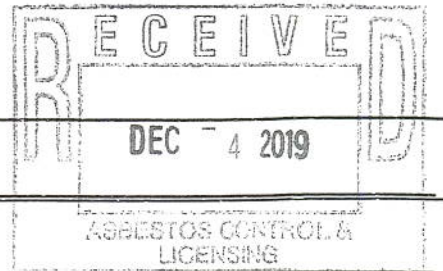


D&S Proj. #: 19-258

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



CK 5227
Date of Notification (1)
11/11/2019

PAID

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
Amendment #: _____
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Leo Loconte

Street Address

City, State, Zip Code

bloomfield, nj 07003

Name of Contact

Leo Loconte

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

bloomfield, nj 07003

County (6)

Essex

County Code (7)
(State use only)

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

1,200 SF

of Floors

02

Bldg. Age

60

Current Use (Prior if being demolished)
Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

Street Address

20 California Ave.

City, State, Zip Code

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Telephone Number

973-345-8020

License Number

01169

Start Date (10)

12/10/19

Sched. Completion Date (11)

12/15/2019

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☒ Other-Describe: Normal hours

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Scope of Work (check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf ☒ Renovation
☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff(12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	a
e	i	p	p
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

basement

Pipe Insulation

20 LF

Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
1 ydsName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
PATERSON, NJ 07503

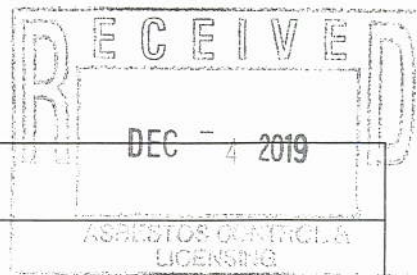
Disposal Date

City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

Date
11/27/19

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



Date of Notification (1) 11 / 27 / 2019		Name of Building Owner/Operator (2) John Blumenreich	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Westfield, NJ 07090 Name of Contact John Blumenreich Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Blumenreich Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,749	
City (5) Westfield		# of Floors 2	Bldg. Age 92
County (6) Union	County Code (7) (STATE USE ONLY) 2020	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address N/A		Street Address 550 Rifle Camp Rd	
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 973-938-5266	License No. 02003

Start Date (10) 02 / 12 / 19	Scheduled Completion Date (11) 02 / 12 / 19	Name of OSHA Monitor Arsenije Adamov	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 550 Rifle Camp Rd City, State, Zip Code Woodland Park, NJ 07424	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM vermiculite insulation	550SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

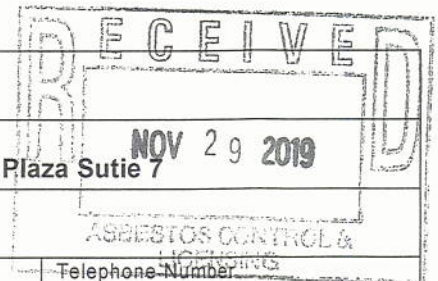
Name of Registered Waste Hauler Acme Professional Services Corp	NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 10 cubic yards	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, NJ		Disposal Date 02/09/19	City, State Morrisville PA
Completed By (Print or Type) Arsenije Adamov	Title President	Signature <i>Arsenije Adamov</i>	Date 11/27/19

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

Check No. **6220**

Inv# 16465

CK6220 PAID

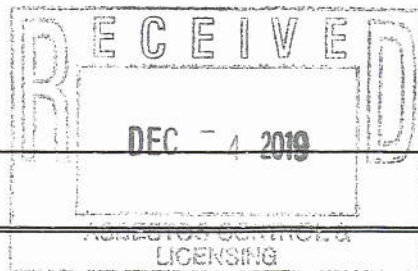


Date of Notification (1) November 21, 2019		Name of Building Owner/Operator (2) PA NY & NJ				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP Not required per State Reg. 10:27(a) <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1160 McLester Street, Expressport Plaza Suite 7 City, State, Zip Code Elizabeth, NJ 07201 Name of Contact Kevin Hogan Telephone Number 973-589-1473				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) NJMT - Sanitary Line Break at Building 305A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 305 Neptune Street		Square Feet N/A				
City (5) Elizabeth, NJ 07201		# of Floors N/A				
County (6) Union		Bldg. Age N/A				
County Code (7) (STATE USE ONLY) Union		Current Use (Prior if being demolished) Sewer Line				
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A				
Street Address 241 Erie Street, Room 236		Name of Abatement Contractor (9) B&N&K Restoration Co. Inc.				
City, State, Zip Code Jersey City, NJ 07310		Street Address 223 Randolph Avenue				
Project Manager for Monitoring Firm Uday Mehta		City, State, Zip Code Clifton, NJ 07011				
Telephone No. 201-595-4881		Telephone No. 973-478-4681				
Start Date (10) December 05, 2019		License No. 00120				
Scheduled Completion Date (11) January 31, 2020		Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Exterior Work on Non-Friable Piping		Street Address 200 Route 130 N				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077-2892				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 310	Abatement Type		
				Removal	Repair	Encapsulate
Sewer Line	<input checked="" type="checkbox"/>	Asbestos Cement Pipe	310	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste 609F	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Bronx, NY / Newark, NJ		Disposal Date 12/06/2019 to 01/31/2020		City, State Waynesburg, OH		
Completed by G. Roger Woodman	Title Project Manager	Signature 		Date 11/21/2019		

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

Proj. #: 19-243

NOCK



Date of Notification (1) 11/11/2019		Name of Building Owner/Operator (2) Mark Popadak	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Union, NJ 07083	
		Name of Contact Mark Popadak	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) Union, NJ 07083			County (6) Union	County Code (7) (State use only)	Bldg. Age 70
			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address			Street Address 309 W. End Ave	
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	License Number 02007
Start Date (10) 11/13/2019		Sched. Completion Date (11) 11/19/2019	Name of OSHA Monitor KLOMAX, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 309 W. End Ave	
			City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage		<input checked="" type="checkbox"/>		Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

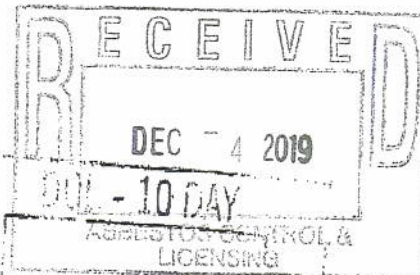
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 11/12/19

Nov 12 2019 10:29AM HP Fax

page 2

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

Proj. #: 19-243



Data of Notification (1) <u>11/12/19</u>		Name of Building Owner/Operator (2) Mark Popadak	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Union, NJ 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mark Popadak	
<input checked="" type="checkbox"/> DCL	Amendment #: _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DCH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

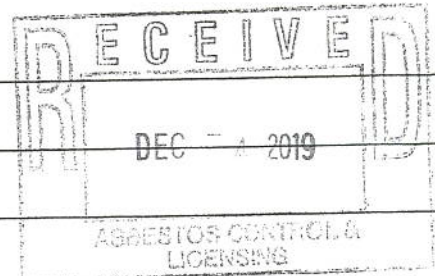
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) Union, NJ 07083			# of Floors 02		
County (6) Union			Bldg. Age 70		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 11/13/2019		Sched. Completion Date (11) 11/19/2019		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 280 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n d L
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage		<input checked="" type="checkbox"/>		Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA					
Completed by (Print or Type) Paige Boylan		Title Owner		Signature 		Date 11/12/19			

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

Inw# 16413
CK 1611

PAID



Date of Notification (1) 11/27/2019		Name of Building Owner/Operator (2) Jack HEMMERT		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 11 2019 ASBESTOS CONTROL & LICENSING </div>						
Agencies Notified		Street Address [REDACTED]								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code HASBROUCK HEIGHTS NJ.						
		Name of Contact ANGELA		Telephone Number [REDACTED]						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) PRIVATE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]				Square Feet 3,025. SF.						
City (5) HASBROUCK HEIGHTS NJ.				# of Floors 2						
County (6)				Bldg. Age 98						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) N/A								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 4919 BERGENLINE AVE.								
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ. 07093								
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201- 776 0642						
				License No. 01300						
Start Date (10) 12/02/2019		Scheduled Completion Date (11) 12/03/2019		Name of OSHA Monitor IRIS ENVIRONMENTAL LAB						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 RT. 22W.						
				City, State, Zip Code UNION NJ. 07083						
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 100 LF.	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BASEMENT		X		PIPE INSULATION			X			
Name of Registered Waste Hauler TRI STATE ASOCC		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD		Name of Registered Landfill MINERVA ENTERPRISE INC				
City, State BRONX N.Y.				Disposal Date TBD		City, State WAYNERBURG OHIO				
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 			Date 11/27/2019			

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

CHECK# 1788

Inv# 16490 **PAID**

Date of Notification (1) 11/26/2019		Name of Building Owner/Operator (2) BIG SKY ENTERPRISES	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 4 2019 </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	2 EASTWICK DRIVE, SUITE 101	
		City, State, Zip Code GIBBSBORO NJ 08026	
		Name of Contact RYAN REGINA	Telephone Number 856-435-8400


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMER CHARLIE BROWNS STEAKHOUSE		Type of Facility (4)	
Street Address 114 EAST MAIN STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) MAPLE SHADE	Square Feet 8320	# of Floors 2	Bldg. Age 79
County (6) BURLINGTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) FORMER CHARLIE BROWNS	

Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.	ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN	
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MATT DEPALMA	Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145

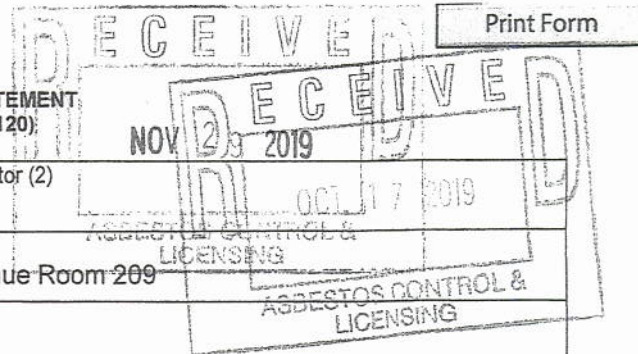
Start Date (10) 12/09/2019	Scheduled Completion Date (11) 12/16/2019	Name of OSHA Monitor EMSL
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code CINNAMINSON NJ 08077

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

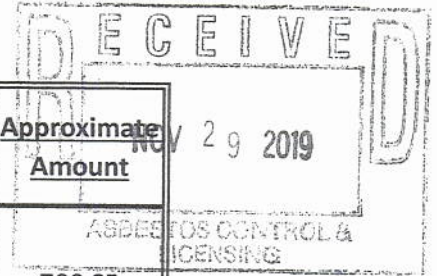
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND FLOOR APARTMENT			X	FLOOR TILE	1200 SF	X			
RESTURANT CRAWLSPACE			X	PIPE INSULATION/FITTINGS	25 LF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES	NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ	Disposal Date 12/16/2019	City, State WAYNESBURG, OH	
Completed by RON SWANSON	Title GENERAL MANAGER	Signature 	Date 11/26/2019

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

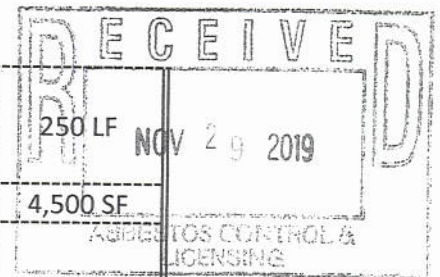


Date of Notification (1) 10/09/2019		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified	Type Notification	Street Address 190 Mohammad Ali Avenue Room 209							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07108							
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-733-7200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Vocational School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 301 West Kinney Street		Square Feet 50000	# of Floors 3						
City (5) Newark NJ 07103		Bldg. Age 120							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Learning institution							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) Turningpoint Contracting Corporation						
Street Address 7 Pleasant Hill Road		Street Address 1125 Cranbury Road							
City, State, Zip Code Cranbury NJ 08512		City, State, Zip Code Union NJ 07083							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-372-2177						
		License No. 01238							
Start Date (10) 11/04/2019	Scheduled Completion Date (11) 06/04/2020 12/15/19	Name of OSHA Monitor Metro Analytical Laboratories							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 255 West 36th Street, Suite 101							
		City, State, Zip Code New York, NY 10018							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached				See Attached	See Attached				
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. SW1896	Cubic Yards of Waste 150	Name of Registered Landfill Menerva Enterprises Associates Inc.					
City, State		Disposal Date		City, State Wahnesburg OH 44688					
Completed by Emeka Okeke		Title President		Signature 			Date 10/09/2019		



<u>Location</u>	<u>Material</u>	<u>Approximate Amount</u>
Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell	Acoustical Ceiling Plaster	700 SF
Ground floor Corridor extending to the construction area to the small corridor leading to the basement Kitchen Stairwell	Wall Ceramic Tile and Mortar	3,000 SF
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Acoustical Ceiling and Wall Plaster	8000 SF
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Pipe Insulation including Elbows and Joints	5000 LF
Ground floor corridor and offices extending from the construction area to the 301 Kinney Street exit including all rooms and offices	Wall Ceramic Tile and Mortar	3000 SF
Gym	Acoustical Plaster	10,035 SF
1st floor corridor	Acoustical Plaster	8,000 SF
1st floor corridor	Wall Ceramic Tile and Mortar	6,000 SF
1st floor corridor	Pipe Insulation including Elbows and Joints	5,000 LF
Rooms un-24-28	Acoustical Plaster	2,500 SF
Storeroom un-23	Duct Insulation	3,200 SF
Rooms un-24-28	Floor tile and mastic	2,500 SF
Auditorium	Floor tile and mastic	5,500 SF
Auditorium	Suspended ceiling	3,500 SF
Music room and storage room	Acoustical plaster	3,500 SF
Music room and storage room	Transite wall panel	2,000 SF
Facilities storeroom un-45	Pipe Insulation including Elbows and Joints	50 LF

*Additional Quantities



Un-48 and 49	Pipe Insulation including Elbows and Joints	250 LF
Cafeteria and kitchen	Acoustical Plaster	4,500 SF
Cafeteria and kitchen	Pipe Insulation including Elbows and Joints	1,500 LF
Cafeteria	Blue floor tile and mastic	2,000 SF
Teacher's Lounge/cafeateria	Acoustical Plaster	810 SF
Concession Stand	Red Floor Tile and Mastic	336 SF
Concession Stand	Acoustical Ceiling Plaster	90 SF
Room 215	Acoustical Ceiling Plaster	800 SF
2nd Floor - Girls Bathroom	Acoustical Ceiling Plaster	40 SF
2nd Floor - Boys Bathroom	Acoustical Ceiling Plaster	50 SF
2nd Floor - Boys Bathroom	Pipe Insulation	26 LF
3rd Floor - Boys Bathroom	Acoustical Ceiling Plaster	40 SF
3rd Floor - Boys Bathroom	Pipe Insulation	2 LF
3rd Floor - Girls Bathroom	Acoustical Ceiling Plaster	40 SF
Faculty Room	Acoustical Ceiling Plaster	35 SF

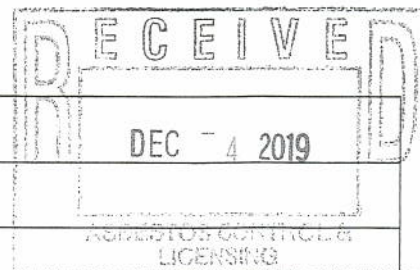
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* Additional Quantities

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



Inv # 16484
CK 1000 **PAID**

Date of Notification (1) 11/29/2019		Name of Building Owner/Operator (2) Alex Agnant							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Alex Agnant	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 12/09/2019	Scheduled Completion Date (11) 12/10/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Floor Tiles	20 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature <i>[Signature]</i>		Date 11/29/2019			

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

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Date of Notification (1) 11-26-19		Name of Building Owner/Operator (2) YANNI FIKARIS	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HADDONFIELD NJ 08033	
		Name of Contact YANNI FIKARIS	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000	
City (5) HADDONFIELD		# of Floors 3	Bldg. Age NA
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTION		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION
Street Address PO Box 11645		Street Address PO Box 11587	
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116	
Project Manager for Monitoring Firm BRIAN S		Telephone No. 267-784-4893	Telephone No. 267-784-4894
Start Date (10) 11-27-19		Scheduled Completion Date (11) 11-27-19	License No. 01276
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT HEATER PIPE WRAP				PIPE WRAP	25 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS	
City, State PHILA PA		Disposal Date 11-29-19	City, State BIRDSBORO PA		
Completed by EFRAIM DUA	Title VP	Signature [Signature]	Date 11-26-19		

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BEST REMOVAL INC

PAGE 02/04

Inv# 10418

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)

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Date of Notification (1) 11/27/19		Name of Building Owner/Operator (2) MR. SCHWARTZ	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Supplemental <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	
Street Address [REDACTED]		City, State, Zip Code BLOOMFIELD, NJ 07003	
Name of Contact MR. SCHWARTZ		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. SCHWARTZ		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Foot 1800	
City (5) BLOOMFIELD		# of Floors 2	
County (6) ESSEX		Bldg. Age 1940	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address [REDACTED]		Best Removal Inc	
City, State, Zip Code [REDACTED]		Street Address 450 South River St	
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601	
Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 12/2/19		License No. 00388	
Estimated Completion Date (11) 12/2/19		Name of OSHA Monitor Omega Environmental	
Emergency Notice During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8:00 AM TO 3:00 PM		Street Address 280 Huyler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2500 or more SF <input checked="" type="checkbox"/> 1000 or more SF <input type="checkbox"/> 250 or more SF <input type="checkbox"/> 100 or more SF		City, State, Zip Code S. Hackensack, N.J. 07606	
Is Renovation <input checked="" type="checkbox"/> Description		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Non-Enclosed (?) and Non-Riskin Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)		Is Location Harmfully Used/Exposed/ Inhabited/ Occupied Staff? (13) Yes No NA	
Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
BASEMENT		THERMAL SYSTEM INSULATION 75LF	
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109	
City, State Hackensack, N.J. 07601		Cubic Yards of Waste 2 1/2	
Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		City, State NEWBURGH, PA. 17240	
Disposal Date 12/3/19		Signature J. MAIORANO	
Completed by J. MAIORANO		Date 11/27/19	

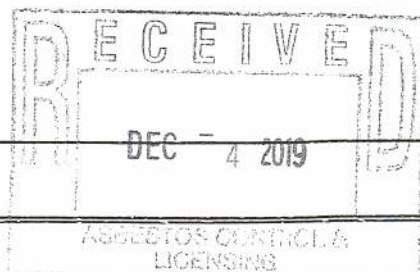
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Inv # 16 482

Proj. #: 19-259

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

Date of Notification (1) 11/12/19		Name of Building Owner/Operator (2) Mary Carman	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code millburn, nj 07041	
		Name of Contact Mary Carman	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) millburn, nj 07041			# of Floors 02		
County (6) Essex			Bldg. Age 60		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 12/12/19		Sched. Completion Date (11) 12/17/2019		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Pipe Insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

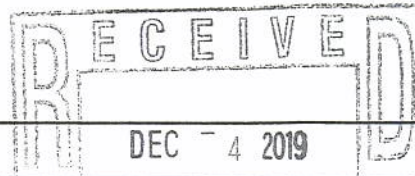
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type)	Title	Signature	Date

Inv # 10485

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



Date of Notification (1) 11/27/19		Name of Building Owner/Operator (2) Joel Rosenberg		DEC 4 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. Box 50 <hr/> City, State, Zip Code Lakewood, NJ 08701 <hr/> Name of Contact Sam Donath	
				Telephone Number 646-251-2806	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Retail Space				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)	
Street Address 4355 US 130				Square Feet 20,000 sf	
City (s) Edgewater Park				# of Floors 1	
County (6) Burlington				Bldg. Age 22 yrs	
County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail Space			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AEi2, LLC	
Street Address				Street Address 361 E. Fleming Pike	
City, State, Zip Code				City, State, Zip Code Hammonton, NJ 08037	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-481-2122	
				License No. 00689	
Start Date (10) 12/9/19		Scheduled Completion Date (11) 1/9/20		Name of OSHA Monitor AEi2, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 361 E. Fleming Pike <hr/> City, State, Zip Code Hammonton, NJ 08037	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 18,000 SF
	Yes	No	N/A		
Main Floor			X	Tile & Mastic	X
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376		Cubic Yards of Waste 50 yds	
City, State Hammonton, NJ		Disposal Date TBD		Name of Registered Landfill TBD	
Completed By Wm. Minnick		Title Program Mgr.		Signature 	
				Date 11/27/19	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

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Date of Notification (1) 12/2/19		Name of Building Owner/Operator (2) Lyubiv Zhuravkov							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652	Name of Contact Lyubiv Zhuravkov						
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paramus		Square Feet 1750	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 65+/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Current Use (Prior if being demolished) Residential Home							
ASCM No.		Name of Abatement Contractor (9) All Stages Abatement							
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 12/3/19	Scheduled Completion Date (11) 12/7/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	536 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature			Date 12/2/19			

11/29/2019 10:29AM 9736381778

CK 3500

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

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PAGE 03/04
DEC - 4 2019
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING

Check#3500 JN10412

Date of Notification (1)
11 / 29 / 19

Name of Building Owner/Operator (2)
Michael Tsimeras

Street Address
[REDACTED]

City, State, Zip Code
Highland Park, NJ 08904

Name of Contact
Michael Tsimeras

Telephone Number
[REDACTED]

Agencies Notified
☐ EPA
☒ DOLWB
☒ DHSS
☐ DCA
(NJAC 8:23-8)

Type Notification
☒ Initial
☐ Amended
Amendment #
☒ Emergency (Including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house

Street Address
[REDACTED]

City (5)
Highland Park, NJ 08904

County (6)
Middlesex

County Code (7) (STATE USE ONLY)
[REDACTED]

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 9 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
[REDACTED]

of Floors
[REDACTED]

Bldg. Age
[REDACTED]

Current Use (Prior if being demolished)
[REDACTED]

Name of Monitoring Firm Hired by Building Owner (8)
[REDACTED]

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
973-336-3511

License No.
D1127

Start Date (10)
12 / 02 / 19

Scheduled Completion Date (11)
12 / 03 / 19

Name of OSHA Monitor
Envirovision Consultants, Inc

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: AM- PM- PM- AM

Street Address
20-21 Wagaraw Road, Bldg # 35E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☒ >150 sf or >250 lf

☒ Renovation
☐ Demolition

☐ Clean up and decontamination with negative pressure
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Frisable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radiator back cover - paper-3 units	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Gr Tech LLC

City, State
Wayne, NJ 07470

NJDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste
TBD

Disposal Date
TBD

Name of Registered Landfill
T.R.R.F. Inc

City, State
Tullytown, PA

Completed By (Print or Type)
N. Javric

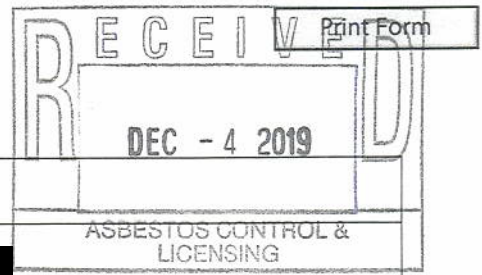
Title
Owner

Signature
[Signature]

Date
11/29/19

ASB-41
MAY 11

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

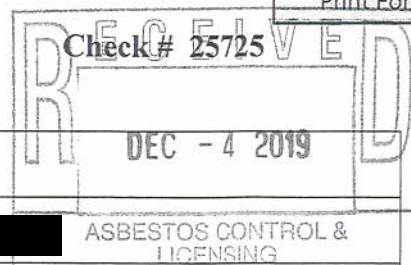


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

NO CK

Date of Notification (1) 11/1/2019		Name of Building Owner/Operator (2) Patel							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial - <input checked="" type="checkbox"/> Amended Amendment # 01 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Iselin, NJ 08830 Name of Contact Shirish Patel Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 1 Bldg. Age 70 +/-						
City (5) Iselin, NJ 08830	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688 License No. 00493						
Start Date (10) 11/22/2019	Scheduled Completion Date (11) 12/3/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am - 4 pm		Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Duct Insulation	14 sf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 12/4/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 11/27/2019			

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



Date of Notification (1) 11/11/2019		Name of Building Owner/Operator (2) Patel						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Iselin, NJ 08830						
		Name of Contact Shirish Patel	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Iselin, NJ 08830		Square Feet 1800	# of Floors 2					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 70 +/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322						
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493					
Start Date (10) 11/22/2019	Scheduled Completion Date (11) 11/27/2019	Name of OSHA Monitor MECS						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am - 4 pm		City, State, Zip Code Chesterfield, NJ 08515						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X		14 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ			Disposal Date 11/27/2019	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 11/11/2019				

CK#4943

Inv 16471

PAID

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

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	DEC - 4 2019	
ASBESTOS CONTROL & LICENSING		

Date of Notification (1) <u>11-27-19</u>		Name of Building Owner/Operator (2) <u>BAYBROW PROPERTIES CUSTOM HOMES LLC.</u>	
Agencies Notified	Type Notification	Street Address <u>8106 VENTNOR AVE</u>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>MARGATE N.J. 08042</u>	
		Name of Contact <u>SHAWN</u>	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <u>MARGATE</u>	County (6) <u>ATLANTIC</u>	Square Feet <u>1500</u>	# of Floors <u>2</u>
County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	Bldg. Age <u>50+</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEWCO INC</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MARPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>
Start Date (10) <u>12-7-19</u>	Scheduled Completion Date (11) <u>12-17-19</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one)		Street Address _____	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code _____	

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			X	<u>TRANSITE</u>	<u>1770 SF</u>	X			

Name of Registered Waste Hauler <u>KLEWCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>ACUA</u>
City, State <u>MARPLE SHADE N.J.</u>	Disposal Date _____	City, State <u>PLEASANTVILLE N.J.</u>	
Completed By <u>V. [Signature]</u>	Title <u>DOCS</u>	Signature <u>[Signature]</u>	Date <u>11-27-19</u>

CK# 4943

Inv 11-27-19

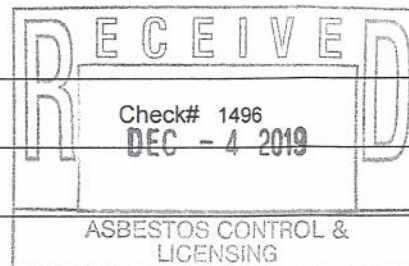
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
 DEC - 4 2019

Date of Notification (1) 11-27-19		Name of Building Owner/Operator (2) HALLIDAY & LEONARD					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 HAVEN AVE	ASBESTOS CONTROL & LICENSING				
City, State, Zip Code OCEAN CITY N.J 08226		Telephone Number					
Name of Contact SCOTT							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age					
City (5) OCEAN CITY		Current Use (Prior if being demolished)					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMCO INC.					
Street Address		Street Address 369 S SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 01371				
Start Date (10) 12-7-19	Scheduled Completion Date (11) 12-17-19	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 3000 SF	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
		TRANSITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill CMC MUA			
City, State MAPLE SHADE N.J 08053		Disposal Date	City, State WOODBINE N.J				
Completed By MIKE KLEMM	Title PRESIDENT	Signature <i>Mike Klemm</i>	Date 11-27-19				

CK 001496

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



Date of Notification (1) 11/27/2019 <i>Inv 16353</i>		Name of Building Owner/Operator (2) RJM Realty Group		Check# 1496 DEC - 4 2019					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 515 West End Avenue					
		City, State, Zip Code New York, New York 10024		ASBESTOS CONTROL & LICENSING					
		Name of Contact Harry Uvegi		Telephone Number 917-915-5328					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RJM Realty LLC				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 847 Bergen Avenue									
City (5) Jersey City, New Jersey 07306				Square Feet 40,000	# of Floors 3				
				Bldg. Age 50+					
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Units					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave		Street Address 246 Union Boulevard							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6078		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 11/27/2019		Scheduled Completion Date (11) 11/29/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Thermal System Pipe Insulation	12 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 11/29/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 11/27/2019			

CK 1494

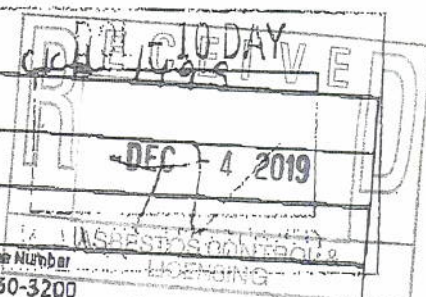
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	
DEC - 4 2019	CK # 1494
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/25/19		Name of Building Owner/Operator (2) Srini Mudambi	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Jersey City, NJ 07302	
Name of Contact Srini Mudambi		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2,975 SF	
City (5) Jersey City, NJ 07302		# of Floors 3	
County (6) Hudson		Bldg. Age 107	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code		Street Address 32 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No.		Telephone No. 973-333-9176	
Start Date (10) 12/07/19		License No. 01331	
Scheduled Completion Date (11) 12/07/19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 07:00 AM Start		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Basement		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Thermal System Insulation		35 SF	
Abatement Type		Removal Repair Encapsulate Enclosure	
X		X	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	
City, State Woodland Park, New Jersey		Cubic Yards of Waste 1+	
Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill	
City, State Morrisville, PA		Signature [Signature]	
Completed by Zhivko Nikolov		Title President	
Date 11/25/19		Date 11/25/19	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:26)



CK 1495
 11/26/19
 INV 1420

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☒ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
 Woodbridge Township School District

Street Address
 PO Box 428, School Street

City, State, Zip Code
 Woodbridge, NJ 07095

Name of Contact
 Brian Wolferman

Telephone Number
 732-750-3200

Name of Facility Where Abatement is Taking Place (3)
 Ross Street School #11

FACILITY INFORMATION

Street Address
 110 Ross St.

City (5)
 Woodbridge

County (5)
 Middlesex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☒ School (K-12)
☐ Subchapter B (Other than K-12)
☐ Other (i.e. private & Commercial buildings, homes, etc.)

Square Feet
 55,500

of Floors
 3

Bldg. Age
 1920

Name of Monitoring Firm Hired by Building Owner (5)
 Ahern Consultants Inc.

ASCM No.
 00057

Name of Abatement Contractor (5)
 Unicorn Contracting Corp.

Street Address
 PO Box 385

Street Address
 32 Willow Way

City, State, Zip Code
 Oceanville, NJ 08231

City, State, Zip Code
 Woodland Park, NJ 07424

Project Manager for Monitoring Firm
 John Smoyer

Telephone No.
 609-652-1833

Telephone No.
 973-333-9176

License No.
 01331

Start Date (10)
 12/2/19

Scheduled Completion Date (11)
 12/20/2019

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: Mon-Friday 4PM-12:30AM, Sat-Sun Normal Working Hrs

Name of OSHA Monitor
 Envirovision Consultants, Inc.

Street Address
 20-21 Wagaraw Rd., Bldg. 35-E

City, State, Zip Code
 Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 lf or ≥ 260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted ("") and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Enclosure

Upper Roof Parapet 1920s & 1930s Section

Yes No N/A

Vapor Barrier & Roofing Tar

600 LF

X

Lower Roof

Yes No N/A

Roofing Tar

113 LF

X

Boiler Room Roof

Yes No N/A

Roofing Deck Tar

350 SF

X

Name of Registered Waste Hauler

Unicorn Contracting Corp.

NJDEP Waste Hauler ID No.
 0035844

Cubic Yards of Waste
 20+ CU YD

Name of Registered Landfill
 Fairless Hills Landfill

State
 New Jersey

Disposal Date
 TBD

City, State
 Morrisville, PA

Prepared by
 J Golcev

Title
 General Manager

Signature

Date
 11/26/19