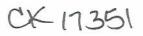
	rall			CATION	OF ASB to NJAC	ESTOS	ABATE		CIR CIR	00 1	1/7	31	12	_	
Date of Notification (1)				Name o	f Building	Owner/0	Operator	(2)	Tra l				3	2	
2/13/18				Sanya	al					= 9	e, com a li	ld L	7		
Agencies Notified Ty	pe Notification			Street A	ddress				100 mm				1		
EPA X			-	City Ct	- 7:-0					FE	B 152	018		1	
DEP X DOL	Amended Amendment #	‡		10000	ate, Zip Co Hills, No		78						-		
	Emergency (i		-		f Contact	0101			Á	जनवे	ephone Nur	nhar-	8	-	
X DOH DCA	justification) Cancellation				Down					19	epitorie i di		uscenna au		
	***************************************			FACI	LITY INFO	ORMAT	ION							-	
Name of Facility Where Aba	tement is Taking	Place (3)					Туре	e of Facility (4)					
Home									School (K-1						
Street Address								×	Subchapter Other (i.e. p				dinas.	home	es.
City (5)								-	etc.)						
Short Hills								230	are Feet	2	f Floors		ldg. A	ige	
County (6)				County	Code (7)				ent Use (Pri		na demolish		0		
Essex				(STATE	USE ONLY)			НО	ME			ieu)			
Name of Monitoring Firm Hir	ed by Building O	wner (8)		ASCN	/ No.		The second second		atement Cor ironmenta		7,000				
Street Address							Street		ess 183, 4 E G	ate D	rive				
City, State, Zip Code							City, S	State, 2	Zip Code		1140				_
Desired Manager & Maria									d, NJ 074	18					
Project Manager for Monitori	ing Firm			Telepho	ne No.		Teleph 973-		No. 2276		License N 703	0,			
Start Date (10) 2/23/18		Schedule 3/3/18	ed Con	pletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Al	patement (Check	Only Or	ne)				Street	Addre	ess				-		
Facility Closed/Vacated Abatement Performed (During Entire Po	eriod of	Abatem	ent											
Other – Describe: base	ement	ii Facility	/ Hours			_	City, S	state, 2	Zip Code						
Scope of Work (Check All Th	nat Apply)													_	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		× F	Renova Demoliti	tion ion			×	GI	ull Containme ini-Enclosure ovebag Prod	edure					
								J NO	on-Exempted	(*) and	d Non-Friab	T	cedur Abate		
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TO BE ABATE In Facility	<u>D</u>	A 100 100 100 100 100 100 100 100 100 10	todial S	37/7/3		thermal	systems cing, VA	s insul			pecify	Rer	₽ R	Encapsulate	Enclosure
(13)			(12)			other n	niscellar	neous)	1	51	or LF)	Remova	Repair	psul	uso
		Yes	No	N/A								<u>a</u>		ate	re
Basement				х		fl	oor tile)		29	90 SF	x			
Name of Registered Waste H	lauler		1.0	JDEP W		Cubic			Name of I	Registe	red Landfill	-			
Tony's Cleanup & Haul	ing		0.000	auler ID 7787	No.	of Was	ste		Sanitar	y Land	dfillWeste	rn Be	erks	Land	llift
City, State Bridgewater NJ					9	Dispos TBD	sal Date		City, State						
Completed by		Title				S	ignature	/	7	men 573	Da	te			
A. Scott Higgins		Pres	ident					6	2	_	2/	13/18	3		

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Date of Notification (1) 2/13/18				of Building Davis R			r (2)	NE	GE			7	Militaria
Agencies Notified Type Notification			Street	Address			- And Andrews					Anni Antonio	M play to country
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X DOL Amendmen				ate, Zip C In Park,		7035							edor Energy
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DCA Cancellation	1			a Down			- 1				SPTEM	ing governor.	4 1
Name of Facility Where Abatement is Takir	g Place ((3)	FAC	ILITY INF	ORMAT	ION	Type of Fa	cility (4)					
Home		- 32						ol (K-12)					
Street Address								hapter 8 (Oti (i.e. private			ldings	, hom	es,
City (5) Glenwood							Square Fe	10000	of Floors		Bldg.	Age	
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Sussex				USE ONLY)		HOME	(1 1101 11 20	mig domon	01.00)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.				nt Contracto nental Ser		.C			
Street Address							Address	E Gate D	rivo				
City, State, Zip Code							tate, Zip Co	A STATE OF THE STATE OF THE STATE OF	nive		1000000		
Delicable							wood, NJ	07418					
Project Manager for Monitoring Firm			Telepho	ne No.			one No. 764-2276		License 703	No.			
Start Date (10)			npletion	Date (11)			of OSHA Me		703				
2/24/18	3/3/18												
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire R						Street	Address						
Abatement Performed Outside of Norm Other – Describe: basement	al Facilit	y Hours	nent			City, S	tate, Zip Co	de					
Scope of Work (Check All That Apply)										XXII			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demolit	tion ion			×	Mini-End Gloveba	tainment with losure g Procedure mpted (*) an					
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Location of		Normalled Sole				scription				-	Ty	ре Г	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		thermal surface			(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
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Basement			Х		fl	oor tile		33	36 SF	х			
	-												
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Varde	Non	ne of Registe	rod Landf				
Tony's Cleanup & Hauling		Н	auler ID 7787	NY 100 TOTAL	of Was			nitary Lan			erks	Land	dfill
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Date of Notification (1)			T	Name o	of Building	Owner/	Operator	r (2)				T. THE WAY TO			
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DCA	Cancellation				I Isom		1011	-	- 157	1 6-		1	(E)Bet		
Name of Facility Where	Abatement is Takin	g Place (3)		FAC	ILITY INFO	JRMAI	ION	Type o	f Facility (4)					
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Street Address			-1150						chool (K-12 ubchapter 8		er than K	(-12)			
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City (5)								Square		# 0	f Floors	- 1	Bldg.	Age	
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Passaic				(STATE	USE ONLY	-	_	Comr	mercial						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	И No.		1		ment Cont		75. 53.			-7.	
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Street Address								Address			51 * 40*6454				
City, State, Zip Code									3, 4 E Ga	ate D	rive				
Oity, State, Zip Code								State, Zip	NJ 0741	ıΩ					
Project Manager for Mon	nitorina Firm		-	Telepho	ne No			none No.	110 0741	10	License	No.			
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Facility Closed/Vaca	ated During Entire F	Period of Ab	atem	nent											
Abatement Perform X Other – Describe: 1	ed Outside of Norm	al Facility F	Hours	;			City, S	tate, Zip	Code						
						_									
Scope of Work (Check A	II That Apply)	-					_	-							
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									Exempted		d Non-Fr	iable P	-7/10		
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(10)				T		outern	niscellan	ieous)				Val	. ≝∙	Encapsulate	ure
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			-2000												
													+		-
Name of Registered Was	ste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of R	eniste	red Land	Ifill			
			00070	auler ID	W-17	of Was			ramo or re	cgistc	rea Lanc				
City State															
City, State						Dispos	sal Date		City, State						
Completed by		Title					ianatur		77			Dat			
A. Scott Higgins		Presid	ent			3	ignature	1	10/			Date 2/13/	18		
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Date of Notification (1) 2/12/18					f Building nston Sr		Operator	(2)	- Committee of the comm				1			AND DESCRIPTION OF THE PERSON
Agencies Notified	Type Notification			Street A	ddress					District of the second	FEB	15	20	10	1	H
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□ DOH	justification)	o.aa.i.ig			f Contact					Ta	lonhalill	RT.C. THE	- (3		neugnus run	SERVICE -
☐ DCA	Cancellation			G. Wi								7	1			
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City (5)			-						etc.) uare Feet	1 # 0	f Floors		Гр	da A	~~	
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Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	1 No.	0	170.50		patement Co		7000	1.0				
Street Address						-	Street		vironmenta	ai Seiv	rices, L	LC				
Guest Address									ess 483, 4 E 0	Sate D	rive					
City, State, Zip Code									Zip Code							
Drainet Manager for Man				-					od, NJ 074	418						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 973-		No. -2276		Licens 703	e No.				
Start Date (10)				npletion	Date (11)		Name	of OS	SHA Monitor							
2/13/18 Occupancy Status Durin	ng Ahatement (Check	2/20/1					Street	A dde	2000							
_	cated During Entire P						Street	Auui	e55							
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility	/ Hours	S			City, S	tate,	Zip Code	7,			-		977700000	
Scope of Work (Check A	All That Apply)															
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TO BE AB In Faci		0.000000	todial S		(i.e.		systems cing, VA				Specify F or LF)		Remova	Re	Encapsulate	Enclosure
(13)			(12)				niscellar				J. 2. /		lova	Repair	sula	osur
		Yes	No	N/A									_		ate	е
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							V == 0.00									
Name of Registered Wa	ste Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W		107 CH 11 CH	Yards		Name of	Registe	ered Lan	dfill				
Freehold Cartage			633	lauler ID 5939	No.	of Wa	ste		Weste	rn Ber	ks Lan	dfill				
City, State Freehold NJ						Dispo:	sal Date		City, Sta Birdsb		A					
Completed by		Title			-	100	Signature)	1	, 1 /	,	Date				
A. Scott Higgins		Pres	ident					./	m			2/13	3/18	3		



		(P		to NJAC				Class	4	17	35	7		
Date of Notification (1) 2/12/18			Name o	f Building	Owner/0	Operator	(2)	1117	E	GE		/ [3	-7
Agencies Notified Type Notification			Street A		1100-11			1164				/ [C	-11	W
EPA DEP Amended Amendment Emergency (City, Sta	ate, Zip C Orange,		7018		According to the state of the s		FFR 1	5 201	8		A STATE OF THE PARTY OF THE PAR
DOH justification Cancellation	morading		Name of Chris	f Contact				-	Fel	ephone 1	lümber	316	4	- Administra
			FACI	ILITY INF	ORMAT	ION	Q11-				_/-40			i i
Name of Facility Where Abatement is Taking Home	Place (3)						of Facility (
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County (6) Essex			County (Code (7) USE ONLY)		Curre	nt Use (Prid ИЕ	or if bei	ng demol	lished)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.				tement Con onmenta			LC.			
Street Address						Street	Addres	ss						
City, State, Zip Code								83, 4 E G	ate D	rive				
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Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-	one No 764-2			License 703	No.			1-2-
Start Date (10) 2/16/18	Schedule 2/26/1		npletion [Date (11)		Name	of OSH	A Monitor						
Occupancy Status During Abatement (Check						Street	Addres	SS						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem Hours	nent ;			City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Min	Containme i-Enclosure vebag Proc n-Exempted	edure				e	
	100	Locati											ement rpe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		laterial s insula T, or		(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	to
Dining Room			Х		wall pla	aster/c	eiling		47	'0 SF	х			
Kitchen			X		wall pla	aster/flo	poring		30	00 SF	х			
Basement Staircase			х		wall pla	aster/c	eiling		10	00 SF	Х			
Stair by upstairs bathroom 2nd fl			х		wa	ll plaste	er		20	0 SF	х			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		H	JDEP Wauler ID I 7787		of Was			Name of F				erks	Land	dfill
City, State Bridgewater NJ					the state of the s	sal Date		City, State)					
Completed by A. Scott Higgins	Title Presi	dent				ignature	/	a-	-		Date 2/13/1	R		



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Date 0	of Notification (1) 2/18				ame of l	Building O Lauro	wner/C	perator	(2)		E (GE	ij	W	Tuni		The second second
Agend	cies Notified	Type Notification		S	treet Ad	dress							A A				district of the control of the contr
	EPA	X Initial		-	ity State	e, Zip Cod	le .				F	EP 1		2018		Ш	
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PROGRAMES.	DOH DCA	justification) Cancellation					**			9					20 636		1
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		Abatement is Taking	Place (3))						e of Facility (4							
	idential House									School (K-12 Subchapter	2) 8 (Othe	er than k	(-12)				
Suee	Address								X	Other (i.e. pr	ivate 8	comme	ercial	buildi	ngs, l	nomes	5,
City (5)								Sar	etc.) iare Feet	# of	Floors		Blo	ig. Ag	je	-
	ilworth									00	2)+	•	
Coun	ty (6)				County C			-	Cur	rent Use (Prio	r if bei	ng demo	olishe	d)			
Uni	on			6	STATE U	SE ONLY)			3	esidential H				***			
Name	of Monitoring Firm	Hired by Building 0	wner (8)		ASCM	No.				patement Con		* * *					
n/a					n/a					y Contractii	ng inc	;					
	t Address							Street		ess sade Ave							
n/a	State 7in Code									Zip Code							
n/a	State, Zip Code									NJ 07026							
	ct Manager for Mor	nitorina Firm		77	elephon	ne No.		Telepi				Licens	e No.				-
n/a				1	n/a			973	460.	6026		0125	5				
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100000000000000000000000000000000000000	1/18		3/10/1							y Contraction	ng Ind	;					
Occu	pancy Status Durin	g Abatement (Chec	k Only On	e)				Street									
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	e of Work (Check A	All That Apply)								, 10 01 020							
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	TO BE AB		Cus	todial S	taff?	(1.6.	surfa	acing, V	AT, o			F or LF)		Remova	Repair	Encapsulate	Enclosure
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	field, NJ		I Title					Signatu	re	10101115	viii 0, 1		Da	te			
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Date of Notification				May o-			Owner / Operato	or (2)		* * - 4-4	1.		4/	1111
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Name of Facility Wh Residence	ere Abateme	ent is Taking P	lace ((3)			Type of Facil							
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Oli GGC / Iddi GGG								oter 8 (Other the e. private & co					·4- \	
							Square Feet				dg. Ag		eic.)	
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							Residentia							
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Street Address							Street Addres							
City, State & Zip Coo	J.							erbridge Roa	d					
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Project Manager for	Monitorina F	irm	Tele	nhone	Num	her	Telephone N		- II	icense Nu	mhor			
,			10.0	prioric	, ivaiiii	DCI	609-847-29		1	licerise ivu	0122	22		
Scheduled Start Date		Scheduled Cor	npleti	on Da	te (11)	Name of OSI					-		-
2/18/2018		2/24/2018					EMSL Anal	ytical						
Occupancy Status D	uring Abater	nent (Check o	nly on	e)			Street Addres	505)						
		During Entire P					107 Haddor							
Describe:	renormed Ot	tside of Norm	ai Ho	urs –	/am to	o 3pm								
Facility Occu	pied During	Abatement					Westmont,	NJ 08108						
Scope of Work (Che														
		1-37						Full Cor	ntainme	ent with Ne	gative	Pres	sure	
≥3 sf or ≥3 lf			\boxtimes	Rei	novatio	on		Mini-En						
≥160 sf ≥260) If			Dei	nolitio	n		☐ Glove E	Bag Pro	cedures				
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	os-Containino rial (ACM)	3		nally	Used		Asbestos-Con			Specify				
	E ABATED				ice or		Material (A) (i.e., thermal sy		51	or LF)	R	70	Encapsulate	E
in	Facility				Staff?		insulation, surfac				Remova	Repair	aps	Enclsoure
	(13)			(12)	1 21/2	-	or other miscella	aneous)			Val	=	ulat	ure
D			Yes	No	N/A								w	
Basement Garage			Ш	\boxtimes			Pipe Insula		103 l	f				Ш
							Pipe Insula		80 lf					
Name of Registered	Waste Haule	er					Cubic Yards	Name of Reg	istered	Landfill				
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City, State	WIEIN I ME			00	0333.	30		Grows Land	attii					
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Completed By (Print	or Type)		20 1 TO - 1	Tit			Signature				Date			
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Caricein	20011			ILITY INF	OPMA	TION	- 22- 17-15								
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Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph				License			- 15000		
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Start Date (10) 02/21/2018	03/05/		pletion	Date (11)				HA Monitor ement, Ir							
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City, State Totowa, NJ					Disp TBD	osal Date		City, Stat Mooris		A					
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Ned Joksimovic	Proje	ect Ma	nager					de			02/0	09/2	018		

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Agencies Notified	Type Notification			Street A	Address					- FE	B 1	3 2	018			The standing
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Bergen Name of Monitoring Firm	Hired by Building (Numer (8)	1	ASC	USE ONLY)	157	Nama	Hou	use atement Cor	straatar	(0)					
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City, State, Zip Code									Zip Code NJ 07512						1000	
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 973-				Licens 0131		rie Jaloni			
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City, State	77 		20)996			sal Date		City, State	e		. 01 Г	/1			
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	rt Date (10) /20/2018			Schedul 02/21/2		pletion I	Date (11)		4223625300		SHA Monitor atement, I							
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	r, State owa, NJ							Dispo	sal Date		City, Sta Mooris		PA					
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D&S Abatement, Inc.				996		TBD			Waste		gement	of PA	4			
City, State Totowa, NJ						Dispos TBD	sal Date		City, Stat Mooris		A					
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Project Manager for Mo	onitoring Firm		Telepho	ne No.		Teleph 732-		e No. 8-9078		Licens 1200		N.				
Start Date (10) 2/22/18		Schedul 2/27/1		mpletion	Date (11)		E.		OSHA Monitor		NALS					
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Name of Facility Where	Abatement is Takir	g Place (3)						Ту	oe of Facility	(4)						
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Street Address								×	Subchapte Other (i.e.					dings,	home	es,
City (5)									etc.) uare Feet	1#0	f Floors	-110	Тр	Ida A	90	00' 11
East Orange								Sq	uare reet	# 0	Floors		0	ldg. A	ge	
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Essex			į		USE ONLY				artment bu			0110110	-			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of A	batement Co	ntractor	(9)					
							AAA	LE	AD PROFE	ESSIO	NALS					
Street Address							Street			OLIDT						
0.4 0.4 7. 0 1									E DOVE C	OURI						
City, State, Zip Code						200000		, Zip Code OOD, NJ 0	8701							
Project Manager for Mon	itoring Firm	T	Telepho	ne No.		Teleph 732-		No. -9078		Licens 1200						
Start Date (10)		Schedule	d Con	npletion i	Date (11)				SHA Monitor		1200					
2/22/18		2/27/18					AAA	LE	AD PROFE		NALS					
Occupancy Status During							Street		ress E DOVE C	OLIDT	2					
Facility Closed/Vac Abatement Perform	ated During Entire	Period of A	baten	nent			200000000000000000000000000000000000000	10/7-11	Zip Code	JUNI						
X Other – Describe:	ed Odiside of Nor	nai r adility	rioura	,					OOD, NJ 0	8701						
Scope of Work (Check A	Il That Apply)						1								-	
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Location	n of	N	ormal	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB			d Sole				taining N		riai (ACM)		mount		-		En	m
In Facil		Custo	odial 8 (12)	Staff?	(i.e.		cing, VA				Specify or LF)		Removal	Repair	cap	nclo
(13)			(12)	_		other i	niscellar	neou	s)				oval	air	Encapsulate	Enclosure
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INTERI	OR					Boile	r Insul	atio	n	1	00SF		х			
Name of Registered Was			JDEP W lauler ID		Cubic of Wa	Yards ste		Name of	Registe	ered Lan	dfill					
NEWARK CARTING		1000000	4509	. 10.	10	010		IESI								
City, State NEWARK, NJ						Dispo 2/27/	sal Date 18		City, Stat		1 РА					
Completed by		Title				<u> </u>	Signature	9			1	Date	9			
JOSEPH PERLSTE	N	OWN	ER				J									

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Date of Notification (1)	·		rursu	ent to NJAC 8:80 e of Building Own	and 12:5	20)		Continues Contin	, 	E-F-D	. 1	3
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DCA Justificati	on) Bon		NAMETRE	of County		,	T	Telephone I	dunib	et		-
Name of Facility Where Abetement is Ta	Man Place	(3)	FA	CILITY INFORM	RIED ATION							1.
LEGIALIZA		(4)				Type of Fit						-
Street Address						School Substit	Mile PRICE	Mhor than K	-12)			
C/6/[5]						(Club.)	.a. privat	a g coulue	rcial b			
County (6) DEN WAST						Square Fire	#	of Floors			+ 50	
BERNEN		T	Count (STATI	y Code (7) E USE ONLY)		Current Uni				,	/ 30	40,
Varie of Maryloging Firm Hired by Buildin	g Owner (8	B)		SM No.	Name	of Adalamai	Commen	DENTIA				
Street Address					A.M.	AC Control a	in I inc	· (#)				
						Address Midland A. e						_
lly, State, Zip Code					City, S	Hate, Zip Opi						_
roject Manager for Monitoring Firm		1-	eleph	sna No.	Midla	end Park, II.	117432					
Rard Date (10)	1.4			8:00:00 . 00	201-	262-5841		00158	No.			
2/8/18	1	en.	Pletion	Date (11)	Namo	of OSHAMA N ge Enviror 7	OF 1					-
Occupancy Status During Abelement (Che	ock Only Or	ne)	-		Street	Address		SETVICES I	nc			_
Facility Closed/Vacated During Entire Abstament Performed Outside of Nor Other - Describe:	Period of / Wall Facility	Abateme Y Hours	nral			Huyler Str: 3	t					
odpe of Work (Check All That Apply)						ensack, Ni	0 808					
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and the state of t	171 0				1 7	Full Comt in	ett. and an 200	1 Negative F		1950 1950		
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	PA	D		CATI	ON OF AS	ew Jersey BESTOS ABATE 0 8:60 and 12:12	W 5 %	EGE			111	The second second second
Date of Notification (1)	10-18			Nan	ne of Buildi	ng Owner/Operaco	(2) E(C A	HCHEES!	5 20	18	The Carlo	IJ
Agencies Notified	Type Notification	on		Stre	et Address		KING	ST		11-12		_
2 00r □ 0 0	Amended Amendment Emergency		<u></u>	City.	State, Zip	Code CIO G-KA	W DE I	u.7 0	82	42	un abor c	
DOH □ DCA	justification Cancellation)		Nam	ne of Conta	AME		Telephone Num	ber			
ļ				FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is Tak	ing Plac	æ (3)				Type of Facili	ty (4)				
	ESIDER	16					School (K-		21			
Street Address							Other (i.e., homes, et	er 8 (Other than K-12 private & commerci c.)	al buil			
City (5)	Cowoo	00		G.S.			Square Feet	# of Floors	В	50	-	9
CAPE	MAY				nty Code (ONLY)	7) (STATE	Current Use (Prior if being demolis	hed)			_
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCN	l No.	Name of Abatem	nent Contractor					
Street Address						Street Address	9 5 5	PRUCE A	ΙÉ			
City, State, Zip Code						City, State, Zip C	PLE S	HADE M.	T			
Project Manager for Moni	toring Firm		Telep	phone	No.	Telephone No.	9-0477	License No.	44			_
Start Date (10)		eduled C				Name of OSHA	Monitor	· A				
2-20-18			7-	-1	8		MI	4			_	_
Occupancy Status During						Street Address						
Facility Closed/Vacated Abatement Performed Other - Describe:	d During Entire P Outside of Norma	enod of al Facilit	Abaten ty Hours	nent		City, State, Zip C	ode					_
Scope of Work (Check all	that apply)											=-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	· · · · · · · · · · · · · · · · · · ·		enovation emolition			☐ Mini-End ☐ Gloveba	closure ag Procedure	egative Pressure	re.			
		Isl	ocation	1	1	MINOREX	shipled () and h	OFFIGURE FIGURES	_	bate	ment	
		Nk	orma∦y		-	Di-tion of				Тут	е	
Location of Asbestos-Containing Ma			Solely ntenanc			Description of os Containing Mat	erial (ACM)	Amount			Ē.	ш
TO BE ABATE			ustodial Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Ren	Repair	cap	nclo
IN Facility (13)		1	(12)			other miscellaneo		1	Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A					-		6	
SIDIMO				V	-	TRANSI'	E	27505F	X			
0101141	-											
			$\neg \uparrow$									
Name of Registered Waste	Hauler INC		Ha	DEP V	No.	Cubic Yards of Waste	Name of Reg	gistered Landfill	U .	A		
City, State		U.J	-1-	/11		Disposal Date	City, State	SOBINE	11	, 5		
Completed By	Title					Signature	00	Date	-10	-1	8	
MICHAEL KI	mul_	Su	1.			- 1-14	w/L		10		_	_

State of New Jersey

CK # 4961				State of N	lew Jersey		ECE		7 10	oberes S	er er
TO A			FICATI	ON OF AS	C 8:60 and 12:12		-	'!Y	Ę		-
Date of Notification (1) 2-10-18	80 M A		Nar	ne of Build	ing Owner/Operaco		LICHOLS	2018	1		#
Agencies Notified Type Notificati	on		Stre	eet Addres	s	KING-	ASCI ST LOSCON	ŤĸŎ	1		Ī
DEP Amended Amendmen Emergency		ing	City	, State, Zip	Code RIO G-KA	WDE N	1.7 0	52	42	===	1
DOH justification Cancellation			Nan	ne of Conta	SAME .		Telephone Num	ber			
			F	ACILITY IN	FORMATION						
Name of Facility Where Abatement is Tal-						Type of Facilit School (K-	12)				
Street Address							r 8 (Other than K-12 private & commerci		dings		
City (5) Al. WILDW	70 r)				Square Feet	# of Floors	В	Idg. A		
COUNTY (6) CLAPE MAY				inty Code E ONLY)	7) (STATE	Current Use (F	Prior if being demolis	hed)			_
Name of Monitoring Firm Hired by Building (8)	Owne		ASCN	A No.	Name of Abatem		The same of the sa				
Street Address					Street Address		PRUCE A	15			_
City, State, Zip Code					City, State, Zip C	ode	HADE M.	III.			
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Start Date (10) Scho	eduled (etion Da	ate (11)	Name of OSHA N		4				
Occupancy Status During Abatement (Che	eck ont	_	10		Street Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod o	f Abate			City, State, Zip Co	ode .	*				=
Other - Describe:					-	· · · · · · · · · · · · · · · · · · ·					
Scope of Work (Check all that apply)		on or ot	ion		Full Con		egative Pressure				
≥3 sf or ≥3 lf >≥160 sf or ≥260 lf		enovat emolitic			Gloveba	g Procedure	on-Friable Procedur	e			
	N	Location Loc	1		Description of			A	bater Typ		
Location of Asbestos-Containing Material (ACM)	Mai	ntenar	ice/		os Containing Mate		Amount	_		En	m
TO BE ABATED IN Facility		ustodia Staff?	31	(i.e.,	thermal systems in surfacing, VAT,	or	(Specify SF or LF)	Remova	Repair	caps	Enclosure
(13)	Yes	(12) No	N/A		other miscellaneou	us)		oval	air	Encapsulate	sure
SIDIMG	165	110	X		TRANSIT	E	1500 SE	X			
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											\dashv
Name of Registered Waste Hauler LUMCO INC			JDEP V auter ID	No.	Cubic Yards of Waste	Name of Reg	istered Landfill M.C.M.	U.	A		
City, State SHAOF	11.5	7			Disposal Date	City, State	OBINE	N	7,		
Completed By MICHAEL CLIMIN Title	Sc	P.			Signature	UZL.	Date 2	10	48		

PA			VOT		ATION	OFAS	ew Jersey BESTOS ABAT AC 8:60 and 5:10		DE G	E			
Date of Notification (1) 01 /	25 /	18	_				g Owner/Operator (& Al Masullo	2)	THE FEB	1 5	20	18	14
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notifica ☑ Initial ☐ Amended					Address			ASBEST	OS C	ONT	ROL	&
☑ DHSS ☐ DCA (NJAC 5:23-8)	Amendme Emergence justification	ent #_ cy (incl	uding	ı	Had	State, Zip (donfield of Contact	d NJ		Telephone Num	bor			
(110/10 0.20-0)	☐ Cancellat	0.500					& Al Masullo		relephone ream	001			
				-	1	-	NFORMATION						
Name of Facility Where Al	natement is T	aking l	Place	(3)	ГА	CILITI	ALOKINATION	Type of Facility (4)				
Resident Street Address								School (K-12) Subchapter 8			ıilding	IS,	
City (5)								Square Feet	# of Floors	Bl	dg. A	ge	
Haddonfield NJ								1,800	2		1950		
County (6) US; Camden CO.					Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Price Former School	50 - C C. S C. S C C C C	hed)			
Name of Monitoring Firm I	52		93	55	ASCM	No.	Name of Abateme	ent Contractor (9)				- 25-27	
Environmental Mar	nagement	Intern	atio	nal,		3-51-51-5-6-1-1-1	Graham-Tech	n Environmenta	I Service, LLC				
Street Address							Street Address						
34 E. Germantown P	ike #204						958 Jackson						
City, State, Zip Code	1,500.00						City, State, Zip Co	ode					
East Norriton, PA 19		52					Mays Landin	g, NJ 08330					
Project Manager for Monit	200				ephone		Telephone No.		License No.				
Raymond J. Giordar				1	56-229	(1) = (1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	609-561-1901		01158				
Start Date (10)01 /29 /					etion Da		Name of OSHA M Graham-Tech	lonitor n Environmenta	l Services, LL0	3 .			
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address	none de la composition della c	×			-	
□ Facility Closed/Vacated							958 Jackson	Rd					
Abatement Performed of Time of Abatement: 7A			acility _PM-		rs - Des _AM	cribe	City, State, Zip Co						
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		⊠ Re □ De				☐ Mini-Enc ☐ Glovebag	tainment with Nega losure g Procedure mpted (*) and Non		re			
27 28				Loca						Ab	atem	ent Ty	/ре
Asbestos-Containing N TO BE ABAT IN Facility (13)	laterial (ACM)		Use Ma Cust	intena odial (12)	ely by ance/ Staff?		Description of stos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No						1		(D	
Basement		1		\boxtimes		Pipe In	sulation		16LF				
		[\boxtimes									
		[\boxtimes					7,5				
		1	7		TIT				****	П	П	П	П
Name of Registered Waste Graham-Tech Enviro		ervice		1	NJDEP I Hauler II		Cubic Yards of Waste	Name of Registr	ered Landfill orth Landfill &	Tully	towr		
City, State			,		00345	500	Disposal Date	City, State					_
14 Read Drive Sickle								1513 Brode	ntown Rd. Mor	risvil	ie,P/	A	
Completed By (Print or Type Vernice Graham)e)	Title Pre	side	nt			Signature	10 M	Da	te /	75	-15	8

B & G proj. #:

2018-42



Check # 8817

Date of Notification	(1)	Na	me of Bui	ilding Owne	er/Operator (2)			1	ME	CE	1	V [E [7
10 12 1/10 19	1/118		Mary Ma	ae Grana	ta			1	11)	9 13	U			Ш
Agencies Notified	Type Notification	on Str	eet Addre	:SS					1					
☐ EPA	X Initial									EB 1	5 2	J18	1	
☐ DEP		Cir	y, State, Z	Zip Code									1	
X DOL	Amendm	ent	Jersey (City, NJ (7307				ASBE	STOS	CON	rrol	. &	
X DOH		Na	me of Cor	ntact					Telephone	Number	SING			
□ DCA	☐ Cancella	tion	Marv M	lae Grana	ata				-	_				
					LITY INFORM	ATION	1		- !					
			(0)	FACI	LITT INFORM	ATION	·	Type	e of Facility (4)					
Name of facility wh	nere abatement is	taking plac	ce (3)					Турс	School					
Mary Mae Gra	anata								Subchap	ter 8 (Ot	her th	an K-	12)	
Street Address									Other (P			cial		
								Sar	Bldgs./H	of Floors		Blo	g. Ag	ge
City (5)		Coun	ty (6)			Cou	inty Code (7)							
70.000.00 Proceeding 10.000.000							te use only)		rrent Use (Prid	r if being	dem	olishe	d)	, to
Jersey City			Ison			<u> </u>			esidential			_		
Name of Monitorin	ng Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatemen							
	1.1				n/a	_	B & G Restora	ation, I	nc.					
Street Address							105 Ryerson	Road						
Other Chair Zin Coo	la la						City, State, Zip Code				ON I THE		No comment and a second	
City, State, Zip Coo	ie .						Lincoln Park		7035					
Project Manager fo	r Monitoring Firm		PI	hone Numb	er	-	Telephone Number		T	License		er		
							(973)696-68			00	378			
Scheduled Start Da	ate (10)	Sched	Completi	on Date (1	1)		Name of OSHA Mo B & G Restora		Inc					
02/10/2018	15 5	02/1	0/2018				Street Address	ation, i						
Occupancy Status	During Abatemen	t (Check o	nly one)				105 Ryerson	Road						
Facility close	d/vacated during	entire perio	d of abate	ement.			City, State, Zip Cod	e						
Abatement p	erformed outside	of normal f	acility hou	ırs-										
Other-Descr	ibe:					_	LincolnPark, I	NJ 070)35					
Scope of Work (c	heck all that apply	')							_	_				
Demolition	X	Renovatio	n				Full Containment w/n	egative	pressure X	Gloveb				
	f 🔲	≥160 sf or	≥260 If			X	Mini-enclosure] Non-fr				
Location of				used solel	у						R	R	E n	E
asbestos-co		staff(12)	nance/cus	stoulai	Descript material		asbestos-containing		Amount (Specify Sf	or	m	р	С	n
material to babated in fa		Yes	No	N/A	material	(ACIVI)			LF)		V	a i	a p	L
				X	pipe insu	lotion			140 If		e	T	П	П
basement				# ^	Ji pipe irisu	lation			140 11		Ħ	Ħ	Ħ	一
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1														
Registered Waste			EP Hauler	ID# (Cubic Yards of	Waste					C			
B & G Restora	ation, Inc.		19563	Dianasa	3 Data		-	n Kes	ource & Re	covery	Cen	ter	-	
City, State Lincoln Park,	NJ			Disposal 02/	Jate 12/2018		City, State Tullytowr	n, PA						Y
Completed by (Pri		Title		·L ———	Signature		- 1			Date				
Gordana Lun			ry/Treas	surer			Gordana Luna			02/09	9/201	18		

RECEIVED 02/09/2018 05:21PM Feb 09 2018 17:18 NJ Asbestos Control 609.633.0664 page 1 State of NJ Notification of Abbestos Abatement (Pursuant to NJAC 5:80-7 and 12:120-7) 2018-42 B & G prei. #: EB 1 5 2018 TENERGENCY ... Check# 8817 Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 19 1/11 18 1 Mary Mae Granata ASBESTOS CONTROL & LICENSING Agencies Notified Type Notification Street Address EPA Initial DEP City, State, Zin Code DOL DOL Amendment Jersey City, NJ 07307 DOH Name of Contact Telephone Number Cancellation D DCA Mary Mae Granala FACILITY INFORMATION Hame of facility where abatement is taking place (3) Type of Facility (4) Mary Mae Granata] Sehoel (K - 12) Subchapter 8 (Other then K-12) Street Address Tother (Private/Commercial Bidgs. Homes, etc. Square Feet | # of Floors City (5) Bidg. Age County (5) County Code (7) (State use only) Jersey City Hudson Current Use (Prior II being demolished) Name of Monitoring Firm Hired by Bidg. Owner (8) Residential ASCM No. Name of Abaten int Contractor (9) n/a B & G Resto alian, Inc. Street Address Stati Address 105 Ryerso Rued CRV, State, Zio Code City, State, Zip Co le Lincoln Par C HJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Numbir License Number (973)6964) 166 00378 Scheduled Start Dale (10) Sched, Camplellan Dete (11) Name of OSHA II milling B & G Resto ation, Inc. 02/10/2018 02/10/2018 Street Address Occupancy Status During Absterrent (Check only one) 105 Ryarson Road Facility closed/vacated during entire period of absternant. Abatement performed outside of normal facility hours-City, State, Zib Co Describe:_ Other-Describe: LincolnPark, 4J 07035 Scope of Work (check all that apply) Demailtion Renovation Full Containment Will age live pressure 🙎 Glovebag procedure **≥ >3** af of >3 ff 2180 af or ≥280 H Mint-enclosure Non-Irlabie procedure is location normally used solely Location of grinlehnos-conteining by maintenancercustodial E Description of aspestos-containing staff(12) ê material to be Amount 8 η abated in facility (13) material (ACM) m n P (Spacify SF or ¢ Yes No 6 NIL ¢ 8 basement 0 pipe insulation 140 H M Remarked Waste Harris NJDEP Hauler ID: 19583 B & G Restoration, Inc. Cubic Yards of Wester Name of Registen City. State Tullytowr Resource & Recovery Center Disposal Date Lincoln Park, NJ City. State

02/12/2018

Secretary/Treasurer

Signatura

Completed by (Print or Type) Gordana Luna

Tullytown P/

Dale 02/09/2018

Caralina Sama



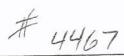
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) *** E M E R G E N C Y ***

Check # 8816

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Date of Notification (1)	Name	of Building Owr	ner/Operator (2))		F	@ F	П	7.77		The same
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Agencies Notified Type Notifica	tion	Address								-11	+
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▼ DOL		est Orange, N	NJ 07052			100			Personal Per		
₩ DOH	11	of Contact		-			ESTOS C			2.	
☐ DCA ☐ Cance	lation					-	W	STEERS	MAKEDINESS.	REAL PROPERTY.	**************************************
LI DOX	<u></u>	muel Fursi									
		FAC	ILITY INFORM	IATIOI	N						
Name of facility where abatement	is taking place (3)				Type of Facility ((4) ol (K - 12)				
Samuel Furci							apter 8 (Ot	her th	an K	12)	
Street Address						X Other	(Private/Co	mme		,	
							Homes, etc		Di		
A1 (E)	County (6)					Square Feet	# of Floors		BIG	ig. A	ge
City (5)	County (6)				unty Code (7) ate use only)	Current Use (P	rior if being	dem	olishe	d)	
Nutley	Essex				,,	Residential	nor ir being	uom	Ollonic	٠,	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	-	Name of Abatement (
			n/a		B & G Restoration	on, Inc.					
Street Address					Street Address	•					
					105 Ryerson R	oad				and the same	and the same of th
City, State, Zip Code					City, State, Zip Code	11.07025					
		Tai vi i		_	Lincoln Park, N	NJ 07035	T1:	I la			
Project Manager for Monitoring Fire	n	Phone Numb	ber		Telephone Number (973)696-6869	9	License N	378	er		
			-		Name of OSHA Monit						
Scheduled Start Date (10)		npletion Date (1	1)		B & G Restorati	on, Inc.					
02/10/2018	02/10/20				Street Address						
Occupancy Status During Abateme					105 Ryerson Ro	oad					
Facility closed/vacated during Abatement performed outsid					City, State, Zip Code						
Describe:	e of normal facility	y nours-		_	LincolnPark, NJ	1.07035					
Other-Describe:				_	Elifooliii ark, 140						
Scope of Work (check all that app						(32)			· ·		
☐ Demolition	Renovation				Full Containment w/neg	ative pressure	X Gloveba				
	≥160 sf or ≥260			X	Mini-enclosure		Non-fria				
Location of	ls location norr	nally used solel e/custodial				Amount		e	R	E n	E
asbestos-containing material to be	staff(12)		Description material (asbestos-containing	(Specify S	F or	m o	p a	С	n
abated in facility (13)	Yes N	No N/A				LF)		٧	i	a p	L
basement		X	7 pipe insula	ation		160 lf		e X	\Box	П	İ
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			1	-							
				ine Air							
Registered Waste Hauler	NJDEP Ha	The state of the s	Cubic Yards of V	Waste		Landfill		`'			
B & G Restoration, Inc. City, State	1956	Disposal I	3 Date		City, State	Resource & Re	covery (ent	er	,	
Lincoln Park, NJ			12/2018	to Dame - A	Tullytown, I	PA					
Completed by (Print or Type)	Title		Signature		Gordana Luna		Date				
Gordana Luna	Secretary/Tr	easurer	1		Jordana Luna		02/09	/201	8		

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Feb 09 2018 17:18 NJ Asbesto	s Control 609.63	3.0664		F	page 2	DECEIVE	
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Date of Notification (1) 10 12 1/10 19 1/11 18 Agencies Notifical Type Notificat	Samuel	Furci	neirOperator (2		z = 4	TOENS/NG	
DEP Initial Amends	nant West Of Name of Con	ange, i	NJ 07052		1 E	Walter Mary Mary Mary Mary Mary Mary Mary Mar	
OCA Cancella	Samuel				l s	Telephone Number	
No. of the		FAC	CILITY INFORM	IATIO	Y :		
Name of Sacility where abatement is Samuel Furci	taking place (3)					Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12 Subchapter 8 (Other than K-12 Blags./Homes, etc.))
City (6) Nutley	County (8)				nty Code (7) te use only)	Square Feet & of Floors Bidg. Current Use (Prior If being demolished)	Age
Warne of Moniforing Firm Hired by B Street Address	ldg. Owner (8)		ASCM No.		B & G Rest; Street Address 105 Ryerso;	at on, inc.	
City, Missa, Zip Code Project Manager for Monitoring Firm	Pho	te Numb	10	_	City, State, Zip Co. Lincoln Paul	te r, 11J 07035	
Scheduled Start Class (10)	Sched. Completion	Date (11)	- 11	(973)698-3 Name of OSHA N	00378	
Occupency Status During Abatement Facility closed/vacated during e Abatement performed outside of Describe:	adba sadad af as as	ent,			B & G Resto Street Address 105 Ryerso City, State, Zip C;	Road	1
Other-Describe: Scope of Work (check all that apply)					Lincoln Park	NJ 07035	-
	lenovation 50 of or 2280 if 8 lecation normally use	apiely			III Containment wi	sgative pressure Glovebay procedure Non-friable procedure	
esbestos-containing material to be abated in facility (13)	y maintenance/cuatod taff(12) Yes No	N/A	material (A	CM)	bastos-containing	Amount (Specify SF or LF)	Hear
EGG IIIG)		A I	pipe insulat	ion		16011	日
			DIC Yards of Sva				盟
B & G Restoration, Inc.	NJDEP Hauter ID# 19563	0	3	1758	Name of Registers	Landill Discourse of E	
Registerés vivante naujer B & G Restoration, Inc. City, State Lincoln Park, NJ Completed by (Print or Type)	_(19563	posal Da	3		Tullytown City, State Tullytown	Rusource & Recovery Center	





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Date of Notification (1)	10					mer/Operator (2			MEG	E		\mathbb{W}	EI	5
2/12			_			rporati	on		111), 5	حا	П	U		111
Agencies Notified '	Type Notification			street Ado	•			000	IIM					111
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□ DEP	☐ Amended		111 88	-	, Zip Code			- 074	22				1	
DOL DOL	Amendment # Emergency (ir		- []	Engl	ewood	Cliffs	, No	1. 0/6	J Z					
DOH DOH	justification)			Name of (200 - 120 T 200-01-0			Telephone Number ASBES	tos	CON	TRO	L&	
□ DCA	☐ Cancellation		1			Rodrigu RMATION	ez		1	and Source	and the same of th	G	_	-
Name of Facility Where Al	hotamant is Taking Pl	ace (3)		FACIL	II Y INFO	RMATION	Type o	of Facility (4))					
							□ S	School (K-12)					
Street Address	unswick Ga	aruens			"9		IT S	ubchanter 8	(Other than K-12)					
6 Pardun	ъд				*		1	Other (i.e. pri	vate & commercial bu	ııldıng	gs, hon	ies, etc	:.)	
	K U				"		Square	Feet	# of Floors	Bl	dg. Ag	ge		
City (5) North Br	unswick						2	312	2		60	4		
County (6)	diswick			County C	ode (7)		Сигтеп		if being demolished)					
Middlese	x		(STATE U	SE ONLY)			A	75					
Name of Monitoring Firm		vner (8)		ASCM	No.	Name	of Abate	ment Contra	ctor (9)					
Trans or Francisco	, ,					Bes	t Re	emova1	Inc .					
Street Address							Address							
									ver St					
City, State, Zip Code						City, S	State, Zip	Code						
						Hac	kens	sack,	NJ 07601					
Project Manager for Monit	toring Firm			Telephon	e No.	Telepl	none No.	ĝ.	License No.					
								7444	00388					
Start Date (10)		Scheduled (te (11)	3 (1000)		A Monitor					1	
3)6/1	8	3	3/9	118					nmental S	erv	rice	es	_	
Occupancy Status During	Abatement (Check Or	nly One)		,			Address							
☐ Facility Closed/Vaca	ted During Entire Per	iod of Abater	ment					ler S	<u>T</u>	-			\dashv	
Abatement Performe Other – Describe:	d Outside of Normal	Facility Hour	SP	1			State, Zip		1- NTT /	076	06			
						- Sou	tn h	lacken	sack ,NJ	070	000		-	
Scope of Work (Check All	That Apply)													
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□ ≥160 sf or ≥260 lf		☐ De	шош	OII			Glo Glo	vebag Proce	dure					
							□ Not	n-Exempted	(*) and Non-Friable P	тосеа		ement		
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Locatio			Solel			Descriptio		(ACM)	Amount					
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(13))		(12)			other miscella	ineous)			al	"	ate	re	
8		Yes	No	N/A									_	
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City, State						Disposal Date	10	City, State	е					
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Date of Notification (1) 2/12/18					of Building Ow Lauro	mer/Operator	(2)			5	E	C		I	W I
	Notification		-	Street A				~	-		حا	<u>U</u>	5	Ц	V L
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X DOL	Amendment #_			Kenil	worth, NJ					ЦЦ			8.0	0 _	010
	Emergency (including justification)	cluding	Ī	Name o	f Contact				Tel	ephon	action and the second		natural compa		
D DCA	Cancellation									*	ASB			SING	TROL
Name of Facility Where Abaten	nent is Taking F	Place (3	3)	FAC	ILITY INFOR!	MATION	Tvo	e of Facility (4)	<u> </u>	************		WANT THE CO	ONT STREET, ST	*	-
Residential House								School (K-12)							
Street Address							The same of	Subchapter 8	(Oth	er than	K-12)				
							X	Other (i.e. pri- etc.)	vate 8	s comn	nercial	build	dings	hom	es,
City (5)							-	are Feet		Floors	3	01 767	ldg. A	ge	
Kenilworth							20		2				+0		
County (6) Union					Code (7) USE ONLY) _			rent Use (Prior esidential Ho		ng den	nolishe	d)			
Name of Monitoring Firm Hired	by Building Ou	mar /91		ASCA		Alone		atement Contr		(0)					
n/a	by building Ow	ner (c)		n/a	A INO.	1		Contracting							
Street Address				1170		Street			9 1110	,					
n/a						4		sade Ave							1
City, State, Zip Code						City, S	tate,	Zip Code							
n/a						Garf	ield,	NJ 07026							
Project Manager for Monitoring	Firm			Telepho	ne No.	Teleph					se No.	50			
n/a				n/a		9734				0125	55				
Start Date (10) 2/21/18		chedule 1/10/1		npletion	Date (11)	0.00		SHA Monitor Contracting	r Inc						
Occupancy Status During Abate						Street			3 1110						
		8.		nent		360	Palis	sade Ave							
Abatement Performed Outs	side of Normal	Facility	Hours	6		City, St	tate,	Zip Code	11.1001142						-
Other - Describe:DEMO)					Garf	ield,	NJ 07026							
Scope of Work (Check All That)	Apply)	2000 2000		,	+		_								
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		-	Locati					1						ment	
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Asbestos-Containing Materia TO BE ABATED	II (AGM)	Mal	ntenar	108/		Containing M mal systems				nount pecify		R	_	Enc	g
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City, State Garfield, NJ					1 2 2 2 2	sposal Date BD		City, State Morrisville	a D	A					
Completed by		Title				Signature	-	INIOLLIZALII	o, r	•	Date				
E. Cirovic		Secre	etary			2.00		N				2/18	}		
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CHECK# 2558

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Date of Notification (1) 2/7/2018					f Building (nsack U				Center	Г	7	E	C	E	7	V
Agencies Notified Ty	ype Notification	ł		Street A		M					UJF				-	
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X DOH	Emergency justification)				f Contact	170.00				Tele	phone	Num				
DOH DCA] Cancellation	1		Mr. Do	nald Fe	rrell				1			TIC)S C	ONT	ROL
Name of Facility Where Aba	ntement is Takin	ng Place (3	3)	FACI	LITY INFO	ORMATI	ON	Туре	of Facility (4)	L			manufactura and	INCOMORTIC		
Trailer Building									School (K-12))						
Street Address									Subchapter 8					llman	h a	
30 Prospect Avenue									Other (i.e. privetc.)	vate &	COMM	iercia	Dulio	iings,	nome	38,
City (5) Hackensack			18		11			Squar 4,30	re Feet	# of	Floors		B 3:	ldg. A	ge	
County (6)				County (Code (7)				nt Use (Prior	if bein	a dem	olishe	(1)			
Bergen					JSE ONLY)			Offic	e Building				/			
Name of Monitoring Firm Hi			N/	ASCN			200		tement Contra		9)			444		
LANGAN Environmen	tal Services,	Inc.		0009	9				acting, LLC	;						
Street Address 300 Kimball Drive							Street /		s y Road, Si	uite k						
City, State, Zip Code							City, St	tate, Zi	p Code							
Parsippany, NJ 07054									ew Jersey	0747	0					
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph	one No	D.		Licens	se No				
Vijay Patel				(973)5	560-4900)	(973)	928-	5040		0087	4				
Start Date (10) 2/19/2018	21	Schedule 4/30/20		npletion I	Date (11)		4.57		IA Monitor acting, LLC							
Occupancy Status During A	batement (Chec	ck Only Or	ne)				Street									
				nent			1385	Valle	y Road, St	uite K						
Abatement Performed							City, St	ate, Zi	p Code							
Other – Describe:						_	Wayr	ne, N	ew Jersey	0747	0					
Scope of Work (Check All T	hat Apply)									Lender 127						
≥3 sf or ≥3 lf			Renova	tion				Ful	I Containmen	t with	Vegati	ve Pr	essur	e		
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Asbestos-Containing Ma			d Sole		Asbest		aining M		(ACM)	An	nount				т	
TO BE ABATE	<u>ED</u>	150.025	iintenar todial S		(i.e.		systems		ition,		ecify or LF)		Rer	Re	nca	Enc
In Facility (13)		A 35.00 W.S.	(12)				cing, VA ⁻ niscellan			SF	UI LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>		ate	6
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Service Transport Grou	ıp, Inc.		9/2	0990	NO.	TBD	ste		Minerva I	Enter	prise	s, LL	.C			
City, State New Castle, Delaware						Dispos	sal Date	-	City, State Waynesb	ourg,	Ohio	·				
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FECK No. E To be determined NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) Name of Building Owner/Operator (2) FEB 1 5 2018 October 30, 2017 PA of NY & NJ, Newark Liberty International Airport Agency Notified Type Notification Street Address ASBESTOS CONTROL & 241 Erie Street LICENSING ☐ Initial City, State, Zip Code Not required per State Reg. 10-2004 **⊠** DOL Amendment # 02 Jersey City, NJ 07310 Emergency (including Name of Contact Telephone Number M DOH justification) ☐ DCA ☐ Cancellation Ralph Campione, Facility Supervisor, Asbestos OPS **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Liberty International Airport ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, Bidges N57, N58, N59 & Untilities - FSA Demolition & Earhart Rd., Fuel Line Removal homes, etc.) City (5) Square Feet # of Floors Bldg. Age Underground Newark N/A 50+/-**Fuel Lines** County (6) County Code (7) (STATE USE Current Use (Prlor if being demolished) ONLY) Essex Abandoned Fuel Lines Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) PA of NY & NJ N/A B&N&K Restoration Co., Inc. Street Address Street Address 241 Erie Street, Room 236 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Ralph Campione 973-624-6898 973-478-4681 00120 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 17, 2017 November 16, 2018 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address 200 Route 130 N ☑ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe: Cinnaminson, NJ 08077-2892 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf □ Renovation ☐ Mini-Enclosure □ Demolition ≥ 160 sf or ≥ 260 If ☐ Glovebag Procedure ⋈ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure Remova TO BE ABATED (i.e., thermal systems insulation, (Specify Repair Custodial IN Facility surfacing, VAT, or Staff? SF or LF) other miscellaneous) (12)No Along Earhart Road 14" OD Tar & Tar Paper Pipe Insulation 960 In ft Along Earhart Road 12" OD Tar & Tar Paper Pipe Insulation 2.080 In ft Along Earhart Road 18" OD Tar & Tar Paper Pipe Insulation 22,500 In ft Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Jimmy Byrne 19551 1571 Minerva Enterprises, Inc. City, State Disposal Date City, State 11/13/2017 -1199 Randall Avenue, Bronx, NY 10474 Waynesburg, OH 11/17/2018 Completed by Title Signature Date G. Roger Woodman Project Manager 2/9/2018

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G. Roger Woodman	Project Ma	nage	er			1/1/0	10		2/9/20	018			



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Philadelphia, PA 19							S	staten Island	I NY 10309							
Project Manager for Moni	itoring Firm			Tel	ephone	No.	Tele	ephone No.		L	icense	No.				
Mark Jenkins				2	15-36	5-5810	7	18-605-6256	i		0077	4				
Start Date (10)	9855	Sched	uled C	omple	etion D	ate (11)	Nar	me of OSHA N	lonitor	771						
02 /19 /	18	0	2_/	_ 2	5_/	18	T	estor Tech								
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address								
☐ Facility Closed/Vacate	ed During Entir	re Per	iod of	Abate	ement		1	0 59 Jackso	n Avenue							
Abatement Performed	Outside of No	ormal	Facility	/ Hou	rs - De	scribe	City	, State, Zip Co	ode							
Time of Abatement: _	AM	PN	1/ <u>5:00</u>	PM- <u>1</u>	:30AN		0.5	IC NY 11101								
Scope of Work (Check all	I that apply)															\neg
≥3 sf or ≥3 If			⊠ Re	nova	tion				tainment with Ne	gative	e Press	sure				
□ ≥160 sf or ≥260 lf			☐ De						g Procedure							
									mpted (*) and No	n-Fri	iable P	rocedu	re			
				Loca									Ab	ateme	ent Ty	уре
Location Asbestos-Containing I		15		Norma d Sol	ely by	0 - 1		Description of			A	777294	R	Z.	Ш	Ш
TO BE ABA		1)	Ma	inten	ance/			Containing Ma rmal systems			Amor (Spec		Removal	Repair	ıcaı	ıclo
IN Facilit			Cust		Staff?	1	S	surfacing, VAT	, or		SF or		oval	=	Encapsulate	Enclosure
(13)			Yes	(12 No			otl	her miscellane	ous)						late	CD
First Floor Diesel Roo	om		\boxtimes			Floor T	ile a	nd Mastic			18 5	SF				
First Floor Diesel Ro	om		\boxtimes			Vibratio	on D	amper Cloth	1		5 S	F				
Name of Registered Wast	te Hauler			1	NJDEP	Waste	Cub	oic Yards of	Name of Regis	stere	d Land	Ifill				
Newark Carting				1	Hauler		Wa		G.R.O.W.S	S., In	c.					
City, State					NJ-5	56		5 posal Date	City, State	N.						
Hackettstown, NJ								2/25/18	Morrisville	DA.						
		T					U	PARENCE, AND	I I I I I I	,, r A		1-				
Completed By (Print or Ty	/pe)	Title						Signature	1 ///	,		1	ite			
Ralph Barnhardt		P	rojec	ivia	nager			14/114	the			(2-	0	- 1	O

Check No.

4791

F				925					HME			// [5 5
Date of Notification (1)							ng Owner/Operato	r (2)	IIU)	0 5	f) /) [=,
February 12, 2018						of NY &							$\parallel \parallel$
Agency Notified	Type	Notification			100000000000000000000000000000000000000	t Address			III FE	B 15	20	18	111
□ EPA	☑ Init	al					Bridge, 2777 G	oethal Road I	North			10	
Not equired per State Reg. 10-2004	- 10 to 10 t	ended			N	State, Zip					-		
⊠ DOL		endment # ergency (includi	na				nd, NY 10303-	8413	ASBES	TOS CO	TINC	ROL	&
⊠ DOH	jus	tification)	5			of Conta			Telephone Nu	m Herivo	ING	-	
□ DCA	☐ Car	ncellation			Uda	y Meht	a						
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	bateme	ent is Taking Pla	ice (3	3)				Type of Facility	(4)				
Goethals Bridge - I	New J	lersey Side	of B	ridge	•			☐ School (K-12	2)				
Street Address								☐ Subchapter 8	8 (Other than K-1				
2777 Goethals Roa	d No	rth				29		homes, etc.)	rivate & commerc	al buildir	ngs,		
City (5)								Square Feet	# of Floors	Bldg	. Age	-	
Staten Island, NY 1	0303	8413				9 7	70	440,758	1	88			
County (6)			-		Count	v Code (7	7) (STATE USE		rlor if being demo		.,		
Union					ONLY		, (0	1925 BI S	nor in boning donno	nonouj			
Name of Monitoring Firm	Hired h	v Building Owne	ar	ASCI	/ No		Name of Ahatem	Bridge nent Contractor (9	2)				
Creative Environment S				N/A	en commune			storation Cor	W				
Street Address	olutioi	is (CES) COID.		IN/A			Street Address	Storation Cor	npany, inc.				
ALCOHOLO DE DESCRIPTOR O COMO D	+ -1 /1+1	Elecr						ala Arramira					
39 West 37th Stree City, State, Zip Code	ι, 14ι1	1 11001					223 Randolp City, State, Zip C						
New York, NY 1001	0												
Project Manager for Monit		iem	- 1 -	Tolopho	ne No.		Clifton, NJ (77011	Linaman Na				
Dmitry Khusidman		11111			90 63	2	Telephone No. 973-478-468	1	License No.				
Start Date (10)		Scheduled Co					Name of OSHA		00120				
February 14, 2018		February			ale (11)		SHOULD GARD HOLD WASH	/ironmental S	Sorviose I I	^			
Occupancy Status During	Ahaten						Street Address	/II Offinierital 3	beivices, L.L.	U			
								rook Avenue					
 ☐ Facility Closed/Vacated ☐ Abatement Performed C 	During	Entire Period o	f Ab	atemen	t		City, State, Zip C						
☑ Other - Describe: No:	n-frial	ole exterior	wor	k k			Lyndhurst, I						
Scope of Work (Check all		5246 - 1 - Francis Kriston (1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 - 1920 -					Lynanaist, i	10 0/0/1					
		,,,						Containment with	Negative Pressu	re			
 ⊇ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf 						novation nolition		Enclosure ebag Procedure					
				Q				Exempted (*) and	Non-Friable Pro	cedure			
			ı	ls Locat	tion						Ab	atem	2700 ASS
Location	of			Norma			Description of	sf.			Н	Type	1
Asbestos-Containing		al (ACM)		ed Sole		Asbes	stos Containing Ma		Amount			ш	_
TO BE AB		26 84		Custod	lial		, thermal systems	insulation,	(Specify		Rei	nca	Enc
IN Facili (13)	ity			Staff' (12)			surfacing, VAT other miscellane		SF or LF)		Removal	Encapsulate	Enclosure
()				(12)]					/al	ate	lre
			Yes	No	N/A								
Bridge to Nowhere			X			Concrete	Encased Transite Pipe (Para	pet) - South Side	17	75 In ft	X		
											H		
													\forall
Name of Registered Waste	e Haule	r			Waste F	lauler	Cubic Yards of	Name of Regist	ered Landfill				-
Jimmy Byrne Truck	ing		. 55	0 No. 19551			Waste 125	Minerva En	terprises, Ind	>			
City, State							Disposal Date	City, State					
Bronx							02/15/2018 - 02/13/2019	Waynesbur	g, OH				
Completed by		Title					Signature	7/1//		Date			
G. Roger Woodman		Project Ma	inac	ger			M	1111		2/12/2	2018		

CK 1063

PAID

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

m.	E C E I V Brinker	m
M	FEB 1 5 2018	
	SSESTOS CONTROLA LICENSING	

Date of Notification (1)					C 8:60 and					FEB	15	2018		Challenger, Probable
2/7/2018				of Building topher	g Owner/C Bianco	perator	(2)					-5.0		
Agencies Notified Type Notificat	ion			Address				<u> </u>	ASS!	ESTOS	CON	7136		_
☐ EPA ☑ Initial										LICE	VSIN	ing E	- 4	1
DEP Amende	- 100 COM	1		tate, Zip C	Code					a constant	Six Chinese a		THE R. E.S.	t-way
DOL Amendm	ent #_ cy (including		Monte	50,801										
DOH justificati	on)			of Contact topher I	300				Tele	phone N	umber	. 1		
E BOA E CARCERIA	LIGIT	- 1	10400 800000		FORMATI	NO.								
Name of Facility Where Abatement is Ta	king Place (3)	170		ORMAIN	OI4	Type of F	acility (4)					_
Christopher Bianco's Apartmen	t						Scho	ool (K-1	2)					
Street Address	12.0						Sub	chapter	8 (Othe	r than K-	12)			
		33					Othe etc.)	er (i.e. p	invate &	commer	ciai bui	ldings	, non	ies,
City (5) Montclair							Square F	eet	# of	Floors		Bldg.	Age	
The state of the s			^ .	0.1.										
County (6) Essex				Code (7)		_	Current U	se (Pric	or if bein	g demoli	shed)			
Name of Monitoring Firm Hired by Buildi	ng Owner (8))	ASCI	M No.			of Abateme							
Street Address			-				Address /an Ripe	ι Δνα						
City, State, Zip Code							ate, Zip Co							
Shake the state of							n, NJ 07							
Project Manager for Monitoring Firm			Telepho	ne No.			one No.			License	No.		_	
			777 			201-8	99-9008	}		01336				
Start Date (10) 2/24/2018	3/24/20	ed Cor 018	npletion	Date (11))	Name o	of OSHA M	lonitor						-
Occupancy Status During Abatement (Cl				-		Street /	Address						-	
Fadility Closed/Vacated During Enfit Abatement Performed Outside of No Other – Describe:	re Period of A ormal Facility	Abaten Hours	nent s			City, St	ate, Zip Co	de						
Scope of Work (Check All That Apply)												-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 if		Renova Demoiit				×	Mini-En Gloveba	closure	edure	Negative				
	la la	Locati					NOII-EX	empled	() and	Non-Fria	Die Pro		emen	4
Location of		Vormal			Door	cription o							pe .	L:
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/	Asbes (i.e.	stos Conta thermal s	ining Ma systems ng, VAT	aterial (ACI insulation, , or	M)	(Sp	ount edify or LF)	Remova	Repair	Encapsulate	Enclosure
	No	N/A								_		ile	, a	
Interior		Х			Plaste	er Ceili	ng		6	75	X			
								1						
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	ards	No	ne of 🗆	pnietoro	d Landfil				
BD		H	auler iD BD		of Wast		1		egisiere id Com					
City, State					Disposa	l Date		, State	NY 11	747				
Completed by	Title				Sio	nature					ate			
Parko Raloski	Projec	ct Ma	nager		1 - 19					1000	7/201	8		

ASB-41 (R-05-08)

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

State of NJ Notification of Asbestos Abatement 2018-43 JAC 8:60-7 and 12:120-7) ursuant to B & G proj. #: Check # 8818 Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/11 13 1/11 18 1 Donna Santoro Type Notification Agencies Notified Street Address EPA FEB Initial 2018 ☐ DEP City, State, Zip Code Amendment DOL Whippany, NJ 07981 ASRESTOS CONTROL Telephone Number NSING X DOH Name of Contact Cancellation ☐ DCA Donna Santoro **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Donna Santoro Subchapter 8 (Other than K-12) X Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Whippany, NJ 07981 Essex Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/24/2018 02/24/2018 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Renovation Non-friable procedure ✗ Mini-enclosure X >3 sf or >3 lf 2160 sf or ≥260 lf Is location normally used solely Location of E е e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a LF) abated in facility (13) ٧ Yes No N/A X pipe insulation 130 If basement

Cubic Yards of Waste Name of Registered Landfill

Tullytown, PA

Gordana Luna

3

Signature

Disposal Date

02/26/2018

Tullytown Resource & Recovery Center

02/13/2018

Registered Waste Hauler

Lincoln Park, NJ

Gordana Luna

B & G Restoration, Inc.

Completed by (Print or Type)

NJDEP Hauler ID# 19563

Secretary/Treasurer