

CK9130

PAID

B & G Proj. #: 2019-30

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

Check # 2135 FEB 13 2019

| | | | |
|---|---|---|--|
| Date of Notification (1) 02/10/18/19 | | Name of Building Owner/Operator (2) Park Ridge School District | |
| Agencies Notified | Type Notification | Street Address 2 Park Avenue | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Park Ridge, NJ 07656 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Robert Wright | |
| <input checked="" type="checkbox"/> OOL | <input type="checkbox"/> Cancellation | Telephone Number 201-573-6000 | |
| <input checked="" type="checkbox"/> DDH | | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3) Park Ridge High School (Sub 8) | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 2 Park Avenue | | | Square Feet 2 | | |
| City (5) Park Ridge | | | County (6) Bergen | | |
| County Code (7) (State use only) | | | Bldg. Age 50 years | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 1248 Wrights Lane | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code West Chester, NJ 19380 | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Matthew Abraham | | | Telephone Number (973)896-6869 | | |
| Phone Number 610-996-3515 | | | License Number 00378 | | |
| Scheduled Start Date (10) 02/08/2019 | | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Sched. Completion Date (11) 02/10/2019 | | | Street Address 106 Ryerson Road | | |
| 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: Start work Friday 8:00 am | | | 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 >2 lf ☐ ≥150 sf or ≥250 lf ☐ Mini-enclosure ☐ Non-triable 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) | Remov | Rep | Encl | Encl |
|--|--|-------------------------------------|----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | NA | | | | | | |
| Room # 12 | | <input checked="" type="checkbox"/> | | pipe fittings | 4 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room # 15 | | <input checked="" type="checkbox"/> | | pipe fittings | 30 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------|-------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJ DEP Hauler ID# 19583 | Cubic Yards of Waste 3 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 02/11/2019 | City, State Pens Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature Gordana Luna | Date 02/06/2018 |

B & G proj. #: 2019-30

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

Emergency Sub 8

Check # 9130

| | | | |
|---|--|---|--|
| Date of Notification (1) 02/10/19 | | Name of Building Owner/Operator (2) Park Ridge School District | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 2 Park Avenue | | City, State, Zip Code Park Ridge, NJ 07656 | |
| Name of Contact Robert Wright | | Telephone Number 201-573-6000 | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| Name of facility where abatement is taking place (3) Park Ridge 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 2 Park Avenue | | | Square Feet 2 | | |
| City (5) Park Ridge | | | Bldg. Age 50 years | | |
| County (6) Bergen | | | County Code (7) (State use only) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC | | | ASCM No. 127 | | |
| Street Address 1248 Wrights Lane | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| City, State, Zip Code West Chester, NJ 19380 | | | Street Address 105 Ryerson Road | | |
| Project Manager for Monitoring Firm Matthew Abraham | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Phone Number 610-996-3515 | | | Telephone Number (973)696-6869 | | |
| Sched. Start Date (10) 02/08/2019 | | | License Number 00378 | | |
| Sched. Completion Date (11) 02/10/2019 | | | 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: start work Friday 8:00 pm | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code LincolnPark, NJ 07035 | | |

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☒ Full Containment w/negative pressure
☐ Mini-enclosure
☐ Glovebag procedure
☐ 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 # 12 | | <input checked="" type="checkbox"/> | | pipe fittings | 4 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room # 15 | | <input checked="" type="checkbox"/> | | pipe fittings | 30 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------|-------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 3 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 02/11/2019 | City, State Pens Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature Gordana Luna | Date 02/06/2019 |

CK9132

PAID

B & G proj. #: 2019-30A

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

Check # 9132

FEB 13 2019

| | | | | | |
|---|--|---|--|----------------------------------|--|
| Date of Notification (1) 02/10/19 | | Name of Building Owner/Operator (2) Park Ridge School District | | DOL - 10 DAY | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | | Street Address 2 Park Avenue | |
| | | City, State, Zip Code Park Ridge, NJ 07656 | | Telephone Number 201-673-6000 | |
| | | Name of Contact Robert Wright | | | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| Name of facility where abatement is taking place (3) Park Ridge High School (NON-Sub B) | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 2 Park Avenue | | | Square Feet 2 | | |
| City (5) Park Ridge | | | County (6) Bergen | | |
| County Code (7) (State use only) | | | Bldg. Age 50 years | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC | | | ASCM No. 127 | | |
| Street Address 1248 Wrights Lane | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| City, State, Zip Code West Chester, NJ 19380 | | | Street Address 105 Ryerson Road | | |
| Project Manager for Monitoring Firm Matthew Abraham | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Phone Number 610-996-3515 | | | Telephone Number (973)696-6669 | | |
| Scheduled Start Date (10) 02/11/2019 | | | License Number 00378 | | |
| Sched. Completion Date (11) 02/13/2019 | | | 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: start work 3:00 pm | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ Non-frangible 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 # 18, 20, 101 | | <input checked="" type="checkbox"/> | | pipe (wrap & cut) | 4 lf, 2 lf, 5 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room # 102, 103B, 104 | | <input checked="" type="checkbox"/> | | pipe (wrap & cut) | 4 lf, 4 lf, 6 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room Guidance Middle Rm | | <input checked="" type="checkbox"/> | | pipe (wrap & cut) | 2 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room 105 | | <input checked="" type="checkbox"/> | | pipe (wrap & cut) | 4 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|--|--|------------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19553 | | Cubic Yards of Waste 2 | | Name of Registered Landfill Grand Central Landfill | |
| City, State Lincoln Park, NJ | | Disposal Date 02/13/2019 | | City, State Pens Argyl, PA | | | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | | Signature Gordana Luna | | Date 02/07/2019 | |

B & G proj. #: 2019-30A

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

Emergency

Check # 9132

| | | | |
|---|--|---|--|
| Date of Notification (1) 02/17/19 | | Name of Building Owner/Operator (2) Park Ridge School District | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 2 Park Avenue | | City, State, Zip Code Park Ridge, NJ 07656 | |
| Name of Contact Robert Wright | | Telephone Number 201-573-6000 | |

FACILITY INFORMATION

| | | | | | |
|--|---|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Park Ridge High School (NON-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 2 Park Avenue | | | Square Feet # of Floors Bldg. Age 2 50 years | | |
| City (5) Park Ridge | County (6) Bergen | County Code (7) (State use only) | Current Use (Prior if being demolished) school | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC | | ASCM No. 127 | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 1248 Wrights Lane | | Street Address 105 Ryerson Road | | | |
| City, State, Zip Code West Chester, NJ 19380 | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |
| Project Manager for Monitoring Firm Matthew Abraham | | Phone Number 610-996-3515 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 02/11/2019 | Sched. Completion Date (11) 02/13/2019 | | | | |
| 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- Describe: <input checked="" type="checkbox"/> Other-Describe: start work 3:00 pm | | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | | | |
| Street Address 105 Ryerson Road | | | | | |
| City, State, Zip Code LincolnPark, NJ 07035 | | | | | |

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ 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) | Remove | Repair | Encap | Encl |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Room # 18, 20, 101 | | <input checked="" type="checkbox"/> | | pipe (wrap & Cut) | 4 lf, 2 lf, 5 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room # 102, 103B, 104 | | <input checked="" type="checkbox"/> | | pipe (wrap & Cut) | 4 lf, 4 f, 6 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room Guidance Middle Rm | | <input checked="" type="checkbox"/> | | pipe (wrap & cut) | 2 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room 106 | | <input checked="" type="checkbox"/> | | pipe (wrap & cut) | 4 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"/> |

| | | | | | |
|--|--|------------------------------|---------------------------|---|--|
| 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 02/13/2019 | | City, State Pens Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | | Signature Gordana Luna | |
| | | | | Date 02/07/2019 | |

PAID

CK 7459

RECEIVED

FEB 13 2019

| | | | |
|---|--|---|------------------|
| Date of Notification (1) 10/2/10 17/11/19 | | Name of Building Owner/Operator (2) danise white | |
| 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code union, nj 07083 | |
| | | Name of Contact danise white | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) danise white | | | 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) union | County (6) union | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | | Street Address 20 California Ave. | | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | | License Number 01169 |
| Start Date (10) 02/08/19 | | Sched. Completion Date (11) 02/28/19 | Name of OSHA Monitor D & S 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: NORMAL HOURS | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

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

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | X | | PIPE INSULATION | 30 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|---------------------------|-------------------------------|---|------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 02/09/19 | | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | Signature | | Date 02/07/19 |

State of New Jersey

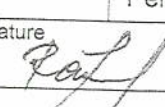
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1) 02/06/19 | | Name of Building Owner/Operator (2) Omega Environmental Services | | FEB 13 2019 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 280 Huyler St City, State, Zip Code South Hackensack, NJ 07606 Name of Contact Veronica Kero Telephone Number 201-489-8700 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Willowbrook Mall | | | 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 50 Route 46 | | | Square Feet N/A | | | | | | |
| City (5) Wayne | | | # of Floors N/A | | Bldg. Age N/A | | | | |
| County (6) Passaic | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Parking Lot | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | | Name of Abatement Contractor (9) WRS Environmental Services, Inc. | | | | | |
| Street Address N/A | | Street Address 17 Old Dock Rd | | City, State, Zip Code Yaphank, NY 11980 | | | | | |
| City, State, Zip Code N/A | | Telephone No. N/A | | License No. 01136 | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | | Name of OSHA Monitor WRS Environmental Services, Inc. | | | | | |
| Start Date (10) 02/19/19 | | Scheduled Completion Date (11) 04/19/19 | | Street Address 17 Old Dock Rd | | | | | |
| 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>Exterior / construction area</u> | | | | City, State, Zip Code Yaphank, NY 11980 | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Parking lot | | | x | Transite pipe | 150 lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. SW24310 | | Cubic Yards of Waste 10 | | Name of Registered Landfill 110 Sand Company | | | |
| City, State Shirley, NY | | Disposal Date TBD | | City, State Melville, NY | | | | | |
| Completed by Raymond Tutiven | | Title Supervisor | | Signature <i>Raymond Tutiven</i> | | Date 02/06/19 | | | |

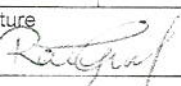
PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 6200

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02-08-2019 | | Name of Building Owner/Operator (2) Freeport-McMoran (Norwich & Bayway Operations) | | | | | | | |
| 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"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 48-94 Bayway Ave | | City, State, Zip Code Elizabeth, NJ 07202 | | | | | | | |
| Name of Contact Mr. Christopher Svenson | | Telephone Number 908-558-4313 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Freeport-McMoran Facility | | 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 48-94 Bayway Ave | | Square Feet 50,000 | # of Floors 1 | | | | | | |
| City (5) Elizabeth | | Bldg. Age 50+ | | | | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Copper Processing Facility | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Hazmat Diagnostic LLC | | | | | | |
| Street Address | | Street Address 16 Glenwild Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-928-3995 | | | | | | |
| Start Date (10) 02-19-2019 | | Scheduled Completion Date (11) 03-19-2019 | License No. 01181 | | | | | | |
| 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: Work Area Separated From Operations | | Name of OSHA Monitor Hazmat Diagnostic LLC | | | | | | | |
| | | Street Address 16 Glenwild Ave | | | | | | | |
| | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input 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 |
| Extrusion Shop | | | X | Window Caulking / Glazing | 200 LF | X | X | X | |
| Exterior near Extrusion Shop | | | X | Transite Stabilization | 200 SF | | X | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Hazmat Diagnostic LLC | | NJDEP Waste Hauler ID No. 0035440 | Cubic Yards of Waste TBD | Name of Registered Landfill WM Grand Central Landfill | | | | | |
| City, State Bloomingdale, NJ | | Disposal Date TBD | | City, State Pen Argil, PA | | | | | |
| Completed by Tatiana Rotaru | | Title COO | Signature  | | | Date 02/08/2019 | | | |


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

CK # 6199

| | | | | | | | | | | |
|---|---|--|---|---|----------------|--|--------|-------------|-----------|--|
| Date of Notification (1) 2/7/2019 | | Name of Building Owner/Operator (2) 192 Paterson Plank LLC C/O Wilson Associates | | | | | | | | |
| 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | | |
| Street Address 20 Murray Hill Pkwy, Suite 1290 | | City, State, Zip Code East Rutherford, NJ 07013 | | | | | | | | |
| Name of Contact Lee Miller | | Telephone Number 201-410-2783 | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Bank of America | | 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 192 Paterson Plank Rd. | | Square Feet 0 | | | | | | | | |
| City (5) Carlstadt | | # of Floors 0 | | | | | | | | |
| County (6) Bergen | | Bldg. Age 0 | | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Former Bank of America site | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Hazmat Diagnostic LLC | | | | | | | | |
| City, State, Zip Code | | Street Address 16 Glenwild Ave | | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | | |
| Telephone No. | | Telephone No. 973 928 3995 | | | | | | | | |
| Start Date (10) | | License No. 01181 | | | | | | | | |
| Scheduled Completion Date (11) | | Name of OSHA Monitor Hazmat Diagnostic 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: exterior work of excavated transite pipe | | Street Address Hazmat Diagnostic LLC | | | | | | | | |
| 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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | | |
| 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 | |
| Exterior Transite Pipe staged onsite | | | X | Transite Pipe | 150 LF | X | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 4509 | | Cubic Yards of Waste 30 C.Y. | | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Newark, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | | |
| Completed by Tatiana Rotaru | | Title COO | | Signature  | | Date 2/7/2019 | | | | |

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

RECEIVED
FEB 13 2019

| Date of Notification (1) 2/8/19 | | Name of Building Owner/Operator (2) Dave Clark | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|----------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hillsdale, NJ 07642 | | | | | | | |
| | | Name of Contact Dave Clark | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Home | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Hillsdale | | Square Feet 1750 | # of Floors 2 | | | | | | |
| County (6) Bergen | | Bldg. Age 65 +/- | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residential Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Project Manager | | ASCM No. | Name of Abatement Contractor (9) All Stages Abatement | | | | | | |
| Street Address | | Street Address 280 N. Midland Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Saddle Brook, NJ 07663 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-600-3184 | License No. 01305 | | | | | | |
| Start Date (10) 2/10/19 | Scheduled Completion Date (11) 2/14/19 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 A.M to 4 P.M | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor | | x | | VAT | 499 SF | x | | | |
| 1st Floor | | x | | Mastic | 499 SF | | | x | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler All Stages Abatement | | NJDEP Waste Hauler ID No. 0036592 | Cubic Yards of Waste 3 yd | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Saddle Brook, NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | | | | | |
| Completed by Richard Cristofol | | Title President | | Signature  | | | Date 2/8/19 | | |

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

CK #1173

| Date of Notification (1) 02/08/2019 | | Name of Building Owner/Operator (2) Westfield Hall Corp | | | | | | | |
|--|--|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 10 Tech Dr. N | | | | | | | |
| <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 Warren, NJ 07059 | | | | | | | |
| | | Name of Contact Charles | Telephone Number 973-980-2821 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Warren, NJ 07059 | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Somerset | 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) Removal Safety LLC | | | | | | |
| Street Address | | Street Address 8 Crosby Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07502 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-400-8711 License No. 01332 | | | | | | |
| Start Date (10) 02/18/2019 | Scheduled Completion Date (11) 02/21/2019 | Name of OSHA Monitor Same as (9) | | | | | | | |
| 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: 8:00 am - 4:30 pm | | Street Address City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <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 |
| First floor | | | X | Floor tiles | 425 SF | X | | X | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Removal Safety, LLC | | NJDEP Waste Hauler ID No. 0037007 | Cubic Yards of Waste 3 | Name of Registered Landfill Fairless | | | | | |
| City, State Paterson, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Lasko Veskov | | Title President | Signature <i>Lasko Veskov</i> | | | Date 02/08/2019 | | | |

D&S Proj. #: 19-24

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

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Date of Notification (1)
02/10/18

Name of Building Owner/Operator (2)

jim de rose

Street Address

City, State, Zip Code

mountainside, nj 07092

Name of Contact

jim de rose

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)

jim de rose

Street Address

City (5)

mountainside

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

02/13/19

Sched. Completion Date (11)

02/28/19

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

GARAGE

BASEMENT BOILER ROOM

duct INSULATION

duct INSULATION

55 sq ft

7 sq ft

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID#

13506

Cubic Yards of Waste

1 yd

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Disposal Date

02/14/19

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

02/08/19

D&S Proj. #: 19-25

PAID

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

RECEIVED

FEB 13 2019

Date of Notification (1)
02/10/17

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
 Type Notification
☒ Initial
☐ Amended
 Amendment #: _____
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

philip rubenstein

Street Address

City, State, Zip Code

SO. ORANGE, NJ 07079

Name of Contact

philip rubenstein

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

philip rubenstein

Street Address

City (5)

SO. ORANGE

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

Current Use (Prior if being demolished)

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

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

Phone Number

Start Date (10)

02/21/19

Sched. Completion Date (11)

02/29/19

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

195 lf

Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
2 yds.

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503Disposal Date
02/22/19City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

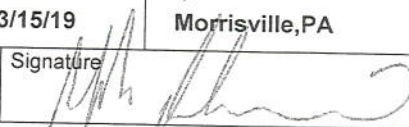
Date
02/07/19

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

CK# 867

RECEIVED

FEB 13 2019

| | | | | | | | | | |
|--|--|--|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 02 / 04 / 19 | | Name of Building Owner/Operator (2) Verizon | | | | | | | |
| 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 1 Verizon Way City, State, Zip Code Basking Ridge, NJ Name of Contact Brian Tilton Telephone Number 301-802-5112 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon | | 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 1206 Wesley Avenue | | Square Feet 10,000 | | | | | | | |
| City (5) Ocean City, NJ 08226 | | # of Floors 1 | | | | | | | |
| County (6) Cape May | | Bldg. Age 50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Managaement Inc. | | ASCM No. | | | | | | | |
| Street Address 8436 Enterprise Avenue | | Name of Abatement Contractor (9) JVN Restoration Inc | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | Street Address 47 Foster Road | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | City, State, Zip Code Staten Island NY 10309 | | | | | | | |
| Telephone No. 215-365-5810 | | Telephone No. 718-605-6256 | | | | | | | |
| Start Date (10) 02 / 25 / 19 | | License No. 00774 | | | | | | | |
| Scheduled Completion Date (11) 03 / 31 / 19 | | Name of OSHA Monitor Testor Tech | | | | | | | |
| 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: _____AM-_____PM/ 5:00PM-1:30AM | | Street Address 10 59 Jackson Avenue | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code LIC NY 11101 | | | | | | | |
| 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 |
| Ground Floor A/C Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct Insulation | 1,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground Floor A/C Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 100 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground Floor A/C Equipment Room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 100 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"/> |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. NJ-566 | | Cubic Yards of Waste 20 | Name of Registered Landfill G.R.O.W.S., Inc. | | | | |
| City, State Newark, NJ | | Disposal Date 03/15/19 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Ralph Barnhardt | | Title Project Manager | | Signature  | | Date 02-04-2019 | | | |

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

RECEIVED

| | | | |
|--|--|--|--|
| Date of Notification (1) 06 / 07 / 18 | | Name of Building Owner / Operator (2) Mondelez International | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL | | Street Address 2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410 | |
| Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | | Name of Contact PETER VILLANO | |
| | | Telephone Number 201-794-4000 | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|---|----------------------------------|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Mondelez International | | | 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 bldgs., homes, etc.) | | |
| Street Address 2211 Route 208 | | | Square Feet 1,000,000 | | |
| City (5) Fairlawn | | | County (6) Bergen | | Building Age 40 + |
| County Code (7) | | | # Of Floors 3 | | |
| | | | Current Use (Prior if being demolished) Bakery | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) AET | | | ASCM NO NORTHSTAR CONTRACTING GROUP, INC. | | |
| Street Address 907 Doolittle Drive | | | Street Address 32 Williams Parkway | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | | City, State, Zip Code East Hanover, NJ 07936 | | |
| Project Mngr. For Monitoring Firm Eric Houseknecht | | | Telephone Number 908-218-1108 | | |
| Scheduled Start Date (10) 06 / 25 / 18 | | Scheduled Completion Date (11) 06 / 24 / 19 | | Telephone Number 973-884-8682 | |
| | | | | License Number 00860 | |
| Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM | | | Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. | | |
| | | | Street Address 32 Williams Parkway | | |
| | | | City, State, Zip Code East Hanover, NJ 07936 | | |

Scope of Work (Check All That Apply)

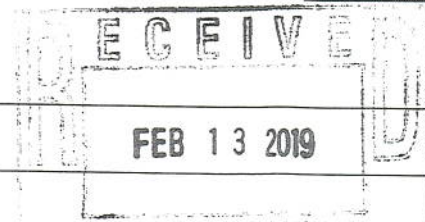
- | | | |
|--|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3sf or ≥3lf | | <input type="checkbox"/> Mini - Enclosure |
| <input checked="" type="checkbox"/>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

| Location of Asbestos Containing 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 A L | R E P A I R | E N C A P S U L | E N C L O S U R |
| 2ND FLOOR OVEN#7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ROLLER GASKETS | 80 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2ND FLOOR OVEN#7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TRANSITE | 100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2ND FLOOR OVEN#7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | GASKET | 4,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2ND FLOOR BAKE SHOP | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE & FITTING | 60 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC. | | | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste | Name of Registered Landfill GROWS | | | |
| City, State NEWARK, NJ EAST HANOVER, NJ | | | | Disposal Date | City, State Morrisville, PA 19067 | | | | |
| Completed by (Print or Type) Steve Stiles | | | | Title Project Manager | Signature <i>Steve Stiles</i> | | | Date 02/11/19 | |

| Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12) | | | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|---------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| | | | | | R E M O V A L | R E P A I R | E N C A P S U L | E N C L O S U R |
| | YES | NO | N/A | | | | | |
| MEZZANINE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DC WAREHOUSE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1ST FLOOR BAKERY | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5 SF | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BOILER ROOM | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DC CHARGING AREA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15 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"/> | <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"/> |



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



| | | | | | |
|--|---|--|-----|--|---|
| Date of Notification (1) 02/11/19 | | Name of Building Owner/Operator (2) Atlantic Management | | FEB 13 2019 | |
| 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 | | 1271 Paterson Plank Road | |
| | | | | City, State, Zip Code Secaucus, NJ 07094 | |
| | | Name of Contact Sara Miller | | Telephone Number 201-885-1216 | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 500 South Center Street | | | | Type of Facility (4) | |
| Street Address 500 South Center Street | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Orange | | | | Square Feet | # of Floors |
| County (6) Essex | | | | 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) AAA LEAD PROFESSIONALS | |
| Street Address | | | | Street Address 6 WHITE DOVE COURT | |
| City, State, Zip Code | | | | City, State, Zip Code LAKEWOOD, NJ 08701 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-668-9078 | License No. 1200 |
| Start Date (10) 02/21/19 | | Scheduled Completion Date (11) 02/26/19 | | 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 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 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) |
| | Yes | No | N/A | | |
| INTERIOR | | | | PIPE INSULATION IN BOILER | 300LF |
| | | | | ROOM D | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 10 | Name of Registered Landfill IESI |
| City, State NEWARK, NJ | | Disposal Date 02/26/19 | | City, State BETHLEHEM PA | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | Date 02/11/19 |

Check#3263

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

RECEIVED**FEB 13 2019**

| | | | | | | | | | |
|---|--|---|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 02 / 08 / 19 | | Name of Building Owner/Operator (2) Firoz Patka | | | | | | | |
| Agencies Notified <input 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 [REDACTED] City, State, Zip Code Morristown, NJ 07960 Name of Contact Firoz Patka Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Morristown, NJ 07960 County (6) Morris | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127 | | | | | | | |
| Project Manager for Monitoring Firm Telephone No. | | Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| Start Date (10) 02 / 19 / 19 Scheduled Completion Date (11) 02 / 20 / 19 | | 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 | | | | | | | |
| 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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 200 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"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470 | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) N.Jevtic | | Title Owner | Signature <i>N. Jevtic</i> | | | Date 02/08/19 | | | |

ASB-41

MAY 11

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

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

RECEIVED

FEB 13 2019

Date of Notification (1)

2/9/19

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☒ DOH
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)

Gligormurray LLC Ehlis & Cadge LLC

Street Address

5 Butler Avenue

City, State, Zip Code

Lexington, MA 02421

Name of Contact

Bernard

Telephone Number

609 426 7373

Name of Facility Where Abatement is Taking Place (3)

RCS bank

FACILITY INFORMATION

Street Address

[REDACTED]

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

City (5)

Ocean City

County (6)

Cape May

County Code (7)
(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Current Use (Prior if being demolished)

Street Address

Name of Abatement Contractor (9)

Street Address

1212 Burlington Ave

City, State, Zip Code

Delanco NJ 08015

Telephone No.

609-346-0916

License No.

01070

Start Date (10)

2/9/19

Scheduled Completion Date (11)

3/19/19

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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-Exempted (*) and Non-Friable Procedure

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

Outside

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)

Siding/Handpainted 3800

Amount (Specify SF or LF)

Abatement Type

☒ Removal
☐ Repair
☐ Encapsulate
☐ Enclosure

Name of Registered Waste Hauler

Hill & Hill LLC

NJDEP Waste Hauler ID No.

20547

Cubic Yards of Waste

Name of Registered Landfill

Hill of PA

Signed by

Joseph T. Hill

Title

President

Disposal Date

TBD

Signature

City, State

Lexington, PA

Date

2/9/19

(R-06-08)

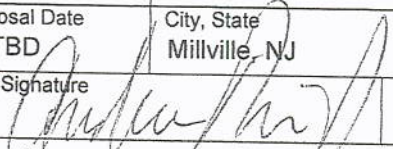
* Do not use this form for asbestos licensure exempted activities.

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

E C E I V E

FEB 13 2019

| Date of Notification (1) 2/8/19 | | Name of Building Owner/Operator (2) City of Vineland | | | | | | | |
|---|--|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 640 E Wood Street | | | | | | | |
| <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 Vineland, NJ 08362 | | | | | | | |
| | | Name of Contact Matt DePalma | Telephone Number 856 809-1202 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Vacant Building #10 | | Type of Facility (4) | | | | | | | |
| Street Address 111 Highland Avenue | | <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) Vineland | | Square Feet | # of Floors | | | | | | |
| County (6) Cumberland | | 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) Ricco Construction Corp | | | | | | |
| Street Address | | Street Address 282 Creek Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Bellmawr, NJ 08031 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| Start Date (10) 2/18/19 | | Scheduled Completion Date (11) 5/13/19 | Name of OSHA Monitor Andrew Ricco | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 282 Creek Road | | | | | | | |
| <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 Bellmawr, NJ 08031 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 | | | X | 12X12 VAT & Black Mastic | 3000 SF | X | | | |
| Interior | | | X | Gray/Tan Mastic Linoleum | 300 SF | X | | | |
| Exterior | | | X | Window Caulk | 480 LF | X | | | |
| Name of Registered Waste Hauler Ricco Construction Corp | | NJDEP Waste Hauler ID No. 28909 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland County | | | | | |
| City, State Bellmawr, NJ | | Disposal Date TBD | | City, State Millville, NJ | | | | | |
| Completed by Andrew Ricco | | Title President | | Signature  | | Date 2/8/2019 | | | |

PAID

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

CK#8320

| | | | | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|--|
| Date of Notification (1) 02-07-2019 | | Name of Building Owner/Operator (2) Residential Dwelling | | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Oaklyn, New Jersey | | | | | | | | |
| | | Name of Contact Mr. Paul Ciervo | Telephone Number FEB 13 2019 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Dwelling | | 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) Oaklyn | County (6) Camden | Square Feet 1250 | # of Floors 2 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Bldg. Age 64yrs | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts | | Name of Abatement Contractor (9) Quality Environmental Concepts | | | | | | | | |
| Street Address 1053 North Tuckahoe Road | | Street Address 1053 North Tuckahoe Road | | | | | | | | |
| City, State, Zip Code Williamstown, New Jersey 08094 | | City, State, Zip Code Williamstown, New Jersey 08094 | | | | | | | | |
| Project Manager for Monitoring Firm Edward Knorr | | Telephone No. 856-629-1166 | License No. 01086 | | | | | | | |
| Start Date (10) 02-18-2019 | Scheduled Completion Date (11) 02-19-2019 | Name of OSHA Monitor Quality Environmental Concepts | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1053 North Tuckahoe Road | | | | | | | | |
| <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 Williamstown, New Jersey 08094 | | | | | | | | |
| 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 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 | | | | Asbestos thin | | | | | | |
| HVAC ductwork | | | ✓ | white cloth | 65 SF | ✓ | | | | |
| | | | | insulation wrap | | | | | | |
| Name of Registered Waste Hauler Quality Environmental Concepts | | NJDEP Waste Hauler ID No. 19710 | Cubic Yards of Waste 2cy | Name of Registered Landfill Salem County Landfill | | | | | | |
| City, State Williamstown, New Jersey | | Disposal Date TBD | | City, State Alloway NJ | | | | | | |
| Completed by Edward Knorr | | Title Vice President | Signature Edward Knorr | | Date 02-07-19 | | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

E C E I V E

FEB 13 2019

CK 35999 PAID

| Date of Notification (1) 02 / 08 / 19 | | Name of Building Owner/Operator (2) Boyle Real Estate Group | | | | | | | |
|--|--|--|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 219 South Street, Suite 106 City, State, Zip Code New Providence, NJ 07974 Name of Contact John Boyle Telephone Number 908-464-6000 | | | | | | | |
| 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) Chatham | | Square Feet 2000 | # of Floors 2 Bldg. Age 70 | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | |
| Street Address 1889 Route 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code Toms River, NJ 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | Telephone No. 732-349-9932 | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 02 / 19 / 19 | Scheduled Completion Date (11) 02 / 20 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| 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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| 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 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos pipe insulation | 90 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"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 02/20/19 | City, State Tullytown, Pennsylvania | | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | Signature | | | | Date 2/8/19 | | |

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

FILE F0111

RECEIVED

FEB 13 2019

CK 5258

PAID

| Date of Notification (1) 2/5/19 | | Name of Building Owner/Operator (2) 185 Morris Plaza, LLC | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 185 Morris 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Long Branch, New Jersey 07740 | | | | | | | |
| | | Name of Contact Tony | Telephone Number 732 684 2500 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 185 Morris Plaza property | | Type of Facility (4) | | | | | | | |
| Street Address 185 Morris Ave | | <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) Long Branch | | Square Feet 2500 | # of Floors 2 | | | | | | |
| County (6) Monmouth | | Bldg. Age 95+ | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) commercial building | | | | | | | |
| 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. 7322941757 | License No. 00029 | | | | | | |
| Start Date (10) 2/6/19 | Scheduled Completion Date (11) 2/11/19 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| exterior | | | x | siding | 120sf | | | | |
| basement | | | x | pipe insulation | 6 lf | x | | | |
| | | | | site cleanup | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12860 | Cubic Yards of Waste 2 | Name of Registered Landfill Chrins/Fairless | | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 2/11/19 | | City, State Easton/Morrisville PA | | | | | |
| Completed by Bree McGuire | | Title secretary treasurer | | Signature | | Date 2/5/19 | | | |

CK#5254 PAID

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

RECEIVED
FEB 13 2019

| Date of Notification (1) 2/9/19 | | Name of Building Owner/Operator (2) Michael Ianelli | | | | | | | |
|--|--|---|--|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Red Bank, New Jersey 07701 | | | | | | | |
| | | Name of Contact John | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Ianelli Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1800 | # of Floors 2 | | | | | | |
| City (5) Red Bank | | Bldg. Age 65+ | | | | | | | |
| 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) | | 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, NJ 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 7322941757 | | | | | | |
| Start Date (10) 2/18/19 | | Scheduled Completion Date (11) 2/27/19 | License No. 07722 00029 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor | | | | | | | |
| <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 | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| exterior | | | x | siding | 2000 sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 4 | Name of Registered Landfill Chrins | | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 2/28/19 | | City, State Easton, Pa | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature <i>Bree McGuire</i> | | Date 2/9/19 | | | |

OK# 5256

PAID

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

RECEIVED

FEB 13 2019

| Date of Notification (1) 2/9/19 | | Name of Building Owner/Operator (2) Dana O'Dea | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Flemington, New Jersey | | | | | | | |
| | | Name of Contact Dana | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) O'Dea Residence | | 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) Flemington | | Square Feet 2200 | # of Floors 1 | | | | | | |
| County (6) Hunterdon | | County Code (7) (STATE USE ONLY) | Bldg. Age 65+ | | | | | | |
| 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, NJ 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 7322941757 | License No. 00029 | | | | | | |
| Start Date (10) 2/20/19 | Scheduled Completion Date (11) 2/28/19 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | floor tile w/mastic | 1000 sf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 4 | Name of Registered Landfill Chrins | | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 2/28/19 | | City, State Easton, Pa | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature | | Date 2/9/19 | | | |

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

CK#5256

PAID

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FEB 13 2019

| | | | | | | | | | |
|--|--|---|--|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 2/9/19 | | Name of Building Owner/Operator (2) Budsock Residence | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Kenilworth, New Jersey 07033 | | | | | | | |
| | | Name of Contact Gene | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Budsock residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1800 | # of Floors 2 | | | | | | |
| City (5) Kenilworth | | Bldg. Age 65+ | | | | | | | |
| County (6) Union | 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, NJ 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 7322941757 | License No. 07122 00029 | | | | | | |
| Start Date (10) 2/19/19 | Scheduled Completion Date (11) 2/28/19 | Name of OSHA Monitor | | | | | | | |
| 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 | | 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"/> ≥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) <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 |
| baesment | | | x | pipe wrap | 50 lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 2 | Name of Registered Landfill Fairless | | | | | |
| City, State Colts Neck, New Jersey | | | Disposal Date 2/28/19 | City, State Morrisville, Pa | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | Signature | Date 2/9/19 | | | | | |

PAID

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

RECEIVED

FEB 13 2019

| | | | | | | | | | |
|--|---|---|-------------------------------------|---|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1) 2-8-19 | | Name of Building Owner/Operator (2) BEVERLY NATIONAL CEMETERY | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 916 BRIDGEBORO RD. | | City, State, Zip Code BEVERLY NJ 08010 | | | | | | | |
| Name of Contact Bill Belknap | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BEVERLY NATIONAL CEMETERY | | 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 916 BRIDGEBORO RD. | | Square Feet 260 | | | | | | | |
| City (5) BEVERLY NJ | | # of Floors 1 | | | | | | | |
| County (6) | | Bldg. Age NA | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) VACANT | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SRV INC. | | ASCM No. | | | | | | | |
| Street Address PO BOX 365 | | Name of Abatement Contractor (9) FRYMAR CONSTRUCTION | | | | | | | |
| City, State, Zip Code BERLIN NJ 08009 | | Street Address PO BOX 11587 | | | | | | | |
| Project Manager for Monitoring Firm JIM PROCTOR | | City, State, Zip Code PHILA PA 19116 | | | | | | | |
| Telephone No. 856-452-1311 | | Telephone No. 267-784-4694 | | | | | | | |
| Start Date (10) 2-19-19 | | License No. 01276 | | | | | | | |
| Scheduled Completion Date (11) 2-20-19 | | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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 | Encapsulate | Enclosure |
| FIRST FLOOR | | | <input checked="" type="checkbox"/> | FLOOR TILE | 250 SF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler FRYMAR CONSTRUCTION | | NJDEP Waste Hauler ID No. 0036759 | | Cubic Yards of Waste 1 | | Name of Registered Landfill WESTERN BERKS CC | | | |
| City, State PHILA PA | | Disposal Date 2-20-19 | | City, State BIRDSBORO PA | | | | | |
| Completed by EFRAIM DUA | | Title N. PRES | | Signature <i>Efrain DUA</i> | | Date 2-8-19 | | | |

PAID

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

RECEIVED Print Form

FEB 13 2019

| | | | |
|--|---|---|---------------------------|
| Date of Notification (1) 2-8-19 | | Name of Building Owner/Operator (2) TANESHA BROWN | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input 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 HOPEWELL NJ. | |
| Name of Contact TANESHA BROWN | | Telephone Number | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | | |
| Street Address [REDACTED] | | 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.) | |
| City (5) HOPEWELL NJ | | Square Feet 1600 | # of Floors 2 |
| County (6) | | Bldg. Age N/A | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTION | | ASCM No. | |
| Street Address PO BOX 11645 | | Name of Abatement Contractor (9) PRYMAR CONSTRUCTION INC | |
| City, State, Zip Code PHILA PA 19116 | | Street Address PO BOX 11587 | |
| Project Manager for Monitoring Firm BRIAN | | City, State, Zip Code PHILA PA 19116 | |
| Telephone No. 267-784-4683 | | Telephone No. 267-784-4684 | License No. 01276 |
| Start Date (10) 2-13-19 | Scheduled Completion Date (11) 2-14-19 | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor EFRAIM DUA | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Street Address 279 HENDRIX PI | | City, State, Zip Code PHILA PA 19116 | |
| City, State, Zip Code PHILA PA 19116 | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) ATTIC | | 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) INSULATION | | Amount (Specify SF or LF) 350 SF | |
| Abatement Type Removal Repair Encapsulate Enclosure | | | |
| Name of Registered Waste Hauler PRYMAR CONSTRUCTION | | NJDEP Waste Hauler ID No. 0036759 | Cubic Yards of Waste 1 |
| City, State PHILA PA | | Name of Registered Landfill WESTERN BERKS | |
| Disposal Date 2-14-19 | | City, State BIRDSBORO PA | |
| Completed by EFRAIM DUA | | Title V. PRES | Signature [Signature] |
| Date 2-8-19 | | | |

Feb.06.2019 10:33 AM A. Mac Contracting

2012620321

E C PAGE 1 V2/E 3

CK 1208

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 17:28 and 17:29)

DOL - 10 DAY
 Check # 1208/2019

WAIVER APPROVED

| | | | | | | | |
|--|---|--|------------------------------|----------------|---|---|---|
| Date of Notification (1) 2/6/19 | | Name of Building Owner/Operator (2) PAT CAPASSO | | | | | |
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (Including Evacuation) <input type="checkbox"/> Consultation | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code GLLEN ROCK NJ 07632 | | | | | |
| Name of Contact PAT CAPASSO | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) CAPASSO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | Square Feet 1500 | | | | | |
| City (5) GLLEN ROCK | | # of Floors 2 | | | | | |
| County (6) Bergen | | Current Use (If not being demolished) RES | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ABOM No. | | | | | |
| Street Address | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave. | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, N.J. | | | | | |
| Telephone No. | | Telephone No. 201-282-6841 | | | | | |
| Start Date (10) 2/6/19 | | License No. 00186 | | | | | |
| Scheduled Completion Date (11) 2/16/19 | | Name of OSHA Monitor Omega Environmental Services 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 Other - Describe: | | Street Address 280 Huyler Street | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 251 sq ft or less <input checked="" type="checkbox"/> 252 sq ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code Hickensack, N.J. 07606 | | | | | |
| Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Remediated (C) and Non-Exhaust Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify sq ft or lb) | Abatement Type | | | |
| | | | | 1 | 2 | 3 | 4 |
| Garage | | PIPE | 30 Lb | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJ DEP Waste Hauler ID No. 04600 | | | | | |
| City, State Newark, N.J. 07105 | | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| Date of Disposal 2/6/19 | | City, State Pen Argyl, PA 08072 | | | | | |
| Completed by R. McDonald | | Title President | | | | | |
| Date 2/6/19 | | Signature [Signature] | | | | | |

Project #

PAID

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

Check # 4553

| | | | | | | | | | |
|--|--|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/06/2019 | | Name of Building Owner/Operator (2) Andrew Bush | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 Westfield, NJ 07090 | | | | | | | |
| | | Name of Contact Andrew Bush | 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 & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Westfield, NJ 07090 | | Bldg. Age | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) 2 | | ASCM No. | Name of Abatement Contractor (9) Nick Restoration LLC | | | | | | |
| Street Address | | Street Address 72 Brookside Rd | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Randolph, NJ 07869 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973933-2550 | License No. 01358 | | | | | | |
| Start Date (10) 02/18/2019 | Scheduled Completion Date (11) 02/19/2019 | Name of OSHA Monitor IRIS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333 Rt 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 <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 area | | X | | TSI | 30LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Nick Restoration LLC | | NJDEP Waste Hauler ID No. 0033782 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S | | | | | |
| City, State Randolph, NJ | | Disposal Date TBD | | City, State Tullytown, Pa | | | | | |
| Completed by Nikica Mrda | | Title President | Signature <i>Nikica Mrda</i> | | | Date 02/06/2019 | | | |

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


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| | | | | | | | | | |
|--|---|---|---|--|----------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 2-8-19 | | Name of Building Owner/Operator (2) Michael Calandrillo | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <div style="background-color: black; width: 100px; height: 20px;"></div> | | | | | | | |
| | | City, State, Zip Code Tinton Falls NJ 07701 | | | | | | | |
| | | Name of Contact Michael Calandrillo | | | | | | | |
| | | Telephone Number <div style="background-color: black; width: 100px; height: 20px;"></div> | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling | | 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 <div style="background-color: black; width: 100px; height: 20px;"></div> | | | | | | | | | |
| City (5) Tinton Falls NJ 07701 | | Square Feet 2 | # of Floors 2 | | | | | | |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | Bldg. Age 75+- | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 2-18-19 | Scheduled Completion Date (11) 2-22-19 | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address P.O. Box 337 | | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| Basement | <input checked="" type="checkbox"/> | | | Pipe Insulation | 150 LF | <input checked="" type="checkbox"/> | | | |
| Basement | <input checked="" type="checkbox"/> | | | Floor Tiles | 225 SF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 3 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 2-22-19 | City, State Morrisville PA | | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | | Date 2-8-19 | | | |

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

| | | | | | | | | | | | | |
|---|--|---|----|--|---|---|---------------------------|---|----------------|------------------|-------------|-----------|
| Date of Notification (1) 02/07/1993 | | Check # 3322 | | Name of Building Owner/Operator (2) Our Lady of Mercy (Starting Points) | | FEB 13 2019 | | | | | | |
| Agencies Notified | | Type Notification | | Street Address 40 Sullivan Drive | | | | | | | | |
| <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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Jersey City, NJ, 07305 | | Telephone Number 201-606-5702 | | | | | | |
| | | | | Name of Contact Jojo | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Our Lady of Mercy Church | | | | Type of Facility (4) | | | | | | | | |
| Street Address 40 Sullivan Drive | | | | <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) Jersey City | | | | Square Feet 20,000+ | | # of Floors 3 | | | | | | |
| | | | | | | Bldg. Age 50+ | | | | | | |
| County (6) Hudson | | | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Church | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | | ASCM No. N/A | | Name of Abatement Contractor (9) EA Services | | | | | | |
| Street Address N/A | | | | Street Address 426 69th st | | | | | | | | |
| City, State, Zip Code N/A | | | | City, State, Zip Code Jersey City, NJ, 07093 | | | | | | | | |
| Project Manager for Monitoring Firm N/A | | | | Telephone No. N/A | | Telephone No. 201-295-1700 | | | | | | |
| | | | | | | License No. 01074 | | | | | | |
| Start Date (10) 02/19/19 | | Scheduled Completion Date (11) 02/20/19 | | Name of OSHA Monitor N/A | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address N/A | | | | | | | | |
| <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: 10am | | | | City, State, Zip Code N/A | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | | Abatement Type | | | |
| | | Yes | No | N/A | | | | | Removal | Repair | Encapsulate | Enclosure |
| Maria Hall Air Handling Room | | X | | | ACM Elbows | | 4 LF | | | X | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler Tri-State Transfer Associates | | | | NJDEP Waste Hauler ID No. 19551 | | Cubic Yards of Waste TBD | | Name of Registered Landfill Minerva Enterprise | | | | |
| City, State Bronx, NY | | | | | | Disposal Date TBD | | City, State Waynesburg, OH | | | | |
| Completed by Michael Fajardo | | | | Title Office Clerk | | Signature  | | | | Date 02/07/19 | | |

Feb.05.2019 07:13 AM A. Mac Contracting

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PAGE. 27 3

FEB 13 2019

Check # 1207

DATE 10-10-2019

CK1207 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAS 26:27 and 26:28)

Date of Notification (1) 2/5/19

Name of Building Owner/Operator (2) JENNIFER ERICU

Agency Notified (3) ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DOA

Type Notification ☐ Initial ☐ Amended ☒ Emergency (including jurisdictional determination)

Street Address [REDACTED]

City, State, Zip Code RIDGEWOOD NJ 07450

Name of Contact JENNIFER ERICU

Name of Facility Where Abatement is Taking Place (4) ERICU

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

County (5) RIDGEWOOD

County Code (7) (STATE USE ONLY) 2450

Number of Floors 2

Year Began 62

Name of Monitoring Firm Hired by Building Owner (6) ASCM No.

Name of Abatement Contractor (8) A. Mac Contracting Inc.

Street Address 185 Vreeland Ave.

City, State, Zip Code Midland Park, N.J.

Project Manager for Monitoring Firm Telephone No. 201-282-5541

License No. 00165

Emergency Work (10) 2/5/19

Emergency Commission Date (11) 2/11/19

Emergency Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____

Name of CM/EA Monitor Omega Environmental Services Inc.

Street Address 280 Huyler Street

City, State, Zip Code Hickensack, N.J. 07608

Scope of Work (Check All That Apply) ☒ AS of or AS B ☐ R100 of or R200 B ☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Misting/Enclosure ☐ Gloving Procedure ☐ Non-Enclosed CM and Non-Friable Fibers

| Location of Asbestos-Containing Material (ACM) TO BE ABATED (12) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) | | | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (14) | Amount (Specify SF or LB) (15) | Abatement Type | | | |
|--|---|----|-------------------------------------|--|--------------------------------|----------------|---------|------|-------|
| | Yes | No | N/A | | | Initial | Partial | Full | Other |
| <u>Basement</u> | | | <input checked="" type="checkbox"/> | <u>PIPE</u> | <u>1500</u> | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Handler Newark Carting, Inc.

N.J. Waste Handler ID No. 04508

Cubic Yards of Waste 1

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Newark, N.J. 07105

Disposal Date 2/5/19

City, State Port Armit, PA 06072

Completed by R. McDonald

Title President

Date 2/5/19

Feb.05.2019 07:39 AM A. Mac Contracting

2012620321

E C E I V E
PAGE 2/3

FEB 13 2019

Check # 1200

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

PAID

| | | | | | | | | | |
|--|--|---|-----|---|---------------------------------|--|------|-----------|-------|
| Date of Notification (4) 2/5/19 | | Name of Building Owner/Operator (3) DONNA GARBACCIO | | | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including sanitation) <input type="checkbox"/> Construction | | | | | | | |
| Address [REDACTED] | | City, State, Zip Code CLIFTON N.J. 07011 | | | | | | | |
| Name of Contact ADAM FORSTER | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (5) GARBACCIO | | Type of Facility (6) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | County Post 750 | | | | | | | |
| City (8) CLIFTON | | # of Floors 2 | | | | | | | |
| County (9) PASSAIC | | Age 64 | | | | | | | |
| County Code (7) (State use only) | | Current Use (Prior if being demolished) RES | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (5) | | ASCM No. | | | | | | | |
| Street Address [REDACTED] | | Name of Abatement Contractor (5) A. Mac Contracting Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 185 Vreeland Ave. | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, N.J. | | | | | | | |
| Telephone No. | | Telephone No. 201-262-5541 | | | | | | | |
| License No. 00166 | | Name of Owner/Manager Omega Environmental Services Inc. | | | | | | | |
| Date of Notification (4) 2/5/19 | | Date of Work (11) 2/11/19 | | | | | | | |
| Compliance 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 type="checkbox"/> Other - Describe: | | Street Address 280 Huyler Street | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> 10' or less in 100' or more in | | City, State, Zip Code Hackensack, N.J. 07606 | | | | | | | |
| <input type="checkbox"/> Renovation Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Unvented Pressure Non-Destructive (C) and Non-Pressure Procedures | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (10) | Is Location Normally Used Exclusively by Maintenance/ Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Partial | Full | Enclosure | Other |
| Basement | | | X | PIPE | 1 in 12 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJ DEP Waste Hauler ID No. 04508 | | Cubic Yards of Waste 7 | | Name of Registered Landfill Grand Central Sanitary Landfill | | | |
| City, State Newark, N.J. 07105 | | Deposit Date 2/5/19 | | City, State Pen Artyl, PA 08072 | | | | | |
| Completed by R. McDonald | | Title President | | Signature [Signature] | | Date 2/5/19 | | | |

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FEB 13 2019

S & G Proj. #:

2019-32

PAID

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)
*** EMERGENCY ***

Check # 9133

| | | | | | |
|--|--|---|--|---|--|
| Date of Notification (1) <u>02/11/19</u> | | Name of Building Owner/Operator (2) Morris - Union Jointure Commission Board of Education | | Check # 9133 | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <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 340 Central Avenue City, State, Zip Code New Providence, NJ 07974 Name of Contact Erick Hammerdahl | |
| FACILITY INFORMATION | | Telephone Number 908-484-7425 | | | |
| Name of facility where abatement is taking place (3) Morris - Union Jointure, Developmental Learning Center (NON Sub B) | | | | 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 340 Central Avenue | | | | Square Feet # of Floors Bldg. Age | |
| City (5) New Providence | | County (6) Morris | | County Code (7) (State only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code | | | | 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) 696-8869 License Number 00378 | |
| Project Manager for Monitoring Firm Phone Number | | | | Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 | |
| Scheduled Start Date (10) 02/08/2019 | | Scheduled Completion Date (11) 04/30/2019 | | | |
| 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. Describe: <input checked="" type="checkbox"/> Other-Describe: Start work 3:30 pm | | | | | |
| Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> >3 sf or >2 lf <input type="checkbox"/> >180 sf or >280 lf <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-flammable procedure | | | | | |
| Location of asbestos-containing material to be abated in facility (13) Room 138 | | Is location normally used solely by maintenance/custodial staff (12) Yes No N/A | | Description of asbestos-containing material (ACM) VAT & mastic Amount (Specify SF or LP) 25 SF | |
| Registered Waste Hauler B & G Restoration, Inc. City, State Lincoln Park, NJ | | NJDEP Hauler ID# 18563 | | Cubic Yards of Waste 1 Name of Registered Landfill Grand Central Landfill City, State Pan Argyle, PA | |
| Disposal Date 02/09/19 - 04/30/19 | | Completed by (Print or Type) Gordana Luns | | Title Secretary/Treasurer Signature Gordana Luns Date 02/08/2019 | |

B & G proj. #: 2019-32

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

Check # 9133

| | | | |
|---|--|---|--|
| Date of Notification (1) 02/10/19 | | Name of Building Owner/Operator (2) Morris - Union Jointure Commission Board of Education | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 340 Central Avenue | | City, State, Zip Code New Providence, NJ 07974 | |
| Name of Contact Erick Hammerdahl | | Telephone Number 908-464-7425 | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) Morris - Union Jointure, Developmental Learning Center (NON 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 340 Central Avenue | | | Square Feet | | |
| City (5) New Providence | | | County (6) Morris | | County Code (7) (State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) n/a | | | 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) 02/08/2019 | | Sched. Completion Date (11) 04/30/2019 | | | |
| 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- Describe: <input checked="" type="checkbox"/> Other-Describe: start work 3:30 pm | | | | | |
| 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) | 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 138 | | | X | VAT & mastic | 25 SF | X | | | |
| | | | | | | | | | |
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|--|--------------------------------------|----------------------------------|---|
| 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 02/09/19 - 04/30/19 | City, State Pen Argyle, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 02/08/2019 |