_	- Vanie	-
Ρı	int	Form

P	ATD			FICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE		NT T	7 1	GE		M	U.S.				
Date of Notification (1) 01/29/2018					f Building				FEB	- 6	2018	3	世					
Agencies Notified	Street A	Address				1	LLU				-							
□ EPA									e alpoin a series									
X DEP	Initial Amended			City, Sta	ate, Zip C	ode					ASSEST	19 C/		View (*			
× DOL		City, N							Eng		-	resident out o						
X DOH	Emergency justification			Name o	f Contact					Te	lephone Nu	mber						
DCA	Sharo	n Tucke	er															
Labour				FACI	ILITY INF	ORMAT	ION											
Name of Facility Where					Ty	pe of Facility	4)											
Resident Home							School (K-12)											
Street Address			ï			Subchapter 8 (Other than K-12)												
						Other (i.e. private & commercial buildings, homes,												
City (5)									etc.) Square Feet # of Floors Bldg. Age									
Jersey City						20000	1.500 2					blug. Age						
County (6)					County Code (7)					ina demolis	alished)							
Hudson			USE ONLY)		Current Use (Prior if being demolished) House												
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	A No.		Name of Abatement Contractor (9)											
Nigertech Services				2998			All Clean Environmental LLC											
Street Address			S				Street	reet Address										
1086 Broadway							POE	Box 1627										
City, State, Zip Code		-			City. S	State, Zip Code												
Brooklyn, NY 1122							ith Hackensack, NJ 07606											
Project Manager for Mor		Telepho	ne No.		Telephone No. Licens					se No.								
Nigertech Services		718.44		201.546.2027			01243											
Start Date (10)	ed Cor	mpletion I		Name of OSHA Monitor														
01/31/2018	2018				1000 TO 100 TO 1	ame as contractor												
Occupancy Status During	ne)						Address											
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe: House will be vacant										e, Zip Code								
Scope of Work (Check A	II That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli				-		Full Containme Mini-Enclosure		Negative F	ressu	re							
	Jerrion	COLL			×		Glovebag Prod											
							Non-Exempted	l (*) an	d Non-Friat	le Pro	cedur	e						
Is Local Norma Location of Light Solution												Abatement Type						
						Des	scription	of				-	1 9	pe				
Asbestos-Containing Material (ACM) Used Sol Mainten							ntaining Material (ACM)			Amount		_		щ	m			
In Facility Custodial					(1.6.		al systems insulation, acing, VAT, or			(Specify SF or LF)		den	Repair	Encapsulate	Enclosure			
(13)			(12)				niscellan				Removal	pair	Insc	uso				
		Yes	No	N/A									1	ate	e)			
Basement - Boiler Room			X			Insulation			68 LF		Х							
		+		-								-						
					- 1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1						Name of Registered Landfill							
Tri-State Transfer As	sociates, INC			Hauler ID No. of Waste						va Enterprises, LLC								
City, State				2A-456 1 Cyd				*										
Bronx, NY 10474				Disposal Date TBD					City, State Waynesburg, OH 44688									
Completed by		Title					<u> </u>											
Sabrina Repreza	e Mai	nager		3	griature	K	1 ~	Date 01/29/2018										

ASB-41 (R-06-08)

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

State of NJ

Notification of Asbestos Abatement

2018-34 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8807 Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 12 1/11 18 1 Patricia MacDonald Agencies Notified Type Notification Street Address ☐ EPA Initial DEP City, State, Zip Code DOL Amendment Old Tappan, NJ 07075 X DOH Name of Contact Telephone Number Cancellation DCA Patricia MacDonald **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Patricia MacDonald Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Old Tappan Bergen Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 02/12/2018 02/14/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation X Full Containment w/negative pressure Glovebag procedure × >3 sf or >3 If >160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E e asbestos-containing e n Description of asbestos-containing Amount staff(12) n m material to be p C (Specify SF or material (ACM) C abated in facility (13) a a Yes No LF) N/A L ٧ 6 basement & 1st fl area X VAT (no mastic) 950 sf X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center 12 City, State Disposal Date Lincoln Park, NJ 02/15/2018 Tullytown, PA

Signature

Secretary/Treasurer

Gordana Luna

02/02/2018

Completed by (Print or Type)

Gordana Luna



MA9

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

Data of NatiSeation (4)									- ,		(1)	F	ii.	M		
Date of Notification (1)					mer/Operator (TANEGE IVE										
		800) Centeni													
Agencies Notified	Type Notific	ation			Stree	t Address	11111		-	-	201	10				
⊠ EPA					271			FE	· ·	. 19	20	10				
☑ DOLWD	Amended	54			City,	1 1		No in	_							
□ DCA	Amendm Emergen				Gla	dstone,	NJ 0		E-parent							
(NJAC 5:23-8)	justificati		cidality		Name	of Contac		Telephone N	lumber		7 1211	11	10.0			
•	☐ Cancellat	- TOTAL			Do		, siepinone i		+ 1			A 15 CH 144				
						-	IEOE	RMATION					_			
Name of Facility Where A	(3)	1.7.	OILITT III	11 01	MIATION	Type of Eacility	(4)		_							
Commercial	(-)					Type of Facility (4) School (K-12)										
Street Address							(Other than K-12)									
800 Centennial Ave	na 1							private and commercial buildings,								
City (5)								homes, etc.) Square Feet								
Piscataway						# of Floors		Bldg. Age								
County (6)		Cour	nty Code (7)(STA	JSE ONLY) Current Use (Prior if being demolished)											
Middlesex																
Name of Monitoring Firm	wner (8)	ASCM	No.	TN .	ne of Abateme	ent Contractor (9)									
Bio Terra Solutions						1		NAGEMENT L	LC							
Street Address						Stre	eet Address									
P.O. Box 1224		2	7 Outwater	Lane												
City, State, Zip Code			City, State, Zip Code													
Union, NJ			Garfield, NJ 07026													
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No. License No.									
Rick Eustaquio			73-494		168	73-928-4888	1188									
Start Date (10)	uled Co		etion Da			ne of OSHA M										
02 /15 /			18	10.000	ALL PRO MANAGEMENT LLC											
Occupancy Status During							Street Address									
□ Facility Closed/Vacate					ment		10000000									
☐ Abatement Performed	Outside of No	ormal	Facility	Hou	rs - Des	cribe		7 Outwater I								
Time of Abatement: _	AM	PN	Λ/	_PM		AM										
Scope of Work (Check all that apply)								arfield, NJ	07026						-	
□ >3 of or >3 If						ainment with Neg	gative Pressure	itive Pressure								
□ ≥3 sf or ≥3 lf □ Renovation □ ≥160 sf or ≥260 lf □ Demolition								☐ Mini-Enc								
						mpted (*) and Non-Friable Procedure										
	Loca						1	Aba	ateme	ent Ty	vpe					
Location of Normal Ashestos-Containing Material (ACM) Used Sole							204000000	Description o		40E20079-7-00000000	F					
Asbestos-Containing Material (ACM) TO BE ABATED Used Sol								Containing Ma rmal systems i		Amount (Specify		Remova	Repair	nca	nclo	
IN Facility Custodial						(S	urfacing, VAT,	SF or LF)		ova	₹	Encapsulate	Enclosure		
(13)			Yes	(12) No	N/A	1	oth	ner miscellane	ous)	t.				late	e l	
Exterior- Roof		-				D				-		_		_		
Exterior- Root						Roofing	j Ma	terial		8,250 SF		X				
						-					_		Ш			
											!					
l li					NJDEP N Hauler II		727Y37754	oic Yards of	Name of Registered Landfill							
						0 / 32797	Was	ste s Needed	Minerva Enterprises / G.R.O.W.S. North Landfill/ Fairless Landfill							
City, State						- ALLES		oosal Date	City, State						\neg	
Shirley, NY/ Elizabeth, NJ							Т	BD	W							
Completed By (Print or Ty					Signature	Waynesburg, OH / Morrisville, PA Date										
Completed By (Print or Type) Title Allen Monchik Project Mana									7.1 1:1							
Asian months Project wanager Allen									Monchik 2/1/18							