Signature						
	F 27 24_23 2022.	e)		ator				Bran	Sanfile (5)		6/4	9	

ASB-41 MAY 11

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

B5 16120982

Ck#	308	7.
	d V)	()K
	200	01

Date of Notification (1)					Nar	ne of Buildi	ng Owner/Operator	(2)	11-19		11 17	-	5
8 / _	31 /	1	6		11		University-Office	The state of the s	Constructio	n			7
Agencies Notified	Type Noti	ification	n		Stre	et Address		1		10	207	6	11
⊠ EPA 0904					2	00 Elm Dr		1	i				1
DOLWD 0928	☐ Amend				City	, State, Zip	Code	1	ASBEST	15 00	1 70	_	t
□ DHSS 0911 □ DCA 1/50 □	Amend Emerg		-	-	P	rinceton,	NJ 08544		LIC	51	1	OL.	ž
(NJAC 5:23-8)	justific		iriciudi	ilg	Nan	ne of Conta	ct		Telephone N	umber		_	
0.000 200 00 00	☐ Cance	llation			R	obert Orto	ego				,		
					F	ACILITY I	NFORMATION						
Name of Facility Where A				ce (3)				Type of Facility					
Princeton University	/-Firesto	ne Lit	orary					School (K-1	2) 8 (Other than K	12\			
Street Address									private and com		buildi	ngs,	
Washington Rd								homes, etc.					
City (5)								Square Feet	# of Floors		Bldg.	Age	
Princeton								1,000,000	8		70		
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)		
MERCER								Library					
Name of Monitoring Firm I	500-000 PM	uilding	Owner	(8)	ASC		Name of Abatem						
ATC Group Services	LLC				000	98	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
Three Terri Center							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 08010	5						BRISTOL, PA	19007					
Project Manager for Monito	oring Firm			Tel	lephone	e No.	Telephone No.		License No.				
Michael Keehn				6	09-38	6-8800	215-788-6040).	00509				
Start Date (10) 9 / 14 /	16	Sche				ate (11) 17	Name of OSHA N BRISTOL EN	fonitor VIRONMENTA	L, INC.				
Occupancy Status During /		(Chec	k only	one)			Street Address						_
☐ Facility Closed/Vacated					ement		1123 BEAVE	R STREET					
Abatement Performed 0							City, State, Zip Co	ode					
Time of Abatement: 7:0	00AM-3:30	<u>0</u> PM/_	F	PM	AN	1	BRISTOL, PA						
Scope of Work (Check all t	hat apply)							2000 23 2000-200	1722 1993				-
7 > 2 of or > 2 If			M D	enovat	tion			ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				emoliti				Procedure					
	11							mpted (*) and No	n-Friable Proced	dure			
				Loca						Α	batem	ent 7	у
Location of		5.6\		Norma	ely by	Anha	Description of stos Containing Mar		Amount	Re	Re	En	
Asbestos-Containing Ma TO BE ABATI		ivi)	Ma	aintena	ance/		., thermal systems i		(Specify	Removal	Repair	cap	
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	a a	1	Encapsulate	
(13)			Yes	No	N/A		other miscellaned	ous)				ite	
evels B, A and 1						Pipe an	d pipe fitting Ins	ulation	4190 LF	×			t
evels B, A and 1			\boxtimes			Floor til	e and mastic		18,440 SF	×			t
evels B, A and 1						Joint co	mpound		16,520 SF				T
evels B, A and 1						Acousti	cal ceilin plaster	-	2,222 SF				Ī
ame of Registered Waste	Hauler			- 12	NJDEP		Cubic Yards of	Name of Regist	tered Landfill				-
BRISTOL ENVIRONM	ENTAL, I	NC.		H	lauler l		Waste	G.R.O.W.S.	NORTH LAN	DFILL			
ity, State					1870	0	Disposal Date	City, State					-
BRISTOL, PA 19007								1 P 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LE, PA 1906	7			
ompleted By (Print or Type	2)	Title	3				Signature			Date .	,		
	1	1 1116					Signature	1 1	1.	/	31/	.1	
Brian Scafiro			stima	tor			Re	1. 13.	10	X /-	3//	110	

			1.				-/	DE NO	100	2-		
Date of Notification (1)						ng Owner/Operator		U/5 6 2	E [W		10
8/	31 /	16		Pr	inceton l	University-Office	of Design and	d-Construction		_		7//
Agencies Notified	Type Notific	cation			et Address		12	IL SEP 2	9 8	2016		ΪŪ
⊠ DOLWD	☐ Amende	ed			State, Zip							1
□ DHSS	Amendn		_			NJ 08544		ASBESTOS	001			
☑ DCA	☐ Emerge		ng		e of Conta		1	Telephone Num	ber	1=10	1 2	
(NJAC 5:23-8)	justificat			100000000000000000000000000000000000000	bert Orte			1	7	_	_	
		20011						1				
		- 1: 6:	(0)	FA	CILITY	NFORMATION	Type of Facility	. (4)				
Name of Facility Where			ce (3)				Type of Facility School (K-1					
Princeton Univers	ity-Fireston	e Library					Subchapter	8 (Other than K-12	2)			
Street Address							Other (i.e., p	orivate and comme	rcial b	uildin	gs,	
Washington Rd							homes, etc.	# of Floors	Tp	Ida ^	20	
City (5)							1,000,000	# 81 P1001S		ldg. A 70	iye	
Princeton				- 10		TVOTATE LIDE ONLY	A CONTRACTOR OF THE CONTRACTOR	rior if being demolis	abad\	10		
County (6)				Cou	nty Code ((7)(STATE USE ONLY)		nor ir being demois	sileu)			
MERCER				1,001		Tal California	Library	·				
Name of Monitoring Firm		lding Owne	r (8)	ASCM		Name of Abatem						
ATC Group Servic	es LLC			000	98		IVIRONMENTA	L, INC.				
Street Address						Street Address	DOTRET					
Three Terri Center						1123 BEAVE						
City, State, Zip Code						City, State, Zip C						
Burlington, NJ 080						BRISTOL, PA	19007					
Project Manager for Mor	nitoring Firm		- 1	lephone		Telephone No.		License No.				
Michael Keehn				609-386		215-788-6040		00509				
Start Date (10)	1	Scheduled	1000			Name of OSHA M						
9 / 14 /	16	1	/ _3	0 /		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status Durin						Street Address						
☐ Facility Closed/Vacat						1123 BEAVE	R STREET					
Abatement Performer						City, State, Zip Co						
Time of Abatement.	7.00/NI-5.00					BRISTOL, PA	19007					
Scope of Work (Check a	II that apply)					⊠ Full Con	tainment with Ne	native Pressure				
≥3 sf or ≥3 lf		⊠R	enova	tion		☐ Mini-End		9411011000010				
≥ 160 sf or ≥260 lf			emolit	ion		☐ Gloveba	g Procedure	n-Friable Procedu	re			
				4:		□ Non-Exe	impled () and No	on-mable Procedu	-	atem	ont T	Cype
1 10 -			s Loca Norm			Description of	nf .			_		T
Location Asbestos-Containing		11 1	ed So	lely by	Asbe	estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	ATED	IVI		ance/ Staff?	(i.e	e., thermal systems		(Specify SF or LF)	lova	ai-	squ	nso
IN Facil (13)	ity	00	(12			surfacing, VAT other miscellane	ACCOUNT OF THE PARTY OF THE PAR	31 01 11)	=		late	ē
(13)		Yes	No	N/A	7						(D	
Levels B, A and 1					Firepro	oofing		1,620 SF	\boxtimes			
Levels B, A and 1					Radiate	or liner		320 SF	\boxtimes			
Levels B, A and 1			10		Spline,	plaster & Drywa	III ceiling	15,924 SF	\boxtimes			
•			П									
Name of Registered Was	ste Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill		-		-
BRISTOL ENVIRON		VC.		Hauler II 18706		Waste		. NORTH LAND	FILL			
City, State BRISTOL, PA 1900	7					Disposal Date	City, State MORRISVI	LLE, PA 19067				
Completed By (Print or T		Title	-			Signature	0 0	/ Da	te ,	1	7	
Brian Scafiro	5.0 50	Estima	ator			Brian	r Scoler	0/1/	8/3	1//	6	

ASB-41 MAY 11 BS 16120 Paragon Job#

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

	1-2			11 /	-
7	HE.	100	1		=_:
	100		-		

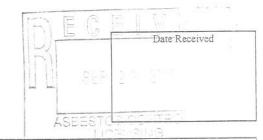
- diagon oos						12	7					
Date of Notification (1)	Na	ame of Building Ov	wne	r/Operator (2)							-	-
10 19 1/119 1/116		505 Jackson Hol	ook	en, LLC								
Agencies Notified Type Notificat	ion St	reet Address	2000				A	- ^	(716		
EPA Initial		1450 Garden St.						11/		1	_	-
DEP Amend		ty, State, Zip Code	3				6			-		
DOL Amendment #	11	Hoboken, NJ 0	703	0						-		
DOH Emergency justification)		ime of Contact					Telephone	Number				
DCA Cancell		Matthew Testa						1				
		FA	ACIL	ITY INFORM	ATION							
Name of facility where abatement	s taking pla	ce (3)					Type of Facility (4					
Direc Ducatoria							1 =	(K - 12)	ما ف م ما	an V	10\	
Pino Property Street Address								pter 8 (Ot Private/Co			12)	
Street Address							Bldgs./h	Homes, etc	C.			
							7.0000000000000000000000000000000000000	# of Floors			g. Ag	e
City (5)	Coun	ty (6)		20		ty Code (7) e use only)	1,0000)]		65	ما/	
Hoboken, NJ 07030	Huc	lson			(State	e use only)	Current Use (Pr Vacant Buildin		aem	olisne	a)	
Name of Monitoring Firm Hired by			T	ASCM No.	<u>' </u>	Name of Abatement	Contractor (9)					
Langan Engineering						Paragon Contrac	eting, Inc.					
Street Address						Street Address						
300 Kimball Dr. 4th Floor						590 River Rd.				the state of the s	2010	-
City, State, Zip Code						City, State, Zip Code						
Parsippany, NJ 07054					L	Clifton, NJ 070	14					
Project Manager for Monitoring Fire	n	Phone Nu	ımbe	er		Telephone Number	·	License I	Numb	er		
Langan		973-560			-	(973) 614-1600 Name of OSHA Mor		00748				
Scheduled Start Date (10)	Sched	. Completion Date	(11)		Paragon Contra						
07/27/2016	10/19	9/2016				Street Address						
Occupancy Status During Abateme			TO SERVICE SER			590 River Rd.						
Facility closed/vacated during Abatement performed outsid Describe:						City, State, Zip Code						
Other-Describe:					_	Clifton, NJ 070	14					
Scope of Work (check all that app	iy)											
□ Demolition □	Renovation	on			☐ F	ull Containment w/ne	egative pressure [Gloveb	ag pr	ocedu	ire	
≥3 sf or ≥3 If □	≥160 sf or	≥260 If			\square N	lini-enclosure	Non-Exem	npted (") i	Von-fr	iable	proce	edure
Location of		n normally used so	olely	1					R	R	Е	E
asbestos-containing	by mainte staff(12)	enance/custodial				sbestos-containing	Amount (Specify S	E or	m	e p	n	n
material to be abated in facility (13)	Yes	No N/	^	material	(ACM)		LF)	ST 01	0	a	a	C
	103	140	_						е	-	р	-
Roof Stand By During Demo				Metal Roo			5,400 SF				片	1
Office Roof			<u></u>	Roofing/F			823 SF			님	님	+
Office Interior				VAT/Mast	IC		580 SF			片	片	1
	-									片	片	ዙ
Bogistered Wests Haules	18115	ED Haviles ID#	10	ubic Yards of	Waste	Name of Registere	ed Landfill			Ш		1 -
Registered Waste Hauler Red Technologies, LLC.		EP Hauler ID# 163		50 cyds	vasic	Minerva Enterp						
City, State		Dispos				City, State				-		Audiored Service
Portland, CT 06480		TBI)			Waynesburg, (OH					
Completed by (Print or Type)	Title			Signature	1	1		Date	2016			
Goran Lazevski	Presider	nt.			/			09/19/	2016			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Dere of Notification (1)		lame of B	uilding Own	er/Opera	tor (2	2)		-		11/		
September 20, 2016	5				Messer	cola	Excavating (Co., Inc.	3	0 5)] (7
[]	otification	S	treet Add		127 Blo	oomi	field Road	14 6	3.E.E.	2.5	9946	
[x] DOL Amenda	ed Notification ment # ncy (including				Barneg	at, N	J 08005	ASE	EG TÖ LiĞi			
[X] DOH justifica		1	Name of C	ontact Fernando)			Telephone Number		-		
[] DCA		FACII	ITV IN	FORMA	TION							
Name of Facility Where Abatement is Taking Pl Residence	ace (3)	TACIL	711 111	1 Oldina		Тур	e of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address							[x]	Other (i.e., private homes, etc.)	e & com	mercia	l buildir	ıgs,
Seaside Park	County (6) Ocean		ounty Coo STATE U	le (7) SE ONLY)		- 12	nare feet 1200 sf rrent Use (Prior	# of Floors I if being demolished)	Bldg.	Age 60)	
							Reside				110000000000000000000000000000000000000	
Name of Monitoring Firm Hired by Building On N/A	wner (8)	A	SCM No.		F-0 1981			r (9) ian Contracting,	Inc.			
Street Address					Street Address 1889 Route 9, Unit 61							
City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 08755-1271								
Project Manager for Monitoring Firm Telephone Number			732-349-9932			License N 00624	License Number 00624					
Scheduled Start Date (10) Scheduled Comple 9/30/16 10/3/16			Date (11)	Name of	OSH	A Monitor E.M.S	.L. Analytical				
Occupancy Status During Abatement (Check or [x] Facility Closed/Vacated [] Abatement Performed O	During Entire Perio				Street Ac		1056 S	Stelton Road away, New Jerse	N 088	54		
					[]			away, New Jerse	700	J-1		
Scope of Work (Check all that apply)	г 1	Renovatio	0.00		[]		Mini-Enclosure Glovebag Proce					
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[x]	Demolitic			[x]	NO 8		(*) and Non-Friable	Procedu	re		
									Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally usolely by Maintenance/Custaff (12) YES NO	sed /	insulation, VA' other miso			ntain ACM syste irfaci or	ing () ems ing,	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		Asbes	tos siding	5			1250 sf	X			
									-		-	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Was	20223		Cubic Yard			Name of Regi T.R.R.F.	stered Landfill				
City, State		Dispose			City, S		a, Pennsylvar	nia				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manag	le Signature Signature			Dit			6				

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



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	F	Postmark: Notification		rion:					
I. TYPE OF NOTIFICATION	N (O - Original R - Revised C - Ca	incelled):	0	II.	IS ASBESTOS PRESENT? (Ye	es/No):	Y		
III. FACILITY INFORMATIO	ON (identify owner, removal contractor	r and other op	erator)						
OWNER NAM	E: Messercola Exc	cavating C	o., Inc.						
Address:	127 Bloomfield Road								
City: Ba	rnegat State:	New Jers	sey	Zip:	08005				
Contact;	Fernando			Tel:	609-549-5704				
REMOVAL CONTRACT	OR: Guardian Contr	racting, Inc).		NJ License: 00624				
Address	1889 Route 9,	Unit 61							
City: To	ms River State:	New Jers	sey	Zip:	08755				
Contact:	Nicholas Ferni	cola		Tel:	732-349-9932				
OTHER OPERATOR (if	different)				NJ License:				
Address:									
City:	State:			Zip:					
Contact:				Tel:					
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovation	E - Emergency Re	enovation):	D				
V. FACILITY DESCRIPTIO	N (Including building name, number a	and floor or ro	om number)						
Building Name:	Residence								
Address:	259 N Street								
City: Seaside Par	k State:	New Jer	sey	County:	Ocean				
Site Location: Ex	terior								
Building Size: 12	00 sf # of Floo	ors:	1	Age in Y	ears: 60				
Present Use: Re	esidence		Prior Use:	Residen	ce				
VI. PROCEDURE, INCLUD.	ING ANALYTICAL METHOD, IF A	PPROPRIAT	E, USED TO DETE	CT THE PRE	SENCE OF ASBESTOS MATE	RIAL:			
IS MATERIAL ASSUME VII. APPROXIMATE AMOU	ED TO BE ASBESTOS? INT OF ASBESTOS INCLUDING:	1				Nonf	riable		
			RACM				Material Fo Be		
Regulated ACM to be Category I ACM not re	emoved		To Be Removed		LOCATION	Rem	oved		
Category II ACM not a	removed		Kellioved			Cat I	Cat II		
Pipes (Linear feet):									
Surface Area (Square fee	t): 1250 sf	Asbesto	s siding		Exterior				
RACM Off Facility Com	ponent (Cubic feet):								
	STOS REMOVAL (MM/DD/YY)	Start:	9/30/1	16	Complete: 10	/3/16			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOV.	ATION WOR	K, AND METHOD(S) TO BE	USED	
				MEGI	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERS AND RENOVATION SITE:	ING CONTRO	DLS TO BE USED TO PREV	ENT EMISSIONS OF ASE	BESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be roped off w removed by non-friable procedures. All waste will be placed in double	vith caution tape e 6 mil. Bags, se	and warning signs. Plastic sheetin aled and labeled and placed in a lo	cked container for disposal	below and the asbestos will be S CONTINUL O ENSING
xii.	WASTE TRANSPORTER #1 Name: Guardian Co	ntracting I	nc		
All.	Address: 1889 Route 9		iic.		
	City: Toms River		New Jersey	Zip: 0	8755
	Contact Person: Nicholas Fer				
	WASTE TRANSPORTER #2 Name:	222074			
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.				
	Location: Bordentown	Road		0	
	City: Tullytown	State:	Pennsylvania	Zip: 1	9007
	Telephone: 215-943-9732	-10		494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGE	NCY, PLEAS	E IDENTIFY THE AGENCY	BELOW AND ATTACH	COPY OF ORDER
	Name:		Title:	24	
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MI	M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions or wo	uld cause equ	ipment damage or an unreason	able financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN ASBESTOS MATERIAL BECOMES CRUMBLED, PULVI			BESTOS IS FOUND OR P	REVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PI THE DEMOLITION OR RENOVATION AND EVIDENCE AVAILABLE FOR INSPECTION DURING NORMAL BUS	THAT THE	REQUIRED TRAINING HAS	BEEN ACCOMPLISHED	M) WILL BE ONSITE DURING BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	rator)	September 20, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORE	RECT.			
	Nicholas Fernicola / Project Manager (Printed Name/Title)	io n	(Signature of Owner/Ope	rator)	September 20, 2016 (Date)
L					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

			,						Г		D2044	-		
Date of Notification (1)	ptember 20, 201	6			Name of B	uilding Ov	wner/Opera Princet	on A	cademy of the	Sacred Heart	<u>B</u>		う夏	4
Agencies Notified [x] EPA	Later Sept.	Votificat			Street Add	ress	101 Dr	ake'	s Corner Road		2	35	ē	
[] DEP [x] DOL	Amend	ed Noting ment #_ ency (inc			City, State	, Zip Code	Princet	ton, l	New Jersey 0854	40 ASBESTO	os ci	71.171	201.0	
[x] DOH	justific Cancel	ation)	oraums		Name of C	Contact Dave			Tele	phone Number	DENS -	11/3		
[] DCA				FACI	LITY IN	FORMA	ATION							
Name of Facility Where Al	batement is Taking F nceton Academy	lace (3) of the	Sacred He					Тур	L 3	School (k-12) Subchapter 8 (othe	er than l	(-12)		
Street Address	1 Drake's Corne	Road							[]	Other (i.e., private nomes, etc.)	ate & commercial buildings,			
City		County	v (6)		County Co (STATE U)	100	20,000 sf	# of Floors 2	Bldg.	Age 60)	
Princeton		Merc	× 800		100000		Nome of		rrent Use (Prior if be School					_
Name of Monitoring Firm	Hired by Building C orizon	wner (8)		ASCM No		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address	est Office Box 31	5					Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Thoroughfare, New Jersey 08086						City, State, Zip Code Toms River, New Jersey (Telephone Number License Number				y 087	y 08755-1271			
Project Manager for Moni Steve Flann	itoring Firm		Telephone N 856-848-0	0800			Telephor 732-34	9-99	932	00624	ımber			
Scheduled Start Date (10) Scheduled Complet 9/21/16 9/22/16					on Date (11)				Analytical				
	cility Closed/Vacated	During	Entire Period				Street Ac	ddress		lton Road				
	eatement Performed (her – Describe(cility Ho	City, State, Zip Code Piscataway, New Jersey 08854									
Scope of Work (Check all	l that apply)]	4	Full Containment w Mini-Enclosure	rith Negative Press	sure			
	sf or ≥3 lf 60 sf or ≥260 lf		[x]	Renova Demoli			[x]		Glovebag Procedure Non-Exempted (*)		rocedu	re		
L J					T						Abat	ement '	Гуре	
Location Asbestos-Containing TO BE AB in facili (13)	Material (ACM) <u>ATED</u> ity		Is Location Normally us Solely by Internance/Cu Staff (12)	sed		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or				N C A P S U	E N C L O S U			
		YES	S NO	N/A							L		L E	R E
Administration Build	ding		X		Asbes	stos pipe	insulatio	on		10 lf	X			
	<u> </u>												14	
						0.1.	. J PTT*		Name of Register	ed Landfill				
	te Hauler Contracting, Inc.		NJDEP Wast	.0223		Cubic Y	ards of Wa		T.R.R.F.	or Pandilli				
City, State Disposal Date Toms River, New Jersey 9/23/16			Tully	ytowi	n, Pennsylvania		Date	2						
Completed by (Print or Type) Nicholas Fernicola Title Project Manager Signature				7	· ·	_			9/2	0/201	6			

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



DEMOLITION / RENOVATION NOTIFICATION

Operato	Project #:		ostmark:	Notificati	nion.				
I.	TYPE OF NOTIFICATION (O - Original R	- Revised C - Car	ncelled): O	II.	IS ASBESTOS PRESENT? (Y	Yes/No):	Y		
III.	FACILITY INFORMATION (identify owner	, removal contractor	and other operator)						
	OWNER NAME: Princeton	n Academy of the	e Sacred Heart						
	Address: 101 Drak	ce's Corner Road	i						
	City: Princeton	State:	New Jersey	Zip:	08540				
	Contact: Dave			Tel:	609-915-5345				
	REMOVAL CONTRACTOR:	Guardian Contra	acting, Inc.		NJ License: 00624				
	Address:	1889 Route 9, U	Jnit 61						
	City: Toms River	State:	New Jersey	Zip:	08755				
	Contact:	Nicholas Fernic	ola	Tel:	732-349-9932				
	OTHER OPERATOR (if different)				NJ License:	100			
	Address:								
	City:	State:		Zip:					
	Contact:		Tel:						
IV.	TYPE OF OPERATION (D - Demo O - C	ordered Demo R -	Renovation E - Emergency	Renovation):	Е				
V.	FACILITY DESCRIPTION (Including build	ing name, number ar	nd floor or room number)						
	Building Name: Princeto	n Academy of th	ne Sacred Heart						
		ke's Corner Roa	d						
	City: Princeton	State:	New Jersey	County:	Mercer				
	Site Location: Administration B	uilding							
	Building Size: 20,000 sf	# of Floor	rs: 2	Age in Y	n Years: 60				
	Present Use: School		Prior Use:	School					
VI.	PROCEDURE, INCLUDING ANALYTICA	AL METHOD, IF AP	PROPRIATE, USED TO DE	TECT THE PRI	ESENCE OF ASBESTOS MATI	ERIAL:			
	IS MATERIAL ASSUMED TO BE ASBEST	TOS?				Nonf	friable		
VII.	APPROXIMATE AMOUNT OF ASBESTO	DS INCLUDING:	P.A.C.M			Asbestos	s Material To Be		
	 Regulated ACM to be removed Category I ACM not removed 		RACM To Be		LOCATION		noved		
	3. Category II ACM not removed		Removed			Cat I	Cat II		
	Pipes (Linear feet): 10 lf		Asbestos pipe insulati	ion	Admin. Bldg.				
	Surface Area (Square feet):								
	DAGMOND THE COMMON TO A STATE OF THE COMMON TO	ν.							
	RACM Off Facility Component (Cubic feet	j:		and the second		100/16			
VIII.	SCHEDULE DATES ASBESTOS REMOVAL	(MM/DD/YY)	Start: 9/2	1/16	Complete: 9	/22/16			

September 20, 2016 (Date)

	NOTIFICATION	OF DEMOLITIC	ON AND RENOVATI	ON (continued)	
X.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION WOR	K, AND METHOD(S) TO BE	SUSED	EGEIVE
surfactant/v	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE: take place using negative pressure glove-bag method. Prio water mix. All waste to be double bagged, scaled and affixe All materials to be kept wet during the entire operation. Fi	r to removal, work area to be d with appropriate warning la	s isolated, negative air units to be pabels and placed in closed/locked of	ut in place. All asbestos in container for disposal. Enc	sulation will be saturated with a 1 2
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting, I	nc.		
	Address: 188	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicl	nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.			
	Location: Bor	dentown Road			4
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #: 101	494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEAS	E IDENTIFY THE AGENCY	BELOW AND ATTAC	CH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MM	M/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):			2	
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condi	tions or would cause equi	pment damage or an unreason	able financial burden:	
xví.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBLI			BESTOS IS FOUND OF	R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NO	VIDENCE THAT THE I	REQUIRED TRAINING HAS	BEEN ACCOMPLISH	ART M) WILL BE ONSITE DURING IED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Owner/Ope	rator)	September 20, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIO	N IS CORRECT.	$\overline{}$	1	

(Signature of Owner/Operator)

Nicholas Fernicola / Project Manager (Printed Name/Title)

		tr and					774		111/	TE	Im	117
Date of Notification, (1)	1		Nam	e of B	udding	Owner/Operator ((2)	-		13	-	
9/20	0/16					ENTHER	PORCEU	<u>u</u>	1.4		111	111
Agency Notified	Type Notification		Stre	et Add	ress						IL	11
	El initial							-			-	-
C EPA	☐ Amended		City	, State	, Zip C	ode .	てい イン	0786	9			}
ID DEP	Amendment #				10	ANDOCK	4. 180	Telephone Numi	- C		-	\neg
	☐ Emergency (including		Nan	ne gf C	Contact		1	1 Glabuotte Lennin	por.		and,	
DOH DOA	justification) D Cancellation			115	. 60	Ras lua		_			_	-
UDCA			FA		SECURIOR SPECIAL	RMATION						
	Abstract in Taking Black	(3)					Type of Facility (4)				1
Name of Facility Where	Abatement is Taking Place	(6)					☐ School (K-12)					
MS. 8	Porce Cut.						F3 Cubebantor 8	(Other than K-12)				į
Street Address			-			4	2 Other (i.e. pri	ate & commercial	busiceng	5,		1
							homes, etc.) Square Feet	d of Floare	Bidg. A	æe		\neg
City (5)									19		<	
(C)	u soille					•	2100.	. 2		-		
			i Co	uniy:C	ooie (7)	(STATE USE	Current Use (Pri	or if being demoli	snea)			i
County (6)	DAM'S		ON	ILY)	٠,		RESID					
1	m Hired by Building Owner	IAS	CM No).·		Name of Abates	nent Contractor (9)				
(8)	It timed by beneath owner.					Best Re	moval Inc	2				
						Street Address						
Street Address				(4)		450 501	th River	St			-33	
						City, State, Zip						
City, State, Zip Code	2						ack, N.J.	07601				
	•					Telephone No.		License No.			-	
Project Manager for Mc	Project Manager for Monitoring Firm Telephone No.						-7444 -	00388				
	Ý.		٠.			세탁 - 이번 이어님 얼룩하는 그 사이트 - 어플		00300		-		
Start Date (10)	Scheduled Co	mpletion	n Date	(11)	.0	Name of OSHA	Environme	antal				
10/3/16		4/1	6					511141				
Occupancy Status Duri	ing Abatement (Check only	(one)				Street Address						
D Ennith CincodNara	sted During Entire Period o	f Abaten	nent			City, State, Zip	uyler St			-		
m Abushanant Dominama	ed Outside of Normal Pacil	ey mous	5 _			Cay, State, Zip	ckensack	N I O	7606			
.2 Other - Describe:	8:00 AM TO 3	7:00	*1.1		<u> </u>	В. Па	CREHBACK	, 11000				
Scope of Work (Check	all that apply)			+		-B-FG	Containment with	Negative Pressu	re			
□≥3sfor≥3#					vation	O Min	i-Enclosure					
22 160 sf or ≥ 260 %				Demo	notific	□ Gio	webag Procedure n-Exempted (*) an	d Non-Friable Pro	cedure			
				1		6d Pour				Al		ment
			ocation		48 .05	25		W 90			Typ	-
loca	ation of		ormally Solely		-	Description	of	Amount				m _
Ashestos-Contain	ning Material (ACM)	Britain.	<i>teran</i>	abi	Asb	estes Containing I e., thermal system	rs insulation.	(Specify		107	20	100
	ABATED Pacility		stodial	1	feri	surfacing. V/	AT, or	SF or LF)	Removal	phi	Enclosure
	(13)		(12)			other miscella	neous)			=		8
			1	27/4								
		Yes	No	N/A		. / /		500	SF	×		
BASE ME	ENT					VAT				T	H	
										1	1	1
	N a								خ.	-	H	+
		\vdash	1			5						
Name of Registered V	Alacta Hauder	NE	DEPW	aste H	auler	Cubic Yards o		istored Landill	-			
Rost Ron	noval Inc	ID I	No.	10 000		Waste	Minerv	a Enterp	rises	3	, LI	"C
Dear Wen	20,02 220		171	109	5.E. Calo	31/2	^/					
City, State						Disposal Date	7 City, State	1	h /. /.	590	2	
Hackensa	ack , N.J. 07	601			G-1	10/4/11	Wayne	sburg, 0	Date	,00		
Completed by	Title					Signature	()	0	0	1/2	0	16
A STATE OF THE PARTY OF THE PAR	Rst	imat	or			1 VC	400'00	No.		1	-)	
J.Maioran	*Deno	at use the	is form	for as	bestos	Scensure exempl	ed activities.					
ASB-41	Carton Silver	-				1 \						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) James Tuscano September 19, 2016 Street Address Agencies Notified Type of Notification [x] EPA [x]Initial Notification Amended Notification DEP City, State, Zip Code Amendment #] DOL Nutley, NJ 07110 Emergency (including [x] DOH Name of Contact Telephone Number justification) DCA Cancellation James Tuscano FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (k-12) Residence Subchapter 8 (other than k-12) Street Address [X] Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square feet County Code (7) County (6) City 60 (STATE USE ONLY) 1500 sf Current Use (Prior if being demolished) Lavallette Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 732-349-9932 00624 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 9/30/16 9/29/16 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure [x][X] Demolition ≥160 sf or ≥260 lf Abatement Type Description of Is Location E E R Asbestos-Containing Amount Normally used N C NC E Location of E Material (ACM) (Specify SF Asbestos-Containing Material (ACM) Solely by P M A L or LF) (i.e., thermal systems A TO BE ABATED Maintenance/Custodial 0 P 0 insulation, surfacing, Staff in facility S V S R VAT, or (12)(13)U A other miscellaneous) R N/A YES NO E Asbestos siding 750 sf X X Exterior front only Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. Disposal Date City, State City, State Tullytown, Pennsylvania 9/30/16-Toms River, New Jersey

Signature

Title

Project Manager

Completed by (Print or Type)

Nicholas Fernicola

Date

9/19/16

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



DEMOLITION / RENOVATION NOTIFICATION

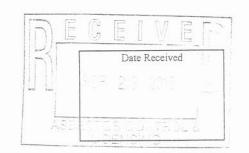
Operato	or Project #:	Postmark: Notificat			cation:				
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - C	ancelled):	0	II.	IS ASBESTOS PRESENT? (Yes/No):	Y		
III.	FACILITY INFORMATION (identify owner, removal contractor	or and other	operator)						
	OWNER NAME: James Tuscano								
	Address:								
	City: Nutley State:	NJ		Zip:	07110				
	Contact: James Tuscano			Tel:	973-464-0460				
	REMOVAL CONTRACTOR: Guardian Cont	tracting, I	nc.		NJ License: 00624				
	Address: 1889 Route 9,	Unit 61		-	\				
	City: Toms River State:	New Je	ersey	Zip:	08755				
	Contact: Nicholas Fern	icola		Tel:	732-349-9932				
	OTHER OPERATOR (if different)				NJ License:				
	Address:		11-30-11-11-11-11-11-11-11-11-11-11-11-11-11	- 3304.4-386.6380					
	City: State:			Zip:					
	Contact:			Tel:					
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovatio	n E - Emergency	Renovation):	D				
V.	FACILITY DESCRIPTION (Including building name, number	and floor or	room number)						
	Building Name: Residence								
	Address: 222 Bryn Mawr Avenu	ne							
	City: Lavallette State:	New Je	ersey	County:	Ocean				
	Site Location: Exterior								
	Building Size: 1500 sf # of Flo	ors:	1	Age in '	Years: 60				
	Present Use: Residence		Prior Use:	Resider	nce				
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIA	TE, USED TO DET	ECT THE PRI	ESENCE OF ASBESTOS MATE	RIAL:			
X 707	IS MATERIAL ASSUMED TO BE ASBESTOS?	_				Nont	friable		
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Asbestos	Material		
	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION		To Be noved		
	Category I ACM not removed		Removed			Cat I	Cat II		
	Pipes (Linear feet):								
	Surface Area (Square feet): 750 sf	Asbest	os siding		Exterior				
-	RACM Off Facility Component (Cubic feet):								
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/29/	/16	Complete: 9/30	/16			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OF	RENOVATION WO	RK, AND METHOD(S) TO B	E USED	DECENT	
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:	IGINEERING CONTR	ROLS TO BE USED TO PREV	ENT EMISSION	S OF ASBESTOS AT THE DEMOLITION	
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place					Medition 111 No.
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting,	Inc.			
	Address: 1889	Route 9, Unit 61				
	City: Toms River	State:	New Jersey	Zig	p: 08755	
	Contact Person: Nich	olas Fernicola				
	WASTE TRANSPORTER #2 Name:					
	Address:					
	City:	State:		Zip	p:	
	Contact Person:					
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.				
	Location: Boro	entown Road				
	City: Tullytown	State:	Pennsylvania	Zij	p: 19007	_
	Telephone: 215-943-9732		Permit #: 101	1494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND	ATTACH COPY OF ORDER	
	Name:		Title:			
	Authority:					
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	M/DD/YY):		
XV.	FOR EMERGENCY RENOVATIONS					
	Date and Hour of Emergency (MM/DD/YY):					4
	Description of the Sudden, Unexpected Event:					
	Explanation of how the event caused unsafe conditi	ons or would cause eq	uipment damage or an unreasor	nable financial bu	rden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLE			BESTOS IS FOU	IND OR PREVIOUSLY NONFRIABLE	
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVALUABLE FOR INSPECTION DURING NOR	TIDENCE THAT THE	REQUIRED TRAINING HAS	S BEEN ACCOM	SUBPART M) WILL BE ONSITE DURING PLISHED BY THIS PERSON WILL BE	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	erator)	September 19, 2016 (Date)	
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1		
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	erator)	September 19, 2016 (Date)	

		State of New Je									
	NOTIFICATIO (Pursu	ON OF ASBES uant to NJAC 8:60) E G		\mathbb{V}				
Date of Notification (1)		Name of Building			1 0-5	>n n	0000		1 I I		
September 20, 201	6		DnA I	Demolition	T pri	30	3 5	7			
	on Notification ed Notification	Street Address		Camplain Road	ASBESTO	3 GO	VTR(200		
[X] DOL Amend	MI CALLY CONTROL	City, State, Zip Co		orough, NJ 08844							
[X] DOH [X] Emerge justified [] Cancell		Name of Contact Anto	nio Dimuz	a	lephone Number						
	FA	ACILITY INFORM	MATION								
Name of Facility Where Abatement is Taking P	lace (3)				School (k-12)	.1 1	12)				
Street Address 161 Main Street				[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			ıl build	ings,		
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1700 sf	# of Floors	Bldg.	Age 6	0			
Hackensack	Bergen			Current Use (Prior if b Resident		25					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.								
Street Address		Street Address 1889 Route 9, Unit 61									
City, State, Zip Code		City, Sta	te, Zip Code Toms Ri	ver, New Jerse	ey 087	55-12	271				
Project Manager for Monitoring Firm	per		ne Number 9-9932	License N 00624							
Scheduled Start Date (10) 9/21/16	Scheduled Comp 9/23/16	eletion Date (11)		OSHA Monitor	. Analytical						
Occupancy Status During Abatement (Check or		Abatement	564 50 5 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								
Abatement Performed O Other – Describe	utside of Normal Facility	Hours	City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)			[Full Containment v	with Negative Pres	sure					
[] >3 sf or ≥3 lf	[] Ren	ovation	[.	Mini-Enclosure Glovebag Procedur	e						
[X] ≥160 sf or ≥260 lf	L]	nolition	[x	A commence of the commence of		Procedur	e				
						Abate	ment 7	Гуре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custod Staff (12)	ial (i	Description Shestos-Co Material (A.e., thermal Isulation, St VAT,	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S		
	YES NO N/	*****	ther miscel	aneous)		A L		L E	R E		
Exterior	X	Asbestos roc	of		1700 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hat	[[[[[[[]]]]]]]	Yards of Wa	ste Name of Register T.R.R.F.	ed Landfill						
City, State		sposal Date	City, S	tate town, Pennsylvania			10216		HCLEFF THC ACT		
Toms River, New Jersey 9/23/16 Completed by (Print or Type) Title Sign Nicholas Fernicola Project Manager			· ·	- Committee of the control of the co		Date 9/20	/2016	5			

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



DEMOLITION / RENOVATION NOTIFICATION

Operat	or Project #:	Postmark:	Notifica	ation:		
I.	TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled): O	II.	IS ASBESTOS PRESENT? (Y	res/No):	Y
Ш.	FACILITY INFORMATION (identify owner, removal contra	ctor and other operator	r)			
	OWNER NAME: DnA Demolition					
	Address: 2156 Camplain Road	i i				
	City: Hillsborough State:	NJ	Zip:	08844		
	Contact: Antonio Dimuzio		Tel:	732-713-4496		
	REMOVAL CONTRACTOR: Guardian Co	ontracting, Inc.		NJ License: 0062	4	
	Address: 1889 Route	9, Unit 61				
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Fe.	rnicola	Tel:	732-349-9932		
	OTHER OPERATOR (if different)			NJ License:		
	Address:					
	City: State		Zip:			
	Contact:		Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation E -	Emergency Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, numb	er and floor or room n	umber)			
	Building Name: Residence Building	1109				
	Address: 161 Main Street					
	City: Hackensack State	: New Jersey	County	v: Bergen		
	Site Location: Exterior					
	Building Size: 1700 sf # of	Floors: 1	Age in	Years: 60		
	Present Use: Residence Building	Prio	r Use: Reside	ence Building		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, II	F APPROPRIATE, US	SED TO DETECT THE PR	RESENCE OF ASBESTOS MATE	RIAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?				Nonf	riable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	i:	8.0		Asbestos	Material
	Regulated ACM to be removed Category I ACM not removed		RACM To Be	LOCATION		To Be noved
	Category II ACM not removed Category II ACM not removed		Removed		Cat I	Cat II
	Pipes (Linear feet):					
	Surface Area (Square feet): 170 sf	Asbestos roo	ofing	Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/21/16	Complete: 9/	23/16	

(Signature of Owner/Operator)

September 20, 2016

(Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager

(Printed Name/Title)

xviii.

Check # 11159

Date of Notification	(1)	146			f Building	Owner / Operator (2)	-	The state of the s		7-7	-	-		
THE RESERVE AND ADDRESS OF THE PARTY OF THE	Type Notificati	AND DESCRIPTIONS		Street A								11		
Agencies Notified EPA DEP	Type Notificati	OII			ad Stree	t		= XF 	201					
⊠DOL	Initial			City, Sta	ate & Zip	Code	1	and Mar-						
	Amen	ded		A	nk, NJ 0						3			
□ DOH	100000000000000000000000000000000000000	dment #_	_					Z CDECTA Tole	phone I	Numh	er	- 1		
DCA	Cance	llation		1000 0000	of Contact		L	11616	priorie	-	-	_		
				Jim Ka	lafsky			14			1,000			
				FA	CILITY	INFORMATION								
Name of Facility W Bank of America	here Abatement	is Taking	Place (3)			Type of Facility School (K	(-12)							
Street Address						Subchapt	er 8 (Other than	K-12)						
170 Broad Street								mmercial buildings		, etc.)			
						Square Feet	# of Flo		. Age	40				
City (5)						6,000		1	1	12				
Red Bank						100	Prior if being dem	ioiisnea)						
				/7/		Bank								
County (6)			County Code USE ONLY	(7)										
Monmouth Name of Monitoring	Eirm Hirad by F		_		ASCM	No. Name of Abate	Name of Abatement Contractor (9)							
Name of Monitoring	g Filli Hileu by i	bulluling C	Javiner (0)		7.00		Synatech, Inc.							
Street Address						Street Address								
88 Harbor Road						829 Radio Ro								
City, State & Zip C						Little Egg Ha	City, State & Zip Code Little Egg Harbor, NJ 08087							
Port Washington,	NY 11050		Tol	ephone N	Jumher		Telephone Number License Number							
Project Manager for Michael Baudo	or Monitoring Fire	п	# 15 Tel 10	6-944-95(609-296-6916 00817							
Scheduled Start Da	ate (10)	Schedule	ed Completion	on Date (11)	Name of OSH	A Monitor							
October 1				ber 1, 20		Synatech, Inc					-			
Occupancy Status	During Abateme sed/Vacated Du	ent (Chec	k only one) e Period of	Abatemei	nt	Street Addres 829 Radio Ro								
	Performed Outs					City, State & 2	Zip Code							
Other – De						Little Egg Ha	rbor, NJ 08087							
The state of the s	cupied During Al	natement												
Scope of Work (Ch										11-1/2254				
≥3 sf or ≥ 50 ≥160 sf or ≥) If	3)	=	Renovati Demolitic			Mini-Enclosure Glovebag Proce Non-Exempted	nt with Negative Press edure (*) and Non-Friable Pr	ocedure		· -			
	ocation of		Is Location	Normally U ince or Cust	sed Solely	Descripti		Amount (Specify SF		teme	nt I)	/pe		
Asbestos-Con	taining Material	(ACM)	by Maintena	(12)	oulai Stail r	Asbestos-Co Material (or LF)	-			_		
	BE ABATED N Facility					(i.e., thermal	systems	3 = 4	70	27	Enca	Enc		
'	(13)					insulation, surf	acing, VAT		Removal	Repair	Encapsulate	Enclosure		
			Yes	No	N/A	or other misce	ellaneous)		_		e	L"		
Main Banking Are	ea		103	110	X	Carpet N	Mastic	4,000 SF	X					
Name of Registere	ad Masta Hauler		NJDEP	Waste	Cubic	Yards of Waste	Name of Regis	L stered Landfill						
Name of Register	ou vvasie i laulei		Hauler I		1000000									
Synatech, Inc. 27					20	15.4	T.R.R.F. Land	TIII			-			
City, State					Dispos	sposal Date City, State								
Little Egg Harbor, NJ 08087					Decer	ecember 2, 2016 Tullytown, PA								
Completed By Title						ignature Date								
Sompleton Dy					1	Nane alora September 20, 2016								
Ruthetta Roots	nistrative As	sst.	10	une ween		Joeptelliner 20, 2010								

UIA FAX Ch#3744

Date of Notification (1)			Name of	Building Ov	ner/Operator	(2)					
9/	14 16		ITR M	ichae	L55	79 5	F P E P	77-7			
Agencies Notified	ype Notification		Street A	ddress				W_B			
□ EPA P	Í Initial Amended		City Sta	ite, Zip Code		-117					
	Amended Amendment #		Hill	Town	(.:V)		8EF 2.8 1				
	É Emergency (in	ncluding	Name of	f Contact	10.0		Telephone Num	ber			
DOH /	justification) Cancellation		HO 1	F	5519	L	E 1				*
D DCA			FACI	LITY INFOR	MATION		- LICENIE		-	i	-
Name of Facility Where Ab	atement is Taking	Place (3)				Type of Facility	(4)				
,						☐ School (K-	12)				
Street Address	^					Subchapte Other (i.e. etc.)	er 8 (Other than K-12) private & commercia) I buildi	ngs, h	ome	s,
Cib. (5)						Square Feet	# of Floors	Blo	lg. Ag		
City (5)	N.D.					2000	12		50)	
County (6)			County	Code (7) USE ONLY)		Current Use (P	rior if being demolished	ed)			
MIDDESE					Nome	of Abatement Co					
Name of Monitoring Firm H	lired by Building O	wner (8)	ASCN	A NO.		_ •	100000				
					I NO	VAICO 1 Address	NL				
Street Address					Street	LANY SIL	C C				
					City S	State, Zip Code	1				
City, State, Zip Code					OID	BoiDGE	N.2 08857	50	S16		
Project Manager for Monito	oring Firm		Telepho	ne No.	Telep	hone No.	License No				
110,000	1	,			1733	5 7728×42	00 00801	0			
Start Date (10)		Scheduled C		1. 7	Name	of OSHA Monito					
9/20	16		201	16	Na		<u>VL</u>			-	
Occupancy Status During	Abatement (Check	Only One)			Street	Address	Ĺ				
Facility Closed/Vacate	ed During Entire P	eriod of Abate	ement ¹		PU	State, Zip Code					
Abatement Performed Other – Describe:	d Outside of Norma	al Facility Hot	ırs		- City,		NIQ 0885	7			
	71. (1 - 1 - 1)				012	UK LUC-	1010 000) [11000		
Scope of Work (Check All	I nat Apply)	V -			\r	A Full Contains	nent with Negative P	ressure	9		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Demo	vation olition		1	র্থ Mini-Enclosu	ire				
					4	Glovebag Pr	ocedure ed (*) and Non-Friabl	e Proc	edure		
		т		1	1	Non-Exempl	ed () and Non-1 have		Abater		
		Is Loc			223 12.12.0	2			Тур	e	
Location of		Used Sc		Acheeto	Description Containing	n of Material (ACM)	Amount	1 1		m	-
Asbestos-Containing M TO BE ABAT		Mainter Custodia		(i.e. th	nermal system	ns insulation,	(Specify	Remova	Re	Encapsulate	Enclosure
In Facility	1	(12			surfacing, V/ other miscella		SF or LF)	Nova	Repair	sul	Insc
(13)		1 1 1	1 2//2			,		=		ate	0
		Yes No		HALL C	+1- 0		1 150 00	V	-		
151 FLOGAL			X	HOOR	LIF 9	49	2 150 5/F	A	-		
Name of Registered Waste	e Hauler		NJDEP V	Vaste	Cubic Yards	Name o	of Registered Landfill				
			Hauler ID		of Waste	6	20005				
	NE		185	<u> </u>	Disposal Date	e Çity, Şt	ate				
City, State	2980 .60	7 ^			A LA: II	to Albano	SGILE K.F			1	
Completed by	MID. 000	Title.			Signatur		Dal Dal	e /	a I	1/	
CANOS HIE	AGI		DENT		1	VILL D'OX	TRA!	(/1	9/	16	
		alesto e vivine de la constante de la constant			* Do =	not use this form	or asbestos licensure	exem	pteď a	ctivi	ties.
ASB-41 (R-06-08)					100				- 1		

A 10	100	01
/ \ X	to	100
	, 1	1) 1
<u> </u>		2

Date of Notification (1) 9/20/16		Na Re	me of B obert E	uilding Ow Blocker P	ner/Op Private	erator (Hom	(2) ie	n E			E				
Agencies Notified. Type Notification	n	Str	reet Add	ress				-17 T							
EPA DEP Amended Amended Amended Emergen justification	cy (including	P Na	eahala ame of C	, Zip Code Park No Contact		08		L SEE	_Tele	phone Nur	mber				
DOH justification Cancellat		R	obert					7,022					_		
Name of Facility Where Abatement is Ta Robert Blocker Private Home Street Address	king Place (3)		FACILI	TY INFOR	WATIC	JN .	S S S	f Facility (4) chool (K-12 ubchapter 8 ther (i.e. pr tc.)) 3 (Othe ivate 8	commerci	ial build			nes,	
City (5) Peahala Park NJ 08008							Square 1000-	+	2	Floors	38	dg. /	Age		
County (6) Ocean			ounty Co	ode (7) SE ONLY)		_	Currer	nt Use (Prio e	r if bei	ng demolis	hed)				
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)		ASCM	No.			of Abate	ement Cont	tractor	(9)					
Street Address							Addres								
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm		T	elephon	e No.		Telephone No. Licens 856-753-9800 0072									
Start Date (10) 10/3/16	Scheduled 10/7/16	Comp	pletion D	ate (11)		Name		A Monitor							
Occupancy Status During Abatement (C	heck Only One))				Stree	t Addres	S					c=:=::::::::::::::::::::::::::::::::::		
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe:	tire Period of Ab	ateme	ent		_	City,	State, Zi	p Code							
Scope of Work (Check All That Apply)							_					Dranning			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	e cedure						
	[-1	ocatio	-n				- 110					Aba	tem		
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	I) No Used Mair Custo	ormall Solel itenar	ly by nce/ Staff? Asbestos (i.e. the			I syster acing, V	Materia ns insula	ation,	(Amount (Specify SF or LF)	Removal	Repair	Гуре	Enclosure	
Francisk Ciding	res	INO	N/A X		Exte	erior S	Sidina		2	200 SF	x	T	T		
Exterior Siding			^		LAG							+	1		
												+	+		
Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cubi	c Yards	()	Name of	Regis	tered Land	Ifill				
United Roll Off	H	lauler ID 2459		of Waste 4			G.R.O								
City, State	D			Disposal Date City, State 10/7/16 Morrisville PA 19067											
Completed by Anthony T Perna	Title Preas	iden	it		Signature Date 9/20/16										

CK#29954

33

Date of Notification (1)			ne of Building O RCK SHARP & D		2)				É
9 / 16 /16		Stre	et Address		n	810 O	ED		-
Agencies Notified Type Noti	fication	126	E. LINCOLN AVI	ENUE, P.O. BOX	2000, RY28-414	119 2	EP 23	3 4	HID
EPA X Initia	al Notification ended Notification cellation Hold	City RAI- Nan	, State, Zip Code HWAY, NEW JER ne of Contact			55E	STOS	5 7 1	12.1
DCAEME	ERGENCY NOTIFICAT		dra M. Schenk						
		FACILITY I	NFORMATION	T=					
Name of Facility Where Abatement MERCK SHARP & DOHME CORPOR							home	ota se	c)
Street Address				Square Feet	# of Floors	Tings	Bldg.		5.7
126 EAST LINCOLN AVENUE - BUIL	DING 80K			13,900	1		52		
City (5)	inty (6)	Cou	nty Code (7)	Current Use (P	rior if being demol	lished)	į.		
RAHWAY UNI	THE STATE OF THE S	(STAT	E USE ONLY)	OFFICE					
Name of Monitoring Firm Hired by			ASCM No.		ment Contracto				
ENVIRONMETAL HEALTH INVESTIG	GATIONS, INC.		104	1	MENTAL CORPO	DRATI	ON		
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK RO	OCK BOAD				
City, State, Zip Code				City, State, Zip					-
	NEW JERSEY 07871				W YORK 10901				
Project Manager for Monitoring Firm	Telephone			Telephone Nun		ense N	umber		
WILLIAM S. KERBEL, CIH	973-729-5	649		845-369-7500	110	1			
Expected State Date (10)	Sched. Compl	etion Date	(11)	Name of OSHA	Monitor	7-14-110-5			
10 / 7 /16	11 /	30		AMERISCI LA	BORATORIES INC	C	#11	480	
	uring Entire Period of	Hours - D 7am-5pm,	escribe: 5pm-3am X Full Conta Mini-Encle	ainment with Neg	H STREET Code W YORK, NEW Y	ORK 1	0016		
X >160 SF OR 260 LF				ole Procedure					
Location of	Is Location	T	Description of As			A	oateme	nt Tvr	pe
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodia Staff (12)	i	Containing Materi (ie. Thermal sy insulation, surfaci or other miscella	ial (ACM) estems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	Ta l	П	ENCLOSURE
1st Floor -Main Corridor	X	Mastic			2,500 Sq. Ft.	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Ya	ards of Waste 30		tered Landfill OUNTY RESOUR		ANAGE	MEN	T SE
City, State	10000	Disposal	Date	City, State/)					
FREEHOLD, NEW JERSEY			-11/30/16	MONT GOME	Y , PA 17752		1		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPE	ERATIONS	Signature	1)X	Da	te (1/16	//	6

1119217

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

1CO II				(Pursuant	to NJA	(C 8:60-7 and 12.12	0-1)		Chec	k # 8	33	17		
Date of Notification (1)			Nam	e of E	Building (Owner/(Operator (2)								
	9/19/16		NJ	DO.	T				2018 SEP 23	4H 10: 34				-	
Agencies Notified	Type of No	otification			dress				Tell OTI TO	4010.04					
[] EPA	[1] Initial	É	103	5 P	arkwa	y Ave			5	OF THE TOTAL ON					
[] DEP	[] Initial Notifi	cation	011	Ciri	- 7i- Co	do									
[X] DOL	200000000				e, Zip Co n, NJ C		-0600		& LICER	3.43					
	[] Amer	nded ication	110	HO	1, 145 C	70020				1					
[X] DOH		ergency	Nam	e of	Contact				Telephone Num	iher					
[] DCA			Ant	hor	y Pelle	egrino			h-						
	[] Cance	ellation			F	ACILIT	Y INFORMATION					0014			
Name of Facility When	e Ahatemer	nt is Takir	no Place	(3)				Type of Faci							
NJ DOT Mainter				100				Sch	nool (K-12) ochapter 8 (Other ier (i.e. private and	than K-12)					
Street Address	101100 10							[] Oth	ier (i.e. private and mes, etc.)	commercial bi	uilding	ıs,			
350 Old Tuckah	oe Road	(Peter	rsbura`)											
Joo Old Fackari	0011000	7.						Square Feet	t # of Floor	s Bldg	. Age				
City (5)		1000	County (6				inty Code (7) ATE USE ONLY)	5000	(Prior if being der						
Woodbine, NJ 0	8270		Cape N	lay		(5)		Offices/gara	ges						
Name of Monitoring F	irm Hired by	Building	Owner	T A	SCM No.		Name of Abatem	nent Contractor	r (9)	2 7					
Environmenta	l Connec	ction, Ir	nc.	0	00			Jupiter Env	rironmental S	ervices, Inc				_	
Street Address							Street Address 323 Changebridge Road, Suite 100								
120 N. Warren S	St.								ebriage Road	i, Suite Toc			-		
City, State, Zip Code							City, State, Zip C	Jode Dina Braal	k, NJ 07058						
Trenton, NJ 086			T = 1		NI		Telephone Num		K, 145 07 000	License Nu	mber			- 200	
Project Manager for N		rm			Number -4200			973-575-8	700		00	85	2		
Dominick Derco		Sahad	. Comple				Name of OSHA	Monitor							
Scheduled Start Date 9/20/1		Scried.	9/30		Jaic (11)			Iris Enviro	nmental Labo	ratories, Ll	_C				
Occupancy Status Du	iring Abatem	L nent (Che	eck only	one)	oomeon letoop me	2010	Street Address		00111						
[] Facility Close	ed/Vacated I	During E	ntire Per	od o	f Abatem	ent		2333 Route	e 22VV					-	
[] Abatement P	ertormea Oi cribe:	Jisiae of	Nomair	aciii	y Hours		City, State, Zip (Code	07002						
[x] Other – Des		lly vacan	<u>1</u> t					Union, NJ	07003						
Scope of Work (Chec	k all that ap	ply)						2.2	5 11 O t . i	with Nogotivo I	25055	ire			
55.000.000	15.0				r 1	Renov	ration	[x]	Full Containment Mini – Enclosure		1633	JIE.			
[] Demolition [] ≥3 sf or ≥3 lf					[]	Kenov	auon	[]	Glovebag Proced	lure					
[] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥								[x]	Non - Friable Pr	ocedure					
			ls L	ocat	ion						Ab		men	t	
	000000		Norm					cription of - Containing		Amount	R	R	E	Е	
Location Asbestos – 0			Mainte	lely nanc			Mate	rial (ACM)		(Specify	E	E	0.000	N	
Material			todia					rmal systems	-	SF or LF)	M	P	C	C	
TO BE A					1			surfacing, VAT niscellaneous)			V	i	P	0	
In Fac (13			Yes	No	N/A		01 011101 1	,			Α	R	1 1/2 1	S	
(10			16070	1					700 SF	L		U	U		
Offices			Х			tile mastic			500 LF	×					
exterior				X		Caulk	k/glazing				1		-		
					-	-		100			1				
S 			NUDED Waste				Cubic Yards	Name of	Registered Landfil	l		1			
Name of Registered	Waste Haule	er	NJDEP Waste Hauler ID No.			0.000	Of Waste Alliance Landfill								
Jupiter Environ	el VICE	04782				5						-			
City, State						Disposal Date	City, Stat								
Pine Brook, NJ		0270555	alles E.			10/4/16	Taylor,	FA	Date			_			
Completed By (Print	or Type)		Title		11	~~~	Signature	1 /	10	9/19/	16				
Pane Repic	Gene	eral	Manag	yel	fr	- 0			91 05 1						
							/								

ASB-41 JUN 95

1

09/19/2016 MON 10:47 FAX --- NJ DOL - Notifications

₩002/004

CL 8317

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8;50-7 and 12 120-7)

2016 SEP 23,34410: 3

U							Ollogi	-		7
Date of Nollficetion (1) 9/19/16		OOT		wner/Ope	rator (2)	13	2.00E3	45-	1	
Agencies Notified Typs of Notificate [] EPA [] Initial Notification	103		arkway				1	2		NG :
[X] DOL [] Amended	Tra	ntor	, NJ 0	8625-0	600	5		1		
[X] DOH Notification [X] amargancy	Ant		ontact	arino		Telephone Nur	nber			
[] Cancellation					FORMATION					
Name of Facility Where Abstement is Tal	Ina Place	(3)		OILIT II		Type of Facility (4)				
NJ DOT Maintenance Yard						School (K-12) Subchapter 5 (Other Other (I.e. private an nomes, etc.)	than K-12) d commercial but	kdings		
350 Old Tuckahoe Road (Pet						Square Fea! # of Floor				
Cily (6) Woodbine, NJ 08270	County (B	500		(STAT	Y Code (7) E USE ONLY)	Current Use (Prior If being de				
Name of Monitoring Firm Hired by Buildin Environmental Connection,	ng Owner Inc.	AS OI	CM ND. DO			nent Contractor (#) Jupiter Environmental S	arvices, inc.			
Streel Address 120 N. Warren St.					Street Address	323 Changebridge Ros	d, Suite 100			
Cky, State, Zip Code Trenton, NJ 08608					Cily, State, Zip	Pine Brook, NJ 07058	Later English			
Project Manager for Monitoring Firm Dominick Dercole	1 7 7 7 7 7 7 7		Number 4200		Télephone Num	iber 973-575-8700	License Nun	00	857	2
Scheduled Start Date (10) Sohe 9/20/16	9/30	tion E			Name of OSHA	Monitor Iris Environmental Lab	oratories, LL	С		
Oppupancy Status During Abetament (C	Enilis Per	100 0	Abatem	ent		2333 Route 22W			71.5-6	
Abelement Performed Outside to Describe [x] Other - Desemble: perfety ven		Facil(l	y Hours		City, State, ZIP	Union, NJ 07083				
Scope of Work (Check all that apply) [] Demolition [] 23 af or 23 if [x] 2160 af or 2250 if		****	[]	Ranovali	ion	Full Containmer x Mini - Enclosur Glovabag Proce x Non - Friable F	dure	110		
IXI ZIOO EI DI ZEGO II		Local						Ab		nani
Location of Asbasios — Containing Material (ACM) TO BE ABATED In Facility	S Maini	nally (olely) enanc el Stat	by te/Ous 1 (12)		Asbesto Mati (l.s., th insulation	icciption of is = Conteining erial (ACM) ermal systems , surfacing, VAT, miscellaneous)	Amount (Specify SF or LF)	N < O Z H Z	RWPALR	M TO
(13)	Yes	No	N/A	Class (ii)	e mastic		700 SF	F		UU
Offices		- X	-	Caulk/g			500 LF	X		1
exterior								1		_
						, B /) 11	T.	1-		
Name of Registered Weste Hauler Jupiter Environmental Service	JAR HE	DEP ular I 04782			bic Yards Waats 5	Name of Registered Land Alliance Landfill	nu			
City, State Pine Brook, NJ					possi Deta 0/4/16	Taylor, PA	Data			
Completed By (Print or Type) Pana Repic	Titl∍ Ger	eral	Mana	ger	Signatura	- Un	9/19/1	16		

A5841

CK 1996

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

Date of Notification (1) 9-19-2016			ame of B arry Sp		vner/Operato	r (2))				2016	0.0	0.0	^ ′	
Agencies Notified Type Notification		1	treet Add	dress on Stree	:t					-	0.19	<u> </u>	- 2	j f	#10
EPA X Initial DEP Amended Amendment	ŧ			e, Zip Code							2,5		10	H3	ING.
Emergency (ame of (Tel	ephone N	umber	-			
DOH justification)			/like Fe						1		B				
			FACIL	ITY INFOR	RMATION										
Name of Facility Where Abatement is Taking Commercial	Place (3)					T	_	of Facility (4) School (K-12)							
Street Address 532 Summit Avenue			+			Z	7	Subchapter 8 Other (i.e. privetc.)				ıildi	ngs, I	nomes	š,
City (5) Jersey City, NJ 07306						2	230		2	f Floors		Blo 75	lg. Aç +	e	
County (6) Hudson			County C	ode (7) SE ONLY)		С	Curr	ent Use (Prior	if be	ing demol	ished)				
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.				atement Contr		5015	LLC				
Street Address					Stree 235			ess nia Avenue							
City, State, Zip Code					4	City, State, Zip Code Jersey City, NJ 07304									
Project Manager for Monitoring Firm		Т	elephon	ne No.		Telephone No. License No. 201-333-8855 01174									
Start Date (10) 9-30-2016	Scheduled		pletion [Date (11)				SHA Monitor above							
Occupancy Status During Abatement (Chec	k Only One	e)			Stre	et A	ddre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Al	pateme	ent		City	Sta	ite,	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti				×	M	ull Containmei lini-Enclosure lovebag Proce on-Exempted	edure)				9	
	Τ	(40)						OIT EXCITIPATOR	() (ment	
	1000	Location ormali			Descripti								Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solel ntenan odial S (12)	y by ice/	Asbest (i.e.	bescription os Containing thermal syste surfacing, other miscel	g Ma ems i VAT	ateri insu , or	ulation,	(Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		1/07					20 SF	17.	_		tb.	
Stair going to bsmt level		X			VAT						X	-			
South end of bsmt	Χ			VA	-				20 SF	X					
South end middle room in front clo	X			VA					500 SF	X					
1st level, South end mech room	X			VA	-				50 SF	X					
Name of Registered Waste Hauler Green Environmental Services	Н	JDEP Wauler ID 034889	No.	Cubic Yard of Waste 4	S		Name of F								
City, State Jersey City , NJ		20000 2000		Disposal Da 10-1-2016			City, State Morrisvi		PA						
Completed by Liliana Serrano	e mar	nager		Signat	ure 10	eu	w Seri	w	اكىد	Date 9-19	-20)16			

MO#19730006987

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

Date of Notification (1)					Name o	of Building	Owner/Or	perator (2	2)	Tan Is				-	
09/	20 /	16	_		im Me		o milon o	ociator (2	-/	1171,15	Va Est				
Agencies Notified	Type Notificat	ion		-		Address									
☐ EPA	✓ Initial				00.000	10 01 000						96			
□ DOLWD	☐ Amended			1	City. St	ate, Zip Co	ode			per on			-	-	
□ DHSS	Amendme	-				Plainfield		40		L-		-			
DCA (NJAC 5:23-8)	Emergenci justification		iding	ŀ		of Contact	, NJ 070	00			Telephone Nu	mber			
(140/10/03/20-0)	Cancellation														
					Jim Me		FORMAT	CLON				9			
Name of Facility Where A	thoiomant is Te	alcina D	lass /	21	FAU	ILITY IN	FORMA	IION	Tuna	of Facility (()				
	Abatement is 18	aking P	race (٥)					-	of Facility (4					
Private house Street Address										School (K-12) Subchapter 8	(Other than K-1	2)			
Street Address											vate and comm	ercial b	uilding	js,	
City (5)										nomes, etc.)	T# =# 51====	T D	lala A		
	10.00								Squi	are Feet	# of Floors	D	ldg. A	ge	
North Plainfield, NJ 07	/060				LCaunt	Code (7) (CTATE UC	E ONLY	Cur	ont Han (Drie	or if boing doma	liabad\			
County (6)					Count	y Code (7) (STATE US	E UNLY)	Curr	ent use (Pric	or if being demo	olistied)			
Union Name of Monitoring Firm	Hirad by Build	ing Ou	mar (S) I	100111		The state of								
wante of Montoring Chin	riffed by build	ing Ow	tier (c	2)	ASCM I	NO.	Name of Abatement Contractor (9)								
Ctroat Address	eet Address						Gr Tech LLC								
Street Address	eet Address						Street Address								
City State 7in Code	, State, Zip Code						576 Valley Rd #283								
City, State, Zip Code	y, State, Zip Code						City, State, Zip Code								
Drainat Managar for Man	ect Manager for Monitoring Firm						Wayne, NJ 07470 Telephone No. License No.								
Project Manager for Mort	HOING FIIII			Tele	phone i	Arc Cont.									
Start Date (10)		الباممطيا	10 d C		ian Dal		973-638-1777 01127 Name of OSHA Monitor								
09 / 29 /					tion Dat		Name of	OSHA N	nonito),					
						10			nsul	tants,Inc					
Occupancy Status During					201. KT 75.00 (#L)		Street A	ddress							
☐ Facility Closed/Vacate ☐ Abatement Performed						ariba				d, Bldg .#3	5E				
Time of Abatement:						AM	0.0000	ite, Zip C							
				_			Fair Lav								
Scope of Work (Check al	I that apply)						H				ation with nega ative Pressure	tive pres	ssure		
≥3 sf or >3 lf		5	Rei	novati	on			Mini-End	closur	e					
☐ ≥ 160 sf or ≥260 lf			☐ De	molitic	on		H	Gloveba	g Pro	cedure	Tent with Nega n-Friable Proce	tive Pres	ssure		
			lo.	Locar	ion			NUII-EXE	inple	d () and No	I-I Habie Floce	-	hatan	nent T	uno
Location	ı of			lorma		1 1915	Des	scription	of					1	T
Asbestos-Containing	Material (ACM	1)			ely by		stos Cont	aining Ma	aterial		Amount	Kemova	Repair	Enc	Enclosure
TO BE ABA				intena odial	Staff?	(i.e	., thermal			ation,	(Specify	nov	air	aps	losu
IN Facil (13)	ity			(12)				cing, VAT niscellane			SIF or LF)	a		Encapsulate	ē
, ,			Yes	No	N/A		V-2000							0	
Basement			П	П	\boxtimes	Duct -wi	ran Prout				55 LF		7	П	П
Dascinett		-				Duct - WI	арссии				33 131				
														$ \sqcup$	Ш
				П] [ПП	
Name of Registered Was	ste Hauler			NJ	DEP Waste	I Hauler ID No.	Cubic Ya	rds of Was	te Na	ame of Regis	tered Landfill				
Gr Tech LLC					003378	35	TBI		T	R.R.F. Inc					
City, State							Disposa			ity, State					
Wayne, NJ 07470						TBI)	Tu	illytown, PA	Δ					
Completed By (Print or Type) Title						2000-000	nature /	110			Date				
							//	wh.c	Wenad	1	09/20/	16			
N.Jevtic Owner								1/6	mic	wenad		07/20/	ıU		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

JIFICATION OF	ASDESTUS ADATEME
(Pursuant to	NJAC 8:60 and 5:16)

Date of Notification (1)			T	Name	of Building	Owner/Operator (2)	-4					
09 /20 /	16			Inte	rnational	Flavors & Frag	rances Inc.	Check No. 4	362 \$	200			
Agencies Notified Type Notifica	ition			Street	Address		900						
☐ EPA ☐ Initial				P.0	. Box 8								
			Ì	City, S	State, Zip Co	ode		AUL LOT					
□ DHSS Amendment □ DCA □ Emergence □ Emergenc		lina		Haz	let, New J	lersey 07730	L						
(NJAC 5:23-8) Justification		11119		Name	of Contact			Telephone Nu	ımber				
☐ Cancellat	ion			Gar	y Stapper	fenne							
1				FAC	CILITY INF	ORMATION							
Name of Facility Where Abatement is T	aking Pla	ace ((3)				Type of Facility	(4)					
International Flavors & Fragran	ices inc	.					School (K-1		4.61				
Street Address				************			Subchapter Other (i.e., r	8 (Other than K- private and comn	12) nercial bi	ildin	25		
1515 State Route 36							homes, etc.		ioroiar bi	maniş	, ,		
City (5)							Square Feet	# of Floors	BI	dg. A	ge		
Union Beach, New Jersey 0823	1						10,000	3		55+			
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	olished)				
Monmouth						Manufacuring Company							
Name of Monitoring Firm Hired by Build	ling Own	er (8	3)	ASCM	No.	Name of Abatement Contractor (9)							
Garden State Environmental						Lilich Corporation							
Street Address						Street Address							
555 Broad Street						606 McBride Avenue							
City, State, Zip Code			-0.7060			City, State, Zip Code							
Glen Rock, New Jersey 07452						Woodland Pa	ark, New Jerse	ey 07424					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.					
Bruce Wolf			20	1-652	-1119	973-225-8400 01104							
	Schedule	d Co	mple	tion Da	te (11)	Name of OSHA Monitor							
09 /30 /16	10	_ / .	02	_ / _	16	IRIS Environ	mental Labora	atories					
Occupancy Status During Abatement (Check on	ly or	ne)			Street Address							
☐ Facility Closed/Vacated During Entire						2333 Route 2	2 West						
Abatement Performed Outside of No					cribe	City, State, Zip C	ode						
Time of Abatement:AM	PM/5	PIVI-1	1ZAIV	1		Union, New	Jersey 07083						
Scope of Work (Check all that apply)													
☐ >3 sf or >3 lf	M	Ren	ovati	on		☐ Full Con	tainment with Ne	gative Pressure					
≥160 sf or ≥260 lf			nolitio			⊠ Gloveba	g Procedure						
					1	⊠ Non-Exe	empted (*) and N	on-Friable Proce					
Y			Locat ormal		1	Description			At	atem	ent 7	уре	
Location of Asbestos-Containing Material (ACM		Used	Sole	ly by	Asbes	Description of tos Containing Ma		Amount	Re	Repair	Enc	Enc	
TO BE ABATED			ntena	nce/ Staff?		thermal systems	insulation,	(Specify	Removal	oair	aps	Enclosure	
IN Facility (13)			(12)	Stair:		surfacing, VAT other miscellane		SF or LF)	<u> 80</u>		Encapsulate	иге	
(.0)	Y	es	No	N/A			,000,				6		
Lab 116]			Linolium	n & Mastic (Nor	r Friable)	600 SF					
Lab 116			Elbows	(Wrap & Cut)		30 ea							
Lab 116		. +			Counter	Tops (Non Fria	able)	125 SF					
	T	1	П						$\exists \overline{\Box}$			П	
Name of Registered Waste Hauler		- 1	N	JDEP 1	Waste	Cubic Yards of	Name of Reg	stered Landfill				1	
Lilich Corporation			Н	auler II 18724		Waste 5	G.R.O.W.	S. Landfill					
City, State				. 01 4		Disposal Date	City, State						
Woodland Park, New Jersey				10/02/2016	Morrisville	e, Pennsylvan	ia						
Completed By (Print or Type)				Signature/ Date									
Momo Glavatovic	Vice	Pre	side	nt						20	116	o	

OV.	100
(* .K	MX
	1 10

Date of Notification (1) 09/19/16				Name of Building Owner/Operator (2) Jordan Seales														
Agencies Notified		Street Address																
	Type Notification			Oli del Addiess							200	2				Ш		
EPA DEP	Initial Amended		C	City, State, Zip Code										2002		-		
× DOL	Amendment		_ \	Westfield, NJ 07090						-		0.0	_			1		
ĭ DOH								70000000000		Tel	ephone	Num	oer .	110				
DCA	Cancellation		,		Seales		- 100-100 - 100 - 1000											
Name of Facility Where	Abatament is Takin	a Place (3)		FACIL	ITY INFO	RMATI	ON	Typo	of Facility (4)	\								
Private House	Abatement is Takin	y riace (3)						_		200								
Street Address									School (K-12 Subchapter 8		er than	K-12)						
								×	Other (i.e. pri					ings,	home	s,		
City (5)				-				-	etc.) re Feet	# o	f Floors		BI	dg. A	ae			
Westfield								- 1						3	5			
County (6)				County Code (7)					nt Use (Prior	if bei	ng dem	olishe	ed)					
Union			(-	(STATE USE ONLY)					, , , , , , , , , , , , , , , , , , , ,									
Name of Monitoring Firm		ASCM	No.		11.10-11.10-11.00	e of Abatement Contractor (9)												
Competent Superv					Acad	demy Construction Inc.												
Street Address							Street											
							100000000000000000000000000000000000000	Rt. 46 West Suite 14										
City, State, Zip Code								State, Zip Code										
									towa, NJ 07512									
Project Manager for Mor	nitoring Firm		T	Telephone No.			Telephone No. License No.											
								973-832-4244 01155										
Start Date (10) 10/1/16		10/8/16	Com					ne of OSHA Monitor Ime as Above										
Occupancy Status Durin	a Abstement (Char		1					et Address										
	(A)	1977/1 2000 ON 107 COMM					Olioci	Addi o.	33									
	cated During Entire ned Outside of Norr			ent			City, S	tate, Z	ip Code					-				
Other – Describe:			083.08-0.00						***************************************									
Scope of Work (Check A	All That Apply)																	
≥3 sf or ≥3 lf		x Re	novat	ion				Fu	Il Containme	nt with	n Negati	ve Pr	essur	e				
			moliti				×	Mir	ni-Enclosure									
							×	- 010	ovebag Proce n-Exempted			riable	e Prod	cedur	е			
Is Lo Location of Nor				nn l								Abatement						
				y		De	scription	on of					Type					
Asbestos-Containing Material (ACM)						os Con	taining N	Material (ACM)		Amount (Specify SF or LF)					四	m		
TO BE AB		200		al Staff? (i.e. therm			l system: icing, VA	ation,				Remova	Repair	cap	nclo			
(13)			(12)				miscellar		\$200,000 TO				ova	pair	Encapsulate	Enclosure		
22 20	Yes	No	N/A										ie i	w				
Kitche	en			X		V	CT Tile	9	200			SF X			Х			
First FI	loor			Х		Pipe	Insula	ation	a 30 LF				Х		Х			
Name of Registered Waste Hauler				NJDEP Waste Cubic Ya Hauler ID No. of Waste			este			of Registered Landfill								
Academy Construction Inc.				034422 3			GROWS			/S Landfill								
City, State					Disposal Dat				Y2621 [5]						105			
Totowa, NJ					TBD				Tullytown, PA									
Completed by		Title					Signature Da					Dat		10				
Filip Geleski Superviso								Files Deleski					09/19/16					

	NOT	(Pursi	uant to	NJAC 8:60	and 12:12	20)			n E	G E		/		2		
Date of Notification (1) 0 20 16 Name of Building Owner/O									3							
Agencies Notified Type Notification		Str	eet Add	ress	f.			L	1	-1 2			-	7		
EPA Initial Amended Amendment #	1122	City, State, Zip Code Code Cont Pleasant Brown,							ASEES	1 KOPV	SINE		- &			
Emergency (incl	uaing	1	me of C ric Pla				l elephone	Numbe								
DCA Cancellation		31 33 3		TY INFOR	MATION											
Name of Facility Where Abatement is Taking P	lace (3)		1 AOIL			Ty		acility (4)								
Street Address							i Cub	ool (K-12) chapter 8 er (i.e. pri) (Other than vate & comi	n K-12) mercial b	ouilding	gs, ho	mes,			
	6					9	etc.) quare F)	# of Floor			Age				
City (5) Point PLOSANT B	CO	Sh				1	554	1	2		6	6		-		
County (6) County Code (7) (STATE USE ONLY)							Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Ow	rner (8)		ASCM	No.		Name of Abatement Contractor (9) Brick Industries Inc.										
Street Address						Street Address P.O. Box 915										
City, State, Zip Code					City	City, State, Zip Code										
							Brick, New Jersey 08723									
Project Manager for Monitoring Firm Telephone No.					(7	(732)899-7499 01196										
Start Date (10)	Scheduled 7		oletion E	Date (11)	Na	me of	OSHA	Monitor								
Occupancy Status During Abatement (Check	Only One				Str	eet A	ddress									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Al	ateme	ent		Cit	ty, Sta	ate, Zip	Code								
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										
	1						NOTI	LXCITIPIO		Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Location formall d Solel ntenar odial S (12)	y ly by nce/	Asbest (i.e.	os Contain thermal sys surfacing	Description of ontaining Material (ACM) all systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A			1	1		11015		X					
			X	asbest	s du	Jul	Nh W	MP	404		Δ					
										العجمفاا						
Name of Registered Waste Hauler		H	JDEP \ Hauler II		Cubic Ya of Waste				Registered VS Inc.	Landill						
Brick Industries Inc.		2	1602		Disposal	Date		City, Sta								
City, State Brick, New Jersey					9	nature	16	PA		Da	cete	122) /			
Completed by Eric Plackis	Title Pres	ident			Sig	natuit	MA				7/	ω	116	0		