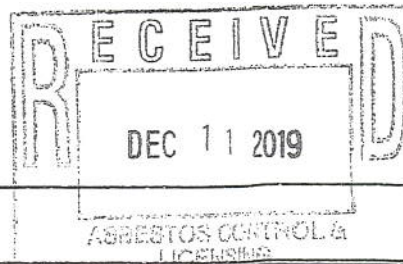


Inv #116075

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

Proj. #: 19-270

PAID



Date of Notification (1) 12/10/19		Name of Building Owner/Operator (2) Frank Montalto	
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 Garwood, NJ 07027	
		Name of Contact Frank Montalto	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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,100 SF		
City (5) Garwood, NJ 07027			County (6) union		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.		
Street Address			Name of Abatement Contractor (9) KLOMAX, LLC		
City, State, Zip Code			Street Address 309 W. End Ave		
Project Manager for Monitoring Firm			City, State, Zip Code Hopatcong, NJ 07843		
Phone Number			Telephone Number 833-455-6629		
Start Date (10) 12/18/19			License Number 02007		
Sched. Completion Date (11) 12/23/2019			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 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		

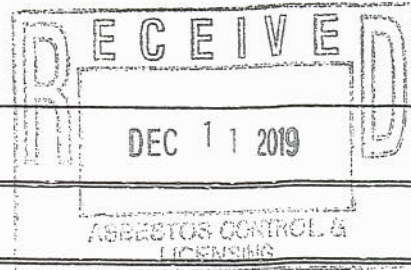
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		Pipe Insulation	89 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 3 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 12/05/19

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

Inv # 16532

Proj. #: 19-261

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)Date of Notification (1)
12/10/19

Name of Building Owner/Operator (2)

Kenneth Bailey

Street Address

City, State, Zip Code

Newark, NJ 07103

Name of Contact

Kenneth Bailey

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Newark, NJ 07103

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	# of Floors	Bldg. Age
1,200 SF	02	80

Current Use (Prior if being demolished)
Residential

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

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Start Date (10)

12/06/19

Sched. Completion Date (11)

12/11/2019

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

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
- ☒ Renovation
☐ 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 e m o v e	R e p a i r	E n c a p	E n c l
<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

65 LF

Registered Waste Hauler
KLOMAX, LLCNJDEP Hauler ID#
0038241Cubic Yards of Waste
1 ydsName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
Hopatcong, NJ 07843Disposal Date
TBDCity, State
TULLYTOWN, PACompleted by (Print or Type)
Paige BoylanTitle
Owner

Signature

Date
12/05/19

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26 and 12:120)

Proj. #: 19-241

Date of Notification (1)
12/10/19

Name of Building Owner/Operator (2)
Kenneth Bailey

Street Address
[REDACTED]

City, State, Zip Code
Newark, NJ 07103

Name of Contact
Kenneth Bailey

Telephone Number
[REDACTED]

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

Type Notification
☐ Initial
☐ Amended
☒ Emergency (including justification)
☐ Cancellation

Amendment #
[REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
[REDACTED]

City (5)
Newark, NJ 07103

County (6)
Essex

County Code (7) (State use only)
[REDACTED]

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldg./Homes, etc.)

Square Feet
1,200 SF

of Floors
02

Bldg. Age
80

Current Use (Prior if being demolished)
Residential

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

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Telephone Number
633-455-6629

License Number
02097

Name of OSHA Monitor
KLOMAX, LLC

Street Address
309 W. End Ave

City, State, Zip Code
Hopatcong, NJ 07843

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Start Date (10)
12/06/19

Sched. Completion Date (11)
12/11/2019

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ ≥ 2 sf or ≥ 2 lf
☐ ≥ 180 sf or ≥ 280 lf
☒ Renovation
☐ 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R m o v e	R e p a i r	E n c a p s u l e	E n c l o s e
	Yes	No	N/A						
Cement		X		Pipe Insulation	65 LF				

Asbestos Waste Handler
KLOMAX, LLC

NJDEP Handler ID#
0038241

Cubic Yards of Waste
1 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
TED

Signature
[Signature]

Title
Owner

Date
12/05/19

Completed by (Print or Type)
Boylan

Do not use this form for asbestos licensure exempted activities.

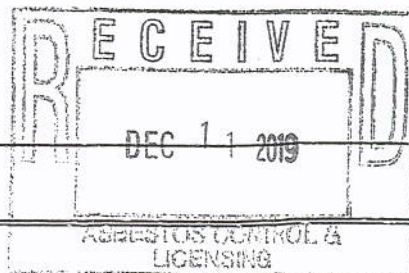
Inv# 16554

State of NJ

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

D&S Proj. #: 19-266

PAID



Date of Notification (1)

12/10/19

Name of Building Owner/Operator (2)

Arthur Brown

Street Address

City, State, Zip Code

newark, nj 07112

Name of Contact

Arthur Brown

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amended

Amendment #:

☒ Emergency
(including
justification)☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

newark, nj 07112

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

1,100 SF

of Floors

02

Bldg. Age

65

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

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Start Date (10)

12/07/19

Sched. Completion Date (11)

12/12/2019

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

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 procedureLocation 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
e
m
o
v
e
R
e
p
a
i
r
E
n
c
a
p
E
n
c
l

basement

☐☒☐

Pipe Insulation

40 LF

☒☐☐☐Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
2 yds.Name 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
12/05/19

* Do not use this form for asbestos activities exempted activities

D2S RESTORATIO


State of NJ
Notification of Aesthetics Abatement
(Pursuant to NJAC 8:26 and 12:120)

QES Proj. #: 19-246

DEC 11 2019 PAGE 03/0

DOL-10 DAY

WAIVER APPROVED

Date of Notification (1) 12/15/19		Name of Building Owner/Operator (2) Arthur Brown		ASBESTOS ABATEMENT WAIVER APPROVED							
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 Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address City, State, Zip Code Newark, NJ 07112 Name of Contact Arthur Brown							
FACILITY INFORMATION											
Name of facility where abatement is taking place (3) Residential Street Address City (5) Newark, NJ 07112 County (6) Essex County Code (7) (State use only) Essex				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet 1,100 SF # of Floors 02 Bldg. Age 65 Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm Start Date (10) 12/07/19 Sched. Completion Date (11) 12/12/2019		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: Normal hours									
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >2 sf or >2 lf <input type="checkbox"/> ≥180 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-triable procedure							
Location of asbestos-containing material (acm) to be abated in facility (13) basement		Is location normally used solely by maintenance/custodial staff (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>		Yes	No	N/A		X		Description of asbestos-containing material (ACM) Pipe Insulation Amount (Specify SF or LF) 40 LF	
Yes	No	N/A									
	X										
Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503		NJDEP Hauler ID# 13506 Cubic Yards of Waste 2 yds. Disposal Date		Name of Registered Landfill TULLYTOWN RESOURCE RECOVERY City, State TULLYTOWN, PA							
Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT		Signature 		Date 12/03/19							

Inv# 10536

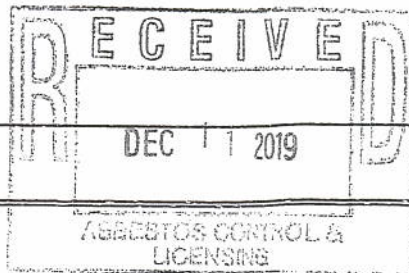
State of NJ

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

D&S Proj. #: 19-265

PAID

OK 5253

Date of Notification (1)
12/10/19

Name of Building Owner/Operator (2)

Sylvia Agnone

Street Address

City, State, Zip Code

union, nj 07083

Name of Contact

Sylvia Agnone

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amended

Amendment #: _____

☒ Emergency
(including justification)☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

union, nj 07083

County (6)

union

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

12/06/19

Sched. Completion Date (11)

12/11/2019

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

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 procedureLocation 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
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
l

basement

basement

Pipe Insulation

boiler insulation

68 LF

40 sq ft

☒☒☐☐☐☐☐☐Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
2 yds.Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
PATERSON, NJ 07503

Disposal Date

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

Signature

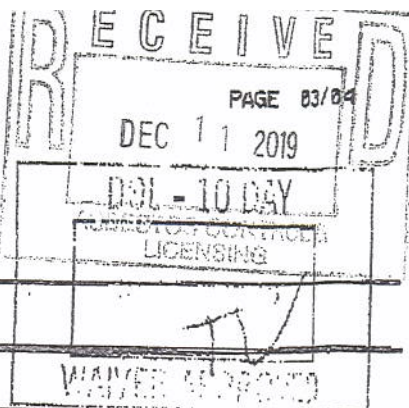
Date
12/05/19

12/05/2019 18:48AM 9733458060

D&S RESTORATIO

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

D&S Proj. #: 19-265



Date of Notification (1) <u>12/10/19</u>		Name of Building Owner/Operator (2) <u>Sylvia Agnone</u>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<u>[REDACTED]</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	<u>union, nj 07083</u>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<u>Sylvia Agnone</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Residential</u>			Type of Facility (4)		
Street Address <u>[REDACTED]</u>			<input type="checkbox"/> School (K-12)		
City (5) <u>union, nj 07083</u>			<input type="checkbox"/> Subchapter B (Other than K-12)		
County (6) <u>union</u>	County Code (7) (State use only)		<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>			Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address <u>[REDACTED]</u>			Street Address <u>20 California Ave.</u>		
City, State, Zip Code <u>union, nj 07083</u>			City, State, Zip Code <u>PATERSON, NJ 07503</u>		
Project Manager for Monitoring Firm <u>[REDACTED]</u>			Telephone Number <u>973-345-8020</u>		
Phone Number <u>[REDACTED]</u>			License Number <u>01169</u>		
Start Date (10) <u>12/06/19</u>			Sched. Completion Date (11) <u>12/11/2019</u>		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Street Address <u>20 California Avenue</u>		
<input type="checkbox"/> Abatement performed outside of normal facility hours.			City, State, Zip Code <u>PATERSON, NJ 07503</u>		
Describe: <input checked="" type="checkbox"/> Other-Describe: <u>Normal hours</u>					

Scope of Work (check all that apply)				Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥150 sf or ≥250 lf				<input checked="" type="checkbox"/> Glovebag procedure			
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-frangible procedure			
<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	R	E	E
	Yes	No	N/A			em	ep	nc	nc
basement		<input checked="" type="checkbox"/>		Pipe Insulation	68 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		boiler insulation	40 sq ft	<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 <u>D & S RESTORATION, INC.</u>	NJ DEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>2 yds.</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date	City, State <u>TULLYTOWN, PA.</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>12/05/19</u>

ADD 41

Do not use this form for asbestos licensure exempted activities.

CK 30108

INV # 111111 / 3

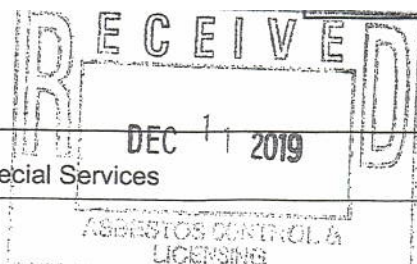
PAID

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



Date of Notification (1) 12/05/2019		Name of Building Owner/Operator (2) Residence		Street Address [REDACTED]		City, State, Zip Code Rahway, NJ 07065		Name of Contact Louis Luchsinger		Telephone Number		
Agencies Notified		Type Notification		FACILITY INFORMATION								
<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		Name of Facility Where Abatement is Taking Place (3) Residence Street Address [REDACTED] City (5) Rahway County (6) Union				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.) Square Feet 1,908 # of Floors 2 Bldg. Age 94 Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions				ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354				Street Address 1256 Liberty Avenue								
City, State, Zip Code South Orange, NJ 07079				City, State, Zip Code Hillside, NJ 07205								
Project Manager for Monitoring Firm Sarah Calandra				Telephone No. 201-349-2666		Telephone No. 844-462-7465		License No. 01316				
Start Date (10) 12/20/2019		Scheduled Completion Date (11) 12/27/2019		Name of OSHA Monitor A. Seine Lighthouse Solutions								
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 PO Box 354 City, State, Zip Code South Orange, NJ 07079								
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 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 Enclosure	
Basement			X			Pipe Wrap			110 LF		X	
Name of Registered Waste Hauler Newark Carting				NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date		City, State Penn Argyle, PA						
Completed by Alison Lamers				Title Office Manager		Signature 		Date				

CK 2234

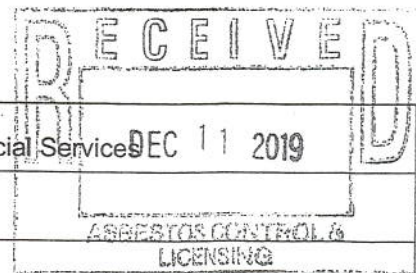
INV# 10555
PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12-06-19		Name of Building Owner/Operator (2) Bergn county Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood Ave							
<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 Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 275		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 275-285 Pascack rd		Square Feet	# of Floors						
City (5) Paramus		Bldg. Age							
County (6) Bergen County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Technical school							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa Ln							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Lincoln Park							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	License No. 01129						
Start Date (10) 12-23-19	Scheduled Completion Date (11) 12-23-19	Name of OSHA Monitor Marcelo avila							
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 252 Cumberland ave							
		City, State, Zip Code Paterson NJ 07502							
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 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
Room 313			x	12x12 bronw floor tile	10SF		x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10Yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ			Disposal Date	City, State Newar nj 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 12-23-19			

Inv # 100
OK 2230

PAID

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




Date of Notification (1) 12-06-19		Name of Building Owner/Operator (2) Bergn county Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood Ave							
<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 Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maintenance Barn		Type of Facility (4)							
Street Address Jerry Schwartz way		<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	# of Floors						
County (6) Bergen County		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Technical school							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa Ln							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Lincoln Park							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	Telephone No. 9739426924						
License No. 01129									
Start Date (10) 12-23-19	Scheduled Completion Date (11) 12-23-19	Name of OSHA Monitor Marcelo avila							
Occupancy Status During Abatement (Check Only One)		Street Address 252 Cumberland ave							
<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 Paterson NJ 07502							
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 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
Locksmith"s office			x	Drywall plaster	25SF				X
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10Yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ			Disposal Date	City, State Newar nj 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 12-23-19			

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

Inv# 16070
PAID

Check # 3992

Date of Notification (1) 12 / 6 / 19		Name of Building Owner/Operator (2) Rider University		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 11 2019 </div>					
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 2083 Lawrenceville Road			
						City, State, Zip Code Lawrenceville, NJ 08648			
		Name of Contact Walter Eddy		Telephone Number 609-896-5080					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University - Fine Arts Building				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 and commercial buildings, homes, etc.)					
Street Address 2083 Lawrenceville Road				Square Feet 75,000					
City (5) Lawrenceville				# of Floors 2					
County (6) Mercer				Bldg. Age 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 102		Name of Abatement Contractor (9) Plymouth Environmental Company, Inc					
Street Address 515 Grove Street, Suite 1B		Street Address 923 Haws Avenue							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-656-2944		License No. 0398					
Start Date (10) 12 / 23 / 19		Scheduled Completion Date (11) 1 / 8 / 20		Name of OSHA Monitor Plymouth Environmental Company, Inc.					
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 - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM				Street Address 923 Haws Avenue					
				City, State, Zip Code Norristown, PA 19401					
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 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
room 281	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room 283	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room 285	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room 287	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill				
City, State Voorhees, NJ 08043		Disposal Date 1/8/20		City, State Moorisville, PA					
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 			Date 12/6/19		

Inv # 166602

PAID

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

CR 9068

RECEIVED
DEC 11 2019

Date of Notification (1) 12/6/19		Name of Building Owner/Operator (2) HUNG ZOO 4 LLC				
Agency 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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1083 SHERIDAN AVE City, State, Zip Code ELIZABETH, NJ 07207	Telephone Number 845-721-9048			
Name of Contact MC SHIMI SCHLISSEKELD						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) SHERIDAN GARDENS HUNG ZOO 4 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 1083 SHERIDAN AVE		Square Feet 30,000	# of Floors 2			
City (5) ELIZABETH		Bldg. Age 1960				
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BLDG APTS				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 12/16/19		Scheduled Completion Date (11) 12/17/19				
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: 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 280 Huyler St				
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code S. Hackensack, N.J. 07606				
<input 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) 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) 165 LF	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT/CRAWL SPACE-A	<input checked="" type="checkbox"/>	THERMAL SYSTEMS INSULATION	165 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 307	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 12/18/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature <i>[Signature]</i>	Date 12/6/19			

Inv # 16667

PAID

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

CL 9066

Date of Notification (1) 12/6/19		Name of Building Owner/Operator (2) MR. JEFFERS		RECEIVED DEC 11 2019	
Agency 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 TEANECK NJ 07666		Name of Contact MR. JEFFERS			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. JEFFERS			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) TEANECK			# of Floors 2		Bldg. Age 1950
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St			
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm		Telephone No.		License No. 00388	
Start Date (10) 12/18/19		Scheduled Completion Date (11) 12/18/19		Name of OSHA Monitor Omega Environmental	
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 TO 5 PPM		Street Address 280 Huyler St			
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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT		[X]		THERMAL SYSTEM INSULATION	
BASEMENT		[X]		THERMAL SURFACING	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 3 CY	
City, State Hackensack, N.J. 07601		Disposal Date 12/19/19		Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
Completed by J. MAIORANO		Title Estimator		Signature J. MAIORANO	
				Date 12/6/19	

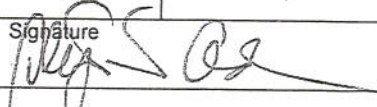
ASB-41

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

ENV# 10535
 OK 001515
PAID

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

RECEIVED
 DEC 11 2019
 Check# 1515
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/05/2019		Name of Building Owner/Operator (2) City of Perth Amboy						
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency including justification <input type="checkbox"/> Cancellation		Street Address 260 High Street		Telephone Number 732-826-2010			
			City, State, Zip Code Perth Amboy, New Jersey 08861					
			Name of Contact Daniel Cleaver					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) City Hall			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 260 High Street								
City (5) Perth Amboy, New Jersey 08861			Square Feet 30,000	# of Floors	Bldg. Age 50+			
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Apartment Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 31 W. 34 th Street, 8 th floor			Street Address 246 Union Boulevard					
City, State, Zip Code New York, New Jersey 10001			City, State, Zip Code Totowa, New Jersey 07512					
Project Manager for Monitoring Firm Ralph Coppola		Telephone No 973-265-9763	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 12/06/2019	Scheduled Completion Date (11) 12/09/2019		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>4 PM</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 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 / 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
Crawlspace	x		O&M Cleanup Debris	32 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey 07512			Disposal Date 12/09/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President	Signature 		Date 12/05/2019			

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

Date of Notification (1) 12/05/2019		Name of Building Owner/Operator (2) City of Perth Amboy		Check# 1515	
Agencies Notified	Type Notification	Street Address 260 High Street		City, State, Zip Code Perth Amboy, New Jersey 08861	
<input 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 checked="" type="checkbox"/> Emergency including justification <input type="checkbox"/> Cancellation	Name of Contact Daniel Cleaver		Telephone Number 732-826-2040	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) City Hall			Type of Facility (4)		
Street Address 260 High Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Perth Amboy, New Jersey 08861			Square Feet 30,000	# of Floors	Bldg. Age 50+
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Apartment Bldg		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		AECM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 31 W. 34th Street, 8th floor		Street Address 246 Union Boulevard			
City, State, Zip Code New York, New Jersey 10001		City, State, Zip Code Totowa, New Jersey 07512			
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. 973-266-9783	Telephone No. 973-236-8400	License No. 01104	
Start Date (10) 12/05/2019		Scheduled Completion Date (11) 12/09/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" 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: 4 PM			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 3 sf or 23 lf <input type="checkbox"/> ≥180 sf or ≥280 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 / Limited Containment Tent <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)
	Yes	No	N/A		
Crawlspace	x			O&M Cleanup Debris	32 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEF Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey 07512		Disposal Date 12/09/2019		City, State Morrisville, PA	
Completed by Adriane Olejarova		Title President		Date 12/05/2019	

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

Check # 9532

Date of Notification (1) 12/6/19		Name of Building Owner/Operator (2) Kean University		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 11 2019 ASBESTOS CONTROL </div>
Agencies Notified	Type of Notification	Street Address 1000 Morris Ave.		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083		
		Name of Contact Suzanne Kupiec		
		Telephone Number 973-737-5109		


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kean University – Science			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1000 Morris Ave.			Square Feet: 20000 # of Floors: 2 Bldg. Age: ~60 Current Use (Prior if being demolished): college		
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 9 East Stow Road			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Marlton, NJ 08053			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-985-8800	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 1/3/19	Sched. Completion Date (11) 12/31/19	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 – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>		Street Address 2333 Route 22 West			
		City, State, Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> 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			R	E	N	E	N	
Rooms C339, C340, C341		X		VAT, table tops, glue dabs, hood trinsite	1400 SF	x					
Various areas – rooms 145, 156, 236, 325		x		VAT, glue dabs, trinsite	2000 SF	X					

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 10	Name of Registered Landfill Alliance Landfill
City, State Pine Brook, NJ		Disposal Date 1/17/19 +	City, State Taylor, PA
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 12/6/19

ASB-411
 Note: Work at Rooms C339, C340, C341 should be completed by 1/14/19. Amendment #1, 5/9/19: Work at rooms 145 and 156 is scheduled for 5/20/19 to 6/3/19.
 Amend #2, 12/6/19: Work at C236 and C325 is scheduled for 12/17/19 to 12/31/19. Includes removal of VAT/mastic and transite.

Inv# 16687

State of New Jersey

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

PAID

Check # 9546

Date of Notification (1) 12/6/19		Name of Building Owner/Operator (2) Kean University		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 11 2019 ASBESTOS CONTROL UNIVERSITY </div>
Agencies Notified	Type of Notification	Street Address 1000 Morris Ave.		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083		
		Name of Contact Suzanne Kupiec		
		Telephone Number 973-737-5109		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kean University – Miron Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1000 Morris Ave.			Square Feet 25000		
City (5) Union			County (6) Union	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age ~60		
Name of Monitoring Firm Hired by Building Owner TTI Environmental			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 9 East Stow Road			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Marlton, NJ 08053			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Jim Guilardi			Telephone Number 973-575-8700		
Telephone Number 856-985-8800			License Number 00852		
Scheduled Start Date (10) 4/15/19			Sched. Completion Date (11) 1/31/20		
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>partially vacated</u>			Name of OSHA Monitor Iris Environmental Laboratories, LLC		
			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

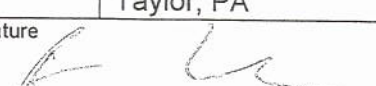
Scope of Work (Check all that apply)

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

☐ Renovation

- ☐ Full Containment with Negative Pressure
☒ Mini – Enclosure
☒ Glovebag Procedure
☒ 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			R	R	E	E
Greek Lounge, exterior		X		VAT, caulk/glaze, fire doors	1900 SF	x			
Crawlspace, various	x			TSI	250 LF	X			
Various areas		x		VAT, glue dabs, TBD	5000 SF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 15	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ			Disposal Date 5/2/19 +		City, State Taylor, PA	
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 12/6/19

ASB-411

Note: Work at Greek lounge/crawlspace should be completed by 4/30/19.

Amendment #1, 12/6/19: Work in corridor will take place 12/23/19 to 1/30/19, consisting of VAT/mastic removals (4,000SF).

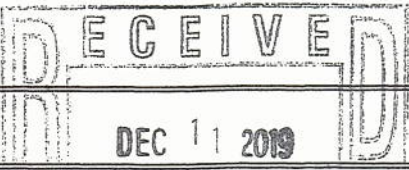
B & G proj. #:

2019-271

PAID

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

Check #9785

Date of Notification (1) 11/21/09/11/19		Name of Building Owner/Operator (2) Newark Public Schools		
Agencies Notified		Street Address 2 Cedar Street		
Type Notification		City, State, Zip Code Newark, NJ 07106		
<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"/> Amendment <input type="checkbox"/> Cancellation		
		Name of Contact Paulinus Egu		
		Telephone Number 973-733-7355		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Weequahic High School (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 279 Chancellor Avenue			Square Feet		
City (5) Newark, NJ 07112			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental		ASCM No. 0003		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1253 North Church Street				Street Address 105 Ryerson Road	
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm James A Guilardi		Phone Number 856-840-8800		Telephone Number (973)696-6869	
License Number 00378					
Scheduled Start Date (10) 12/20/2019		Sched. Completion Date (11) 12/28/2019			
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: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☒ Full Containment w/negative pressure
☐ Glovebag procedure
☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf
☐ Mini-enclosure
☐ Non-friable procedure

Location of asbestos-containing material 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)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Room 222			<input checked="" type="checkbox"/>	pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 222			<input checked="" type="checkbox"/>	VAT & mastic	700 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/20/19 - 12/28/19	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/09/2019

OK 9784
B & G proj. #: 2019-270

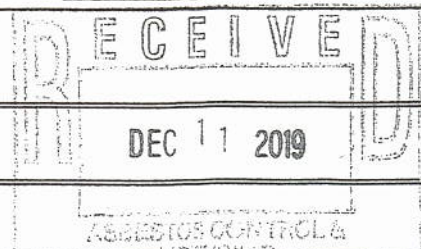
PAID

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

Inv #10685

Check # 9784

Date of Notification (1) 12/10/19		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified <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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 2 Cedar Street	
		City, State, Zip Code Newark, NJ 07106	
		Name of Contact Paulinus Egu	Telephone Number 973-733-7355



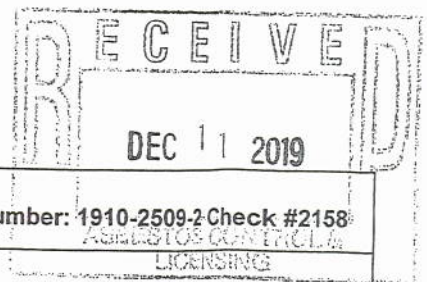
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Newton Street School (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 150 Newton Street			Square Feet 50,000		
City (5) Newark, NJ 07103			# of Floors 2		
County (6) Essex			Bldg. Age 50+		
County Code (7) (State use only)			Current Use (Prior if being demolished) early childhood school		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental Inc,		ASCM No. 0079	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 1253 North Church Street			Street Address 105 Ryerson Road		
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jim Guillard		Phone Number 609-304-3968	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/20/2019		Sched. Completion Date (11) 01/01/2020	Name of OSHA Monitor B & G Restoration, 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- Describe: <input checked="" type="checkbox"/> Other-Describe: occupied			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment w/negative pressure					
<input type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> Glovebag procedure		<input type="checkbox"/> Non-friable procedure							
Location of asbestos-containing material 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						
Room 110 Closet			<input checked="" type="checkbox"/>	wall & ceiling plaster	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 110 Closet			<input checked="" type="checkbox"/>	VAT/mastic	80 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 112			<input checked="" type="checkbox"/>	wall plaster	1,480 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule			<input checked="" type="checkbox"/>	pipe insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement			<input checked="" type="checkbox"/>	pipe insulation	140 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 25	Name of Registered Landfill Grand Central Landfill				
City, State Lincoln Park, NJ		Disposal Date 12/20/19 - 01/02/20			City, State Pen Argyle, PA				
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 12/06/2019		

Inv# 110683

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



CK2158

PAID

Date of Notification (1) 12 / 9 / 19		Name of Building Owner/Operator (2) County of Camden		Job Number: 1910-2509-2 Check #2158						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 520 Market Street						
		City, State, Zip Code Camden, NJ 08102		Name of Contact Chris Tassi						
				Telephone Number 609-670-1929						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) City Hall 6 th Floor			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 530 Market Street			City (5) Camden							
County (6) Camden			County Code (7) (STATE USE ONLY)		Square Feet TBD					
			Current Use (Prior if being demolished) Commercial		# of Floors 18					
					Bldg. Age 1929					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 515 Grove Street				Street Address 1835 Underwood Blvd						
City, State, Zip Code Haddon Heights, NJ				City, State, Zip Code Delran, NJ 08075						
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-547-0505		Telephone No. 609-702-0400						
Start Date (10) 12 / 20 / 19		Scheduled Completion Date (11) 12 / 29 / 19		License No. 00862						
Name of OSHA Monitor EMSL Analytical, Inc.										
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM OVER TWO WEEKENDS - FRIDAY 2nd shift 9			Street Address 200 U.S. Route 130 North							
			City, State, Zip Code Cinnaminson, NJ 08077							
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 WEEKENDS - SATURDAY / SUNDAY WRAP & CUT										
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
6 th Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 th Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ				Disposal Date 12/30/2019	City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 12-9-19				

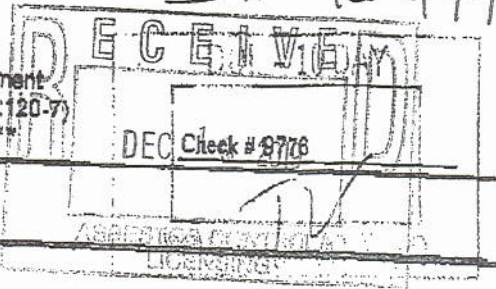
Inv #16499

CK 9776

B & G proj. #: 2019-263

PAID

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



Date of Notification (1)
12/10/19

Name of Building Owner/Operator (2)
Meredith Levine

Street Address
[REDACTED]

City, State, Zip Code
Montclair, NJ 07042

Name of Contact
Meredith Levine

Telephone Number

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Meredith Levine

Street Address
[REDACTED]

City (5)
Montclair, NJ 07042

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter B (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.

Street Address
City, State, Zip Code

Project Manager for Monitoring Firm
Phone Number

Scheduled Start Date (10)
12/05/2019

Sched. Completion Date (11)
12/06/2019

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:

Scope of Work (check all that apply)
☐ Demolition
☒ >3 sf or >3 ft
☒ Renovation
☐ ≥160 sf or ≥260 ft
☒ wrap & cut
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ Non-friable procedure

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Location of asbestos-containing material 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)	Remov	Resp	E	E
	Yes	No	N/A						
master bedroom bathroom				duct insulation (wrap & cut)	66 sf				

Registered Waste Hauler
B & G Restoration, Inc.

NJ DEP Hauler ID
19563

Cubic Yards of Waste
2

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
12/06/2019

City, State
Pen Argyl, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
12/03/2019

B & G proj. #: 2019-263

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

Check # 9776

Date of Notification (1) 12/03/19		Name of Building Owner/Operator (2) Meredith Levine	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Meredith Levine	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Meredith Levine			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		
City (5) Montclair, NJ 07042			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/05/2019		Sched. Completion Date (11) 12/06/2019		Name of OSHA Monitor B & G Restoration, Inc.	
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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ wrap & cut
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material 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						
master bedroom bathroom			<input checked="" type="checkbox"/>	duct insulation (wrap & cut)	68 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/06/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/03/2019

OK 4775 Inv# 16404
S & G Proj. #: 2019-261

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 6:80-7 and 12:120-7)
*** EMERGENCY ***

RECEIVED
DEC 11 2019
DOL 10 DAY
Check # 9778

Date of Notification (1)
12/10/2019

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Richard Hart

Street Address
[REDACTED]

City, State, Zip Code
Newark, NJ 07106

Name of Contact
Richard Hart

Telephone Number
[REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Richard Hart

Street Address
[REDACTED]

City (5)
Newark, NJ 07106

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter B (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
[REDACTED]

of Floors
[REDACTED]

Bldg. Age
[REDACTED]

Current Use (Prior if being demolished)
residential

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

Street Address
[REDACTED]

City, State, Zip Code
[REDACTED]

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Scheduled Start Date (10)
12/04/2019

Sched. Completion Date (11)
12/05/2019

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:

Scope of Work (check all that apply)
☐ Demolition
☒ >3 sf or >2 lf
☐ Renovation
☐ ≥160 sf or ≥250 lf
☐ wrap & cut
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)896-6868

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Location of asbestos-containing material 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	R	E	E
	Yes	No	N/A						
boiler room side			X	pipe insulation	15 lf				
boiler room side			X	pipe	20 lf				

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
12/05/2019

City, State
Pen Argyl, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
12/02/2019

B & G proj. #: 2019-261

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

Check # 9775

Date of Notification (1) 12/10/2019		Name of Building Owner/Operator (2) Richard Hart		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 11 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07106		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Richard Hart		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

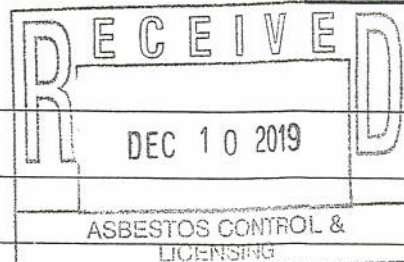
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Richard Hart			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 # of Floors Bldg. Age		
City (5) Newark, NJ 07106	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/04/2019	Sched. Completion Date (11) 12/05/2019		Name of OSHA Monitor B & G Restoration, Inc.		
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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		
Scope of Work (check all that apply)					
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> wrap & cut	
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment w/negative pressure	
				<input checked="" type="checkbox"/> Mini-enclosure	
				<input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material 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						
boiler room side			<input checked="" type="checkbox"/>	pipe insulation	15 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room side			<input checked="" type="checkbox"/>	pipe	20 lf	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/05/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/02/2019

State of New Jersey
PAID
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 12/4/19		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ocean Township, NJ							
		Name of Contact	Telephone Number 732-672-0095						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) Ocean Township <i>Allenhurst</i> <i>07711</i>		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/16/19	Scheduled Completion Date (11) 12/17/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
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 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
INTERIOR				PIPE INSULATION	120LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 12/17/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 12/4/19			

3992600

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

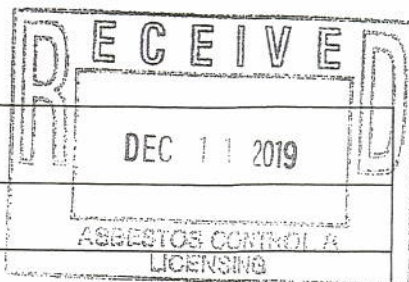
Inv# 16560 PAID

chk# 1172

Date of Notification (1) 12/07/2019		Name of Building Owner/Operator (2) Ryan Lopez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Ryan Lopez	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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) Union		Square Feet 1,500	# of Floors 2						
County (6) Union		Bldg. Age 1935							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 S. 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123						
Start Date (10) 12/16/2019		Scheduled Completion Date (11) 12/17/2019	License No. 01355						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
<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: OCCUPIED		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 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	Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner		Signature [Signature]			Date 12/07/2019		

Inv# 16680
10262292146 PAID

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



Date of Notification (1) 12 / 05 / 2019		Name of Building Owner/Operator (2) Gregg Walls	
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 Teaneck, NJ 07666	
		Name of Contact Gregg Walls	Telephone Number

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Teaneck	Square Feet 1,312	# of Floors 2	Bldg. Age 90
County (6) Bergen County	County Code (7) (STATE USE ONLY) 0260	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) 12 / 16 / 2019	Scheduled Completion Date (11) 12 / 20 / 2019	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) <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9X9 Tile and Mastic	450SF	<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 2 cubic yards	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, NJ		Disposal Date 12/23/19	City, State Morrisville PA		
Completed By (Print or Type) Arsenije Adamov	Title President	Signature <i>Arsenije Adamov</i>	Date 12/05/19		

CK# 5401 JRN# 10079
PAID NOTIFICATION
(Pursuant to)

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

RECEIVED
DEC 11 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/9/19		Name of Building Owner/Operator (2) Dr. Dayan		DEC 11 2019	
Agencies Notified <input checked="" 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 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 Deal, New Jersey		ASBESTOS CONTROL & LICENSING	
		Name of Contact Mac		Telephone Number [REDACTED]	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Dr. Dayan Property			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 2700		
City (5) Deal			# of Floors 1		Bldg. Age 50+
County (6) Morristown		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address				Street Address 95 Montrose Rd	
City, State, Zip Code				City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 294 1757	
Start Date (10) 12/18/19		Scheduled Completion Date (11) 12/23/19		License No. 00029	
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: 7AM-7PM				Name of OSHA Monitor	
				Street Address	
				City, State, Zip Code	

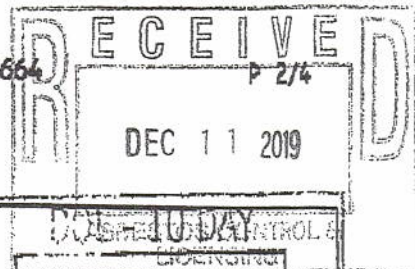
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) 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 checked="" type="checkbox"/>	pipe covering	40 LF	<input checked="" type="checkbox"/>			
Kitchen			<input checked="" type="checkbox"/>	Sheet Rock w/ spackle	400 M	<input checked="" type="checkbox"/>			
windows			<input checked="" type="checkbox"/>	glaze	10 windows	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Ace Insulation Co. Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3		Name of Registered Landfill Fairless	
City, State Colts Neck NJ		Disposal Date 12/23/19		City, State Morrisville, PA			
Completed by Bree McGuire		Title Secretary Treasurer		Signature [Signature]		Date 12/9/19	

2019-12-05 15:05

Shade Environmental 1 >> 609 633 0664



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)

Inv #112535
PAID
OK 10258

Date of Notification (1) 12 / 05 / 19		Name of Building Owner/Operator (2) Jennifer Lee-You		DISPATCHED TODAY					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Avon by the Sea, NJ 07717 Name of Contact Jennifer Lee-You		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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			City (5) Avon by the Sea						
City (5) Avon by the Sea			Square Feet 800	# of Floors 1	Bldg. Age 60				
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052					
City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 609-296-4070		License No. 00842					
Start Date (10) 12 / 10 / 19		Scheduled Completion Date (11) 12 / 12 / 19		Name of OSHA Monitor EMSL Analytical, Inc.					
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 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) 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	Encapsulation	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	200 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 12/12/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 12/5/19			

ASB-41
 JAN 18

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

Inv # 16078

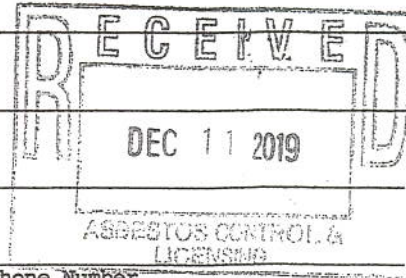
State of New Jersey

Check # 16779

PAID

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

Date of Notification (1) 12/6/2019		Name of Building Owner/Operator (2) Carol Dalessio	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> JEPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Bayonne, NJ, 07002	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Carol Dalessio	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION.

Name of Facility Where Abatement is Taking Place (3) Carol Dalessio		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 Bayonne	County Hudson	Current Use (Prior if being demolished)	
Name of Monitoring Firm hired by Building Owner (8) N/A		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.	
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 12 21 19 Month Day Year	Sched. Completion Date (11) 12 22 19 Month Day Year	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 - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address	
		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-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			R	E	M	O	V
Basement			X	Boiler pipe flue	24 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste .5	Name of Registered Landfill Tri - State
City, State Montclair, NJ 07042		Disposal Date 12/23/19	City, State Bronx, NY, 10474
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>	Date 12/6/2019

36 E 45th Street

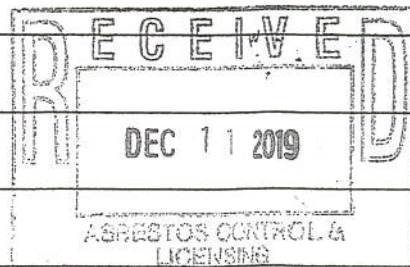
Inv# 10077
PAID

State of New Jersey

Check # 16778

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

Date of Notification (1) 12/6/2019		Name of Building Owner/Operator (2) Ruth Kunstadter	
Agencies Notified		Street Address [REDACTED]	
Type Notification		City, State, Zip Code Montclair, NJ, 07042	
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	
		Name of Contact Ruth Kunstadter	Telephone Number [REDACTED]



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ruth Kunstadter			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		
City Montclair			# of Floors		
County Essex			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
Sched. Start Date (10) 12 20 19		Sched. Completion Date (11) 12 21 19		License Number 00371	
Month Day Year		Month Day Year		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 - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				Street Address	
				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-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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	30 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste .5		Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 12/23/19		City, State Bronx, NY, 10474			
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>		Date 12/6/2019	

111 Summit Ave

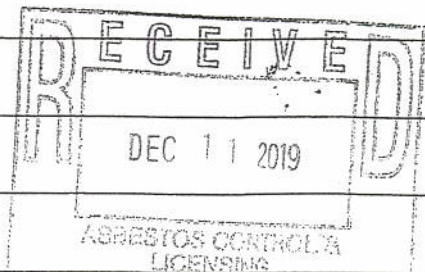
PAID DATE

INV# 10010
State of New Jersey

Check # 16777

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

Date of Notification (1) 12/6/2019		Name of Building Owner/Operator (2) John Passanante	
Agenies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange, NJ, 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact John Passanante	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) John Passanante			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 West Orange	County West Orange	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 12 17 19 Month Day Year		Sched. Completion Date (11) 12 19 19 Month Day Year		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 - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>			Street Address		
			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-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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	35 LF	X			

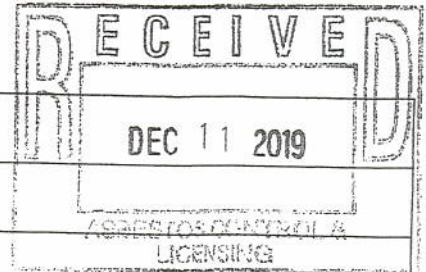
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste .5	Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042			Disposal Date 12/20/19	City, State Bronx, NY, 10474	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>Constantine Vivian</i>		Date 12/6/2019

5 Oxford Terrace

Check #125 INV# 10001

PAID

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



Date of Notification (1) 12/06/2019		Name of Building Owner/Operator (2) Patricia Tryan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield NJ							
		Name of Contact Patricia Tryan	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) private house		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) Bloomfield		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Rizov LLC						
Street Address		Street Address 246 Gaston Ave.							
City, State, Zip Code		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (862)262-8006						
Start Date (10) 12/08/2019		Scheduled Completion Date (11) 12/10/2019	License No. 01369						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Rizov LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 246 Gaston Ave.							
		City, State, Zip Code Garfield NJ 07026							
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 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		Boiler	100 SF	X			
Name of Registered Waste Hauler Rizov LLC		NJDEP Waste Hauler ID No. 0037825	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill					
City, State Garfield NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Aleksandra Rizova		Title Owner	Signature 	Date 12/06/2019					

Dec 06 19, 01:02p

Goran Rizov

9732727726

p.2

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

DOL - 10 DAY

WAIVER APPROVED

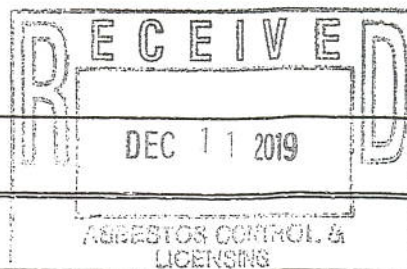
Date of Notification (1) 12/06/2019		Name of Building Owner/Operator (2) Patricia Tryan							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield NJ							
		Name of Contact Patricia Tryan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) private house		Type of Facility (4)							
Street Address		<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.)							
City (5) Bloomfield		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 12/06/2019		Scheduled Completion Date (11) 12/10/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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:		Rizov LLC							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 250 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 type="checkbox"/> Non-Enclosed (*) and Non-Frangible 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		Boiler	100 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Rizov LLC		0037625	TBD	Fairless Hills Landfill					
City, State		Disposal Date		City, State					
Garfield NJ		TBD		Morrisville PA					
Completed by		Title	Signature	Date					
Aleksandra Rizova		Owner	<i>[Signature]</i>	12/06/2019					

Inv# 16674

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

Proj. #: 19-269

PAID

Date of Notification (1)
11/12/10 15/11/19Name of Building Owner/Operator (2)
David Moon

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address
[REDACTED]

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

David Moon

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
ResidentialStreet Address
[REDACTED]City (5)
Montclair, NJ 07042County (6)
EssexCounty 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

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, LLCStreet Address
309 W. End AveCity, State, Zip Code
Hopatcong, NJ 07843Telephone Number
833-455-6629License Number
02007Name of OSHA Monitor
KLOMAX, LLCStreet Address
309 W. End AveCity, State, Zip Code
Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
12/17/19Sched. Completion Date (11)
12/22/2019

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

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ 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
e
m
o
v
eR
e
p
a
i
rE
n
c
a
pE
n
c
lE
n
c
l

Kitchen

☐☒☐

Pipe Insulation

26 LF

☒☐☐☐☐Registered Waste Hauler
KLOMAX, LLCNJDEP Hauler ID#
0038241Cubic Yards of Waste
1 ydsName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
Hopatcong, NJ 07843Disposal Date
TBDCity, State
TULLYTOWN, PACompleted by (Print or Type)
Paige BoylanTitle
OwnerSignature
Date
12/05/19