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

2016-67 B & G proj. #: Check # 7961 Date of Notification (1) Name of Building Owner/Operator (2) AHG 1 8, 2016 0 | 8 | / 1 | 5 | / | 1 | 6 | Laurie Miller Type Notification Agencies Notified Street Address ☐ EPA Initial DEP City, State, Zip Code Amendment DOL Bloomfield, NJ 07003 Telephone Number Name of Contact DOH Cancellation ☐ DCA Laurie Miller FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Laurie Miller Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Essex Bloomfield, NJ 07003 residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 08/25/2016 08/26/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Demolition Renovation Non-friable procedure Mini-enclosure >160 sf or >260 lf >3 sf or >3 If E Is location normally used solely Ε Location of e n by maintenance/custodial Amount Description of asbestos-containing m n asbestos-containing p C (Specify SF or staff(12) material (ACM) 0 a material to be а L abated in facility (13) N/A Yes No p 4 1/2 sf X duct insulation garage (behind door) Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 1/4 Disposal Date City, State City, State Tullytown, PA 08/26/2016 Lincoln Park, NJ Signature Completed by (Print or Type) Cordana Luna 08/15/2016 Secretary/Treasurer Gordana Luna

CK#25257

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

Date of Notification (1) 8/	Name of Building Owner/Operator (2) Calderone AUG 1 8 2016														
Agencies Notified	Type Notificati	ion		Street	Address				BESTOS	CO	NTR	OL &			
DEP DOL	Amended Amendmer Emergency		.	City, S	tate, Zip C	South Plainfield, NJ 07080									
DOH DCA	justificatio Cancellatio	n)		Name	of Contact Pet		Telephone Number								
				FAC	ILITY INF	ORMATION						\exists			
Name of Facility Where		aking Place esidentia				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)									
Street Address						*	Other (i.e., phomes, etc.	rivate & comm)	ercial build						
City (5)	South I	Plainfiel	d, N				Square Feet 1600	# of Floors	<u> </u>	80-	T				
County (6) Mi	ddlesex			County Code (7) (STATE Use (Prior if being demolish USE ONLY)											
Name of Monitoring Firm (8)	Hired by Buildin	ng Owner	T	ASCM	No.		tement Contractor (9) tevens Environmental Services, Inc.								
Street Address	PO Box 3	341			Street Address PO Box 322										
City, State, Zip Code Cr	osswicks, N	IJ 08515	5			City, State, Zip Code Allentown, NJ 08501									
Project Manager for Mon	nitoring Firm		Tele	phone	No.	Telephone No.		License N				=			
Bill Weisgarber (000					0-0000	(609) 2	259-9688		00493	3		_			
Start Date (10) Scheduled Complete 9/6/16 9/9/16					te (11)	Name of OSHA		ECS							
Occupancy Status Durin	ng Abatement (C			Street Address								=			
	ed During Entire	e Period of	Abate				PO E	3ox 341				_			
☐ Abatement Performed ☐ Other - Describe:	d Outside of Nor	rmal Facility	/ Hour	'S		City, State, Zip		cs, NJ 085	15						
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novati molitio												
		No	ocatio				Abatement Type								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used So Mainter Custo Stat (12				ce/		Description os Containing M thermal systems surfacing, VA other miscellan	aterial (ACM) s insulation, T, or	- Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
Crawl space X					The	ermal Pipe I	nsulation	13 lf	×						
Crawl space ×															
		-							_		\dashv	\dashv			
Name of Registered Wa	ste Hauler		100100	JDEP \	STATE OF THE STATE	Cubic Yards	Name of Reg	istered Landfill							
Stevens Environ	mental Servi	ices, Inc	- H	lauler ID 182	No. 292	of Waste 1/2 CU		GROWS :	Landfill						
City , State	Allentown	n, NJ				Disposal Date 9/9/16	City, State	Morrisvi	lle, PA						
Completed By Mahlon E. Stevens Project					nager	Signature	(1/	Dat		5/16					

CK* 25249

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

Date of Notification (1)			T	Name	of Building	Owner/Operator	(2) Boyko								
8/13/16							A L	<u>UG 1</u>	8 :	2016	$= \parallel$				
Agencies Notified	Type Notifica	ation		Street	Address							l.			
EPA DEP	Initial Amended		-	City C	toto Zin C	odo		T ASSEC	TOS	COK	TRO				
DOL.	Amendme	ent #		City, S	tate, Zip C	Code Keyport, NJ 07735 LICENSING									
⊠ DOH	☐ Emergend justificati		-	Name	of Contact		ce y port, 145 o		elephone Number						
☐ DCA	Cancellati					yanna Boyko)				-				
				FAC		ORMATION									
Name of Facility Where	Abatement is T	Taking Place	(3)				Type of Facility	(4)				\neg			
	R	Residentia	ıl				School (K-1	2)							
Street Address								8 (Other than K- rivate & commer)		dings,					
City (5)							Square Feet	# of Floors	BI	dg. A	·				
	K	eyport, N	IJ				1500	2		70	+/-				
County (6) Mo	nmouth				ity Code (7 ONLY)) (STATE	Current Use (Pi	rior if being demo	olished)						
Name of Monitoring Firm		ding Owner	1	ASCM	No.		ment Contractor (9								
(8)	NA		_ .				vens Environi	mental Servi	ces, Ir	ıc.		_			
Street Address						Street Address PO Box 322									
City, State, Zip Code						City, State, Zip Code Allentown, NJ 08501									
Project Manager for Mo	Tele	phone	No.	Telephone No.		License Ne-				_					
	0-0000	(609) 2	59-9688		00493	3		_							
Start Date (10)	Name of OSHA														
8/25/16		8			M	ECS				_					
Occupancy Status Durir						Street Address		241							
Facility Closed/Vacat								30x 341				_			
☐ Abatement Performe ☐ Other - Describe: _	d Outside of No	ormal Facility	/ Hour	s		City, State, Zip (s, NJ 0851:	5						
Scope of Work (Check a ≥3 sf or ≥3 if ≥160 sf or ≥260 if	all that apply)	□ Re		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure											
		No	ocatio						Abatement Type						
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Solely itenan istodia staff? (12)	ce/		Description of os Containing Ma thermal systems surfacing, VAT other miscellane	erial (ACM) nsulation, or Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure					
		Yes	No	N/A		0.1.		1275 of	100			-			
<u>Exterior</u> ×						Siding	2746	1375 sf	×		\dashv	-			
		=								-		\neg			
			SAID-O-IT						_	-	-	\neg			
Name of Registered Wa	iste Hauler		TN	JDEP \	Vaste I	Cubic Yards	Name of Reg	istered Landfill	1		1	\dashv			
Stevens Environ	of Waste 3 CU		GROWS L	andfill											
City _∓ State	Allentow	vn, NJ				Disposal Date 8/31/16 J	City, State	Morrisvill	e, PA						
Completed By		Title				Signature	7/	Date							
	evens	Mahlon E. Stevens Project Manager							8/1:	3/16		_]			

ASB-41 MAR 00

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

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

	N		(Pursuant to NJAC 8:60 and 12:120)					DE 641202								
Date of Notification (1) 08/01/2016			Building Freda)												
Agencies Notified Type Notification	Type Notification Street Address						***************************************		AU	U	18	20	16			
☐ EPA ☐ Initial			011 01	. 7: 0			· · ·									
■ DEP ■ Amended ■ Amendment #	ŧ			ite, Zip Co ov the S	ode Sea, NJ 0771	7		ASE	EST	ros	CC	MTF	ROL			
X Emergency (in		_		f Contact				Telephone			NSI	NG.				
DOH justification) Cancellation			Gerald	Freda												
No. of Facility NATION About the Tolding	Diago (2		FACI	LITY INF	ORMATION	IT	one of Facility (
Name of Facility Where Abatement is Taking Residence	Place (3)				-	ype of Facility (4									
Street Address						16		8 (Other than h								
							Other (i.e. p etc.)	rivate & comme	ercial	build	ings,	home	s,			
City (5) Avon by the Sea					vi saw <u>adasahawa</u>	S	quare Feet	# of Floors		В	dg. A	ge				
County (6) Monmouth			County Code (7) (STATE USE ONLY)				urrent Use (Pricesidence	or if being demo	olished	d)						
Name of Monitoring Firm Hired by Building O Lewis Consulting	wner (8)							ement Contractor (9) restoration corp								
Street Address 2517 Highway 35						Street Address 318 57th Street										
City, State, Zip Code Manasquan, NJ 08736				City, State, Zip Code West New York, NJ 07093												
Project Manager for Monitoring Firm Clive Williams						ne No. 6-9308	Licens 01268									
Start Date (10) 08/01/2016	npletion	aboratories	,LLC													
Occupancy Status During Abatement (Check		Street Address 2333 Route 22 West														
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:			City,	City, State, Zip Code Union, NJ 07083												
Scope of Work (Check All That Apply)		3.04				ori,	143 07003									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Full Containment with Ne Mini-Enclosure Glovebag Procedure									Pressure						
	le	Locat	ion		•		14011-Exchipted	() and (voil-)	III THE III		Abatement					
Location of	1	Vorma	ocation rmally			n o			-	Туре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial ((12)	nce/ Staff?	Asbestos Containing			erial (ACM) nsulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A									(D				
exterior			X		roof shing	gle	S	150 SF	>	K						
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yards		Name of I	Registered Lan	dfill							
Continental restoration corp.		1 3.93	lauler ID 09648	of Waste	lacto		wn Recovery Facility									
City, State West New York, New Jersey	-		Disposal D				City, State Tullytown, PA									
Completed by Ruben Pilamunga	npleted by Title				1 1	Signature Date 08/01					ate 8/01/2016					

CK69					State ation of Asb		· [NE C		W	The same	5	1	
D&S Proj.	#: 16-253			(Pursua	ant to NJAC	8:60	and 12:120)							
Date of Notification		IIN	ame of Bui	lding Owne	er/Operator (2)			15	11 10	6 8	2010	į	9	
0 8 / 1 0			ALICE JO	OHNSON					<u>L</u>					
Agencies Notified EPA	Type Notificat Initial	ion Si	reet Addre	ss					ASBES	US CO	NTRO	L&	1	_
	Amended							L		ICENSIA	IG_	-		
DEP	Amendment #:		ity, State, 2	Zip Code										
DOL	☐ Emergency	-11	MONTO	LAIR, N	I 07042									
⊠ DOH	(including justification)	Na	me of Cor	ntact			Telepho	ne Numbe	r			-		
☐ DCA	Cancellation		ALICE J	OHNSO	V									
	Caricellation	<u>. 11</u>			LITY INFORM	ATION								_
			(0)	FACII	LITT INFORM	ATION		1 1-	one of Facility	(4)				
Name of facility w	nere abatement i	s taking pla	ce (3)					11,	ype of Facility Scho	ol (K - 12))			
ALICE JOHNS	SON								Subc	hapter 8 (0	Other ti	nan K	-12)	
Street Address			100000000000000000000000000000000000000					7	Other	(Private/C	Comme			
								-	Bldgs Square Feet	./Homes,		BI	dg. Ag	ie
City (5)		Coun	ty (6)			Coun	ty Code (7)	- `	oquaio i ooi	# O. 1 100		-	-5 - 5	·=
			25.00			\$2000 SECTION	use only)		Current Use (Prior if bein	ng dem	olish	ed)	
MONTCLAIF		ESS						╽						
Name of Monitorir	ng Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatem		April 1					
						_ ,	D & S RESTO	DRAT	ION, INC.					
Street Address								A 110						
City, State, Zip Coo	To and the					_	20 California ity, State, Zip Co	-						
Oity, Olato, Zip Oot	30						Paterson, NJ		3					
Project Manager fo	or Monitoring Firm)	Ph	one Numbe	er	— h	elephone Numb			License	Numb	er		
	1						973-345-80	20)1169			
Start Date (10)	-	Sched	Completic	on Date (11)		Name of OSHA N							
							D & S Restor	ration,	Inc.					
08/20/16 Occupancy Status	During Abatemer	09/30					Street Address	A						
	d/vacated during			ment.			20 California City, State, Zip Co		ue					
Abatement p	erformed outside						nty, State, Zip Ot	Jue						
Describe: Other-Descri	ibe: NORMAL F	IOURS				_11	Paterson, NJ	0750	3				1984	
Scope of Work (ch								Full	Containment	w/negative	e press	ure		
\boxtimes >3 sf or >3 lf		Renovatio	n						ni-enclosure					
≥160 sf or ≥2	260 If	Demolition							vebag proced n-Exempted (*		-friable	proc	edure	
Location of				used solely							R	R	Е	E
asbestos-co		by mainte staff(12)	nance/cust	todial			oestos-containing	9	Amount	SEA	e m	e p	n c	n
material (acr abated in fac		Yes	No	N/A	material ((ACM)			(Specify LF)	SI 01	0	a	a	C L
				IWA.					246 7 ===		е	r	р	
BASEMENT			X		PIPE INSU	The second second			240 L FT			쁜		#
BASEMENT			LX		BARE HEA	ATING	FIFES		50 L FT		╁┼	H		#
								-		_	╬	H	井	#
											╬	片	H	H
Registered Waste H	Hauler	NJDE	P Hauler I	D# C	ubic Yards of V	Waste	Name of Registe	red La	ndfill		_	<u> </u>		ш_
D & S RESTOR		135	06	3	YDS		TULLYTOW			ECOVE	RY	-		
City, State	II 07500			Disposal D			City, State	73.7 75						
PATERSON, N		T:u-		08/21/10	Signature		TULLYTOW	N, PA	4	Date				-
Completed by (Prin BOGDAN JOL		Title PRESID	ENT		Oignature					08/10	/ 2016	5		
AQR_//1		_		for asbesto	s licensure ex	emoted	activities.							

D&S Proj. #: 16-251

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

D&S Proj. #: 16-251		(Pursu	ant to NJAC	8:60 and	12:120)			G		\mathbb{W}		7
Date of Notification (1) 0 8 / 1 0 / 1 6	MEHRA	uilding Own	er/Operator (2)					AUG	1 8	2016	1	IJ
Agencies Notified EPA DEP Amended Amendment #: Emergency (including	Street Add City, State, MONT	ress Zip Code CLAIR, N.						ESTOS	KION	VTR) & JC	
DOH (including justification)	Name of Co	ontact AN YAZD	ANI				Telephon	e Numbe	r			
		FACI	LITY INFORMA	ATION								
Name of facility where abatement is	s taking place (3)					Тур	oe of Facility (
MEHRAN YAZDANI							=	I (K - 12) apter 8 (C		nan K	-12)	
Street Address						-	Other	Private/C	omme		-12)	
						Sc		Homes, e		· Bi	dg. Ag	ne ne
City (5)	County (6)			County Co		=					- X	
MONTCLAIR	ESSEX			(Otate use	orly)		urrent Use (P	rior it bein	ig aem	olish	ea)	
Name of Monitoring Firm Hired by B	Bidg. Owner (8)		ASCM No.	D	e of Abatem & S REST		**************************************					
Street Address					et Address	A						
City, State, Zip Code				City,	California State, Zip Co aterson, N.	ode				-		-
Project Manager for Monitoring Firm	. P	hone Number	er	Telep	Telephone Number License Number 973-345-8020 01169							
Start Date (10)	Sched. Complet	ion Date (11)	16000000	e of OSHA I							
08/22/16	09/30/16		(€		& S Resto	ration, I	nc.					- A
Occupancy Status During Abatement Facility closed/vacated during a Abatement performed outside a Describe:	entire period of abat of normal facility hou			City,	California State, Zip C	ode	•					
Other-Describe: NORMAL HO				- P	aterson, N.							_
_ = =) Renovation Demolition				-	Mini-	Containment wenclosure ebag procedu Exempted (*)	re			edure	
Location of asbestos-containing material (acm) to be	Is location normally by maintenance/cu- staff(12)				os-containin	g	Amount (Specify S	F or	Remo	R e p a	E n c a	E n c
abated in facility (13)	Yes No	. N/A					LF)		v e	i r	р	L
BASEMENT /BOILER/STORAGE RM									口			早
									쓔	H	屵	믐
							-		H	H	片	H
									F	Ī		
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		bic Yards of W	10000000000000000000000000000000000000	e of Registe LLYTOW		ffill OURCE RE	COVER	RY			
City, State PATERSON, NJ 07503		Disposal D	ate	0.0000	/, State JLLΥTOV	VN, PA						
	Title PRESIDENT		Signature			48		Date 08/10	/2016			
ACD 41	Do not use this form	for achaeta	a licensura eve	motod notin	itios							