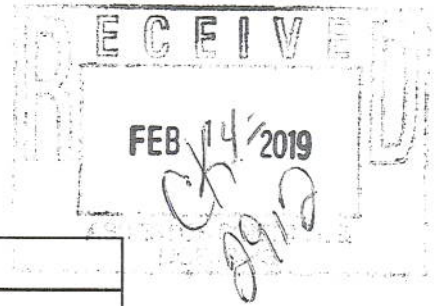


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="display: flex; justify-content: space-between; width: 100%;"> <span>02 / 08 / 19</span> </div>		Name of Building Owner/Operator (2) <b>800 Bridgeview</b>	
Agencies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8)		Type Notification Initial Amended Amendment # _____ Emergency (including justification) Cancellation	
Street Address <b>805 3<sup>rd</sup> Ave, 10<sup>th</sup> Floor</b>		City, State, Zip Code <b>New York, NY 10022</b>	
Name of Contact <b>Mr. Paul Hollowell</b>		Telephone Number <b>610-505-6863</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Bridgeview office Building Former HUD Office 2nd Floor</b>		Type of Facility (4) School (K12) Subchapter 8 (Other than K12) Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>800-840 Cooper St</b>			
City (5) <b>Camden NJ 08102</b>		Square Feet	# of Floors <b>8</b>
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>1926</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex Companies</b>		Current Use (Prior if being demolished) <b>Office Building</b>	
Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>			
Street Address <b>700 Turner Way Suite 105</b>		Street Address <b>958 Jackson Rd</b>	
City, State, Zip Code <b>Aston PA 19014</b>		City, State, Zip Code <b>Mays Landing, NJ 08330</b>	
Project Manager for Monitoring Firm	Telephone No. <b>610-558-8902</b>	Telephone No. <b>609-561-1901</b>	License No. <b>01158</b>
Start Date (10) <div style="display: flex; justify-content: space-between; width: 100%;"> <span>02 / 18 / 19</span> </div>	Scheduled Completion Date (11) <div style="display: flex; justify-content: space-between; width: 100%;"> <span>03 / 30 / 19</span> </div>		
Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>958 Jackson Rd</b>	
		City, State, Zip Code <b>Mays Landing, NJ 08330</b>	
Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf    Renovation    MiniEnclosure ≥160 sf or ≥260 lf    Demolition    Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>950SqFt</b>
			Abatement Type <div style="display: flex; justify-content: space-around;"> <span>Re mo val</span> <span>Rep air</span> <span>Enc aps u lat e</span> <span>Enc losu re</span> </div>
<b>Two sides of the Two North Side Front Offices</b>		<b>Floor Tile and Mastic</b>	
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service</b>		NJDEP Waste Hauler ID No. <b>0004500</b>	Cubic Yards of Waste <b>22</b>
		Name of Registered Landfill <b>Pioneern Crossing</b>	

RECEIVED

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

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FEB 14 2019

Date of Notification (1) 2/10/19		Name of Building Owner/Operator (2) Richard Wolfson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Garfield, NJ 07026							
		Name of Contact Richard Wolfson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Garfield		Bldg. Age 65 +/-							
County (6) Bergen	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) 2/11/19	Scheduled Completion Date (11) 2/14/19	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: 8 A.M. to 4 P.M.		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	200 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 2/10/19			



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



NO CK

Date of Notification (1) January 30, 2019		Name of Building Owner/Operator (2) Township of Old Bridge							
Agencies Notified	Type Notification	Street Address One Old Bridge Plaza							
<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 Old Bridge, NJ 08857							
		Name of Contact Patrick Reardon	Telephone Number 732-721-5600 x2480						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LH Senior Center		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 200 Laurence Parkway		Square Feet 6000	# of Floors 1						
City (5) Laurence Harbor		Bldg. Age 80							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Senior Center							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. _____	Name of Abatement Contractor (9) Unipro Environmental LLC						
Street Address 2333 US Highway 22 West		Street Address 2744 Hylan Blvd #200							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island, NY 10306							
Project Manager for Monitoring Firm Thomas Mcwatters		Telephone No. 908-206-0073	Telephone No. 718-273-1122						
Start Date (10) 2/20/2019		Scheduled Completion Date (11) 3/4/2019	License No. 01324						
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 Unipro Environmental LLC							
		Street Address 2744 Hylan Blvd #200							
		City, State, Zip Code Staten Island, NY 10306							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Basement & 1st Floor	x			VAT & Mastic	5400	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW2105	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 3/5/2019		City, State Waynesburg, OH 44688					
Completed by Raymond Blum		Title Operations Manager	Signature 			Date 2/7/19			



OK 9140  
B & G proj. #: 2019-34

PAID

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

Check # 9140

Date of Notification (1) 10/21/11/19		Name of Building Owner/Operator (2) Bridget Fujioka	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Jersey City, NJ 07307	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Bridget Fujioka	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bridget Fujioka			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Jersey City, NJ 07307			# of Floors		
County (6) Hudson			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973)696-6869	
Scheduled Start Date (10) 02/22/2019		Sched. Completion Date (11) 02/23/2019		License Number 00378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)				<input type="checkbox"/> wrap & cut			
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure		<input checked="" type="checkbox"/> Glovebag procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Mini-enclosure		<input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Main room, boiler room/stairs,			<input checked="" type="checkbox"/>	pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main crawl space, back storage						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room, & back crawl space						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 02/23/2019		City, State Pen Argyl, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 02/11/2019	



OK 9139  
B & G proj. #: 2019-33

PAID

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

Check # 9139

Date of Notification (1) 02/11/19		Name of Building Owner/Operator (2) Bruno Rondi		RECEIVED FEB 14 2019
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044		
		Name of Contact Bruno Rondi		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bruno Rondi			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) Verona, NJ 07044	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 02/22/2019		Sched. Completion Date (11) 02/23/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)				<input type="checkbox"/> wrap & cut <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> >160 sf or >260 lf									
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						
basement main room,			<input checked="" type="checkbox"/>	pipe insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage area, boiler room						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill				
City, State Lincoln Park, NJ		Disposal Date 02/23/2019		City, State Pen Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 02/11/2019		



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

**PAID**

CHK# 1174

Date of Notification (1) 02/11/2019		Name of Building Owner/Operator (2) Candid Koi LLC	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07011	
		Name of Contact Michael	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private home		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) Clifton	Square Feet	# of Floors	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)		Name of Abatement Contractor (9)	
Street Address		Removal Safety LLC	
City, State, Zip Code		Street Address 8 Crosby Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07502	
Telephone No.		Telephone No. 973-400-8711	License No. 01332
Start Date (10) 02/20/2019	Scheduled Completion Date (11) 02/25/2019	Name of OSHA Monitor Same as (9)	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am - 4:30 pm		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	45 LF	x		x	

Name of Registered Waste Hauler Removal Safety, LLC	NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	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 02/11/2019