IN# 1357

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

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Date of Notification (1) 01/02/20			Name o	f Building PRO	Owner/0	Operator	(2)	10 mm	JA	N	6 20	020		2
Agencies Notified Type Notification			Street A	ddress Piedmor	at RD N	JE ₋ Ri	ildina	1		01.3				
EPA Initial Amended Amendment	#		City, Sta	ate, Zip Co a, GA, 3	ode	- D	alluling		1 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	10hal	12. 3.375 14. 3.375		Total	7 2
Emergency justification) DCA Cancellation	(including			f Contact					Telepho					
			FACI	LITY INF	ORMATI	ION								
Name of Facility Where Abatement is Takin	g Place (3)					-	of Facility (4)					88 5	
Street Address							x C	school (K-12) Subchapter 8 Other (i.e. pri tc.)	(Other th			dings,	home	es,
City (5) Bloomfield							Square		# of Floo	ors	E	Bldg. A	ge	
County (6) Essex				Code (7) USE ONLY)		Currer	nt Use (Prior	if being d	emolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8))	ASCN	/ No.				ement Contr		_S				
Street Address							Address	SOVE CO	URT					
City, State, Zip Code							tate, Zip	Code DD, NJ 087	701					
Project Manager for Monitoring Firm			Telepho	ne No.		100	none No 668-90		Lic 12	ense 1	No.			
Start Date (10) 01/12/20	Schedul 01/15/		npletion I	Date (11)				A Monitor PROFES	SIONAL	S				
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Address	3						\neg
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other - Describe:	Period of an al Facility	Abatem y Hours	nent			City, S	tate, Zip	Code DD, NJ 08						
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TO BE ABATED In Facility (13)		intenar todial S (12)			thermal surfa	systems cing, VA niscellar	s insulat T, or		(Speci SF or L	fy	Remova	Repair	Encapsulate	Enclosure
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INTERIOR					FLC	OR TI	LE		700S	F	х			
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Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 4509		Cubic of Was 7			Name of Re	egistered i	_andiii				
City, State NEWARK, NJ					Dispos 01/15	sal Date 5/20		City, State BETHLE	HEM PA	ί.				
Completed by JOSEPH PERLSTEIN	Title OWN	NER			S	Signature	!			1000	ate 1/02/2	20		

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 01/02/20 JAN 2020 Meadow Builders Joint Venture Agencies Notified Type Notification Street Address 1200 Sunnyview Oval **EPA** Initial Abrička (karacta DEP City, State, Zip Code Amended × DOL Amendment # Keasbey, New Jersey 08832 Emergency (including × DOH Name of Contact justification) Telephone Number DCA Meadow Builders Joint Venture Cancellation 732-738-1112 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 5th Avenue Apartments- Boiler Room School (K-12) Street Address Subchapter 8 (Other than K-12) 127-133 E. 5th Avenue × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Roselle County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) apartment building 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. License No. 732-668-9078 1200 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/13/20 1/14/20 AAA LEAD PROFESSIONALS Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 6 WHITE DOVE COURT Abatement Performed Outside of Normal Facility Hours × City, State, Zip Code Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Х Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, Encapsulate (Specify Custodial Staff? In Facility Enclosure Removal surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A INTERIOR PIPE INSULATION 10LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill NEWARK CARTING Hauler ID No. of Waste **IESI** 04509 3

Disposal Date

Signature

1/14/20

Title

OWNER

City, State

NEWARK, NJ

JOSEPH PERLSTEIN

Completed by

Date

01/02/20

City, State

BETHLEHEM PA

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Name of Facility Where A	batement is	Takin	g Plac	e (3)	-			100000000000000000000000000000000000000		Type of Facility	y (4)						
Sullivan Residence										☐ School (K-1	(2)						
Street Address										☐ Subchapter ☐ Other (i.e.,	8 (0	ther than	K-12)	ial b	منامانہ		
										homes, etc.	piivai .)	e and cor	mmerc	iai D	ullulli	gs,	
City (5)										Square Feet	-	of Floors	S	В	ldg. A	\ge	
Willingboro										1,797		2			59		
County (6)					C	our	nty Code (7)(STATE US	SE ONLY)	Current Use (P	rior if	being de	molish	ed)			
Burlington										Residence							
Name of Monitoring Firm					ASC	CM	No.	Name of	Abateme	ent Contractor (9	3)						
Management & Envi	iro. Consu	lting	Servi	ces				Shade	e Enviro	nmental, LLC	;						
Street Address								Street Ac	ddress								
PO Box 341				1110-121-1				623 C	utler Av	enue							
City, State, Zip Code								City, Stat	te, Zip Co	ode	1915				-		
Chesterfield, NJ 085								Maple	Shade,	NJ 08052							
Project Manager for Monit	oring Firm		3000 cm	Те	lepho	ne	No.	Telephon	ne No.		L	icense N	0.				
Bill Weisgarber							-4070	856-78	55-0099			00842					
Start Date (10)01 /16 /							te (11) 20	Name of EMSL		onitor cal, Inc.							
Occupancy Status During								Street Ad	Idress								
☐ Facility Closed/Vacated	During Enti	ire Pe	riod of	Abat	emen	t		200 R	oute 130	0 North						*	
Abatement Performed (Time of Abatement:	Outside of N	ormal	Facilit	y Hou	urs - E	Des	cribe	City, State	e, Zip Co	de							
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Scope of Work (Check all	that apply)							П	Full Cont	ainment with Ne	aative	Proceur	· ·				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re		35-65-2-5				Mini-Encl Glovebag	osure Procedure npted (*) and No							
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(13)			Yes	(12 No	1	/Λ		other mis	scellaneo	us)						ilate	o.
Living Room							Floor Ti	le and Ma	astic			297 SF		\boxtimes			
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Name of Registered Waste Freehold Cartage	Hauler				NJDE Haule		NEW 2007)	Cubic Yar Waste	ds of	Name of Regis							
City, State		-			159	39		3 Disposal F	Date		ariuil	11					
Freehold, NJ								01/07/2		City, State Morrisville	, PA						
Completed By (Print or Typ	e)	Title						Signa	ature	1 .0	- vid Leevin		Date		_		
Margie Muller		Ad	dmini	strat	ive N	lan	nager	Y	TMA	NULL _			1-	9-	2	00	0

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 31 Icon Owner Pool 3 West, LLC Agencies Notified Type Notification Street Address X EPA 220 Commerce Drive ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #_ Fort Washington, PA 19034 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation David Van Etten 201-528-4481 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial Building School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 600 Washington Avenue Other (i.e., private and commercial buildings, homes, etc.) City (5) # of Floors Square Feet Bldg. Age Carlstadt 488,000 57 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen Commercial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Langan Engineering & Enviro. Svcs, Inc. Shade Environmental, LLC Street Address Street Address 300 Kimball Drive 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Adem Bajrami 973-560-4900 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 13 / 20 _03 / 09 / 20 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North $\hfill \square$ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ __PM/____PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ≥160 sf or ≥260 If ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Removal Encapsulate Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A 1st & 2nd Floor Offices \boxtimes Mastic 38,000 SF \boxtimes П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Freehold Cartage Hauler ID No. Waste Fairless Landfill 15939 150 City, State Disposal Date City, State Freehold, NJ 03/09/2020 Morrisville, PA Completed By (Print or Type) Title Signature Date Margie Muller Administrative Manager

Inv#17128

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Date of Notification (1) 01/03/19			Name	of Buildi Proper	ng Owner	/Operato	r (2)	1170	JAI	V	5 2	2020	The second	Water County
Agencies Notified Type Notification EPA DEP DEP DOL Initial Amended Amendmer			Street 399 City, S	Address Monmo State, Zip	outh Stre						; (-1:	The Late		/ -
DOH Emergency justification Cancellatio	(includia	ng	Name	of Conta		8520			Telepho	ne Nur	nber		inite is the	
Name of Facility Misses About					FORMAT	TION			000-02	14-402		-		
Name of Facility Where Abatement is Taki The Jewelry Exchange, 1 Woodbi	ng Place idge C	(3) enter					Type of Fa	ol (K-12)						
Street Address 1 Woodbridge Center							Subc Subc	hapter 8	(Other tha	an K-12 nmercia) al bui	ildings, I	nomes	
City (5) Woodbridge							etc.) Square Fe	et	# of Floo	ors	T	Bldg. Ag	je	-
County (6) Middlesex			County (STATE	Code (7) LY)		Current Us	e (Prior i	f being de	emolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name AAA	of Abatemer LEAD PR	nt Contra	ictor (9)	S		- 7		
Street Address						Street .	Address							
City, State, Zip Code						City, St	ate, Zip Coo	de						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No.	40 0071	Lice	nse No				
Start Date (10) 01/06/20	Schedu 1/20/2	iled Co	mpletion	Date (11)	Name o	of OSHA Mo		120					
Occupancy Status During Abatement (Chec						Street A	-EAD PR	OFESS	SIONAL	S 				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	Abater	nent			6 WH	ITE DOVE		RT					
Other – Describe: Scope of Wurk (Check All That Apply)							WOOD, N		01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				X	Full Conta Mini-Encl Glovebag Non-Exer	osure Procedu	ıre					
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	Asbes (i.e	stos Conta thermal s surfac	aining Ma	terial (ACM) nsulation, or)	Amount (Specify SF or LF)		Remova	Repair	Enclosure	
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1ST FLOOR BATHROOM				SP	RAY ON	INSUI	ATION		30SF	2	2			
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Name of Registered Waste Hauler		1.0	IDED !								1			
NEWARK CARTING		Ha	IDEP Wauler ID I 509		Cubic Y of Wast 4		Name IESI		stered Lar	ndfill				
City, State NEWARK, NJ			9.9.		Disposa 1/20/20		City, S	State HLEHE	M PA					-
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Sig	nature				Date 12/1	7/10	a		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) **United Methodist Communities** 02 20 01 Street Address Type Notification Agencies Notified 3311 State Route 33 ☐ Amended □ DOLWD City, State, Zip Code ASSECTION OF THOLE Amendment # LiOkkanka **DOH** Neptune, NJ 07753 ☐ Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) 856-589-7800 ☐ Cancellation Robert Sanko **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) United Methodist Communities at Pitman ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 535 North Oak Avenue homes, etc.) Bldg. Age # of Floors Square Feet City (5) 80,000 2 112 Pitman Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) **Health Care Facility** Gloucester Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Shade Environmental, LLC Epic Environmental Services, LLC Street Address Street Address 623 Cutler Avenue 1930 Brown Road City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Newfield, NJ 08344 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 00842 856-755-0099 856-205-1077 Jim Eberts Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 01 / 15 / 20 01 / 13 / 20 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address 200 Route 130 North ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/7:00PM-3:00AM Time of Abatement: ____AM-_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf Glovebag Procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Repair Encapsulate Remova Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No \boxtimes 224 SF Floor Tile and Mastic \boxtimes П Hallway П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. Fairless Landfill Freehold Cartage 15939 Disposal Date City, State City, State 01/15/2020 Morrisville, PA Freehold, NJ Signature Completed By (Print or Type) Administrative Manager Margie Muller

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

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Date of Notification (1) 12-31-19			Name Jans	of Buildir sen Ph	ng Owner armace	Operato	or (2)			C	E	1	W	111	
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DEP A	nitial .mended .mendment #	_	City, S	state, Zip an, NJ	Code	-			1	JAN		G 21)20	1 11	1 III.
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	2007		esternament.	CILITY IN		TION		1	(8	Juajic	012-	3303			. !
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Name of Monitoring Firm Hired by Environmental Health Inve	y Building Owner (8) estigators, Inc.		ASC	M No.		Name Pinn	of Abate acle En	ment Con	tractor	(9) Corp					
Street Address 655 West Shore Trail						Street	Address Broad S			00/p					
City, State, Zip Code Sparta, NJ 07871						City, S	State, Zip	Code)						
Project Manager for Monitoring Fi Bill Kerbel	rm			one No. 651-104	40	Teleph	none No. 939-656			Lice	nse N	lo.			
Start Date (10) 01-17-20	Scheduled 02-29-20	Com	W			Name	of OSHA	Monitor		007	50				
Occupancy Status During Abatem							Address								
Facility Closed/Vacated During Abatement Performed Outside Other – Describe	ng Entire Period of Ah	atem	ent			10-59	9 Jacks		nue						
Other – Describe: Scope of Work (Check All That Ap	27/	louis					tate, Zip (Island		/ 111	01					
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City, State Newark, NJ 07105					Disposa TBD	al Date		ty, State orrisville	e, PA	1900	67				
Completed by Richard Doran	Title Project I	Man	ager	- 7- (), 2-	1	nature		AT)		Dat	e 31-1	9		
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Name of Facility Where Abatement is Ta	Line Di	(0)	FA	CILITY INF	ORMAT	TION				_			
House	IKING Place	(3)					Type of Facili	ty (4)					A Transition
Street Address							School (Subchar	oter 8 (Ot	her than K-	12)	7.11		
City (5)							etc.)	e. private	& commer	cial bu	iilding	s, hor	mes,
East Orange County (6)							Square Feet	#	of Floors		Bldg.	Age	
Essex			County	y Code (7) E USE ONLY	0		Current Use (Prior if be	eing demoli	shed)			
Name of Monitoring Firm Hired by Buildir	og Owner (0)			,	_							
	ig Owner (0)	ASC	CM No.			of Abatement (/ LLC	Contracto	r (9)				
Street Address							Address						
City, State, Zip Code						1	Gaston Ave.	\$					
							ate, Zip Code eld NJ 0702	6					
Project Manager for Monitoring Firm			Telepho	one No.			one No. 262-8006		License I	Vo.		-	
Start Date (10)				Date (11)			f OSHA Monito	or	01003				
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Occupancy Status During Abatement (Ch						Street A							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of mal Facilit	Abater ty Hour	ment s				aston Ave. ate, Zip Code						
						Garfie	eld NJ 07026	3					
Scope of Work (Check All That Apply)	-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Containr Mini-Enclosu Glovebag Pr Non-Exempte	re ocedure					
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In Facility (13)	Cus	todial ((12)	Staff?		surfac	ing, VAT,	or		pecify or LF)	Rem	Repair	ncap	Encl
(13)	Yes	No	N/A		other m	iscellane	ous)		· /	Removal	pair	Encapsulate	Enclosure
Basement		х			Pipe I	nsulatio	on	50) LF	х			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	ards	Name of	Register	ed Landfill				_
Rizov LLC			auler ID I 037825		of Waste	е	Fairles						
City, State Barfield NJ					Disposa TBD	I Date	City, Stat						\dashv
Completed by	Title					nature	Morisvi	iie, PA	15.				
leksandra Rizova	Owne	er			J.g	ZAA	w.		Dat 01.	e (02/2	020		

Inv# 17PAID

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

Date of Notification (1) 12/30/2019			Nam	ne of Building	Owner/Ope			\mathcal{L}	rec	K	-11)(5
Agencies Notified Type Notifica	tion.			n Apostol					E (W	
EPA Initial Amende	d			et Address State, Zip Co	ode							13	ilia I
Emerger	nent # ncy (includi	ina	Uni	on, NJ 070	83				J/	414	0 ,	2020	
_ justificati	on)	ing		e of Contact				Te	lephone	Numb	er		
Cancella				Apostol					• •		1117		Là
Name of Facility Where Abatement is Ta	king Place	(3)	- FA	ACILITY INFO	DRMATION		T		7 *** T W734	HAT:	VIII V.		and allows and
Residential Property							Type of Facil						
Street Address						\neg	School (K-12) oter 8 (Oth	er than k	(-12)			
City (5)						li	Other (i. etc.)	e. private	& comme	ercial b	uilding	js, ho	mes
Union							Square Feet	# 0	f Floors		Blda	. Age	
County (6)							1,600	2			192		
Union			(STAT	y Code (7) E USE ONLY)	7		Current Use (Prior if bei	ng demo	lished)			- 1-45
Name of Monitoring Firm Hired by Buildin	g Owner (8)		CM No.									
				5m 110.	Da	me oi anvid	Abatement (Contraction	Contractor	(9)				
Street Address					Stre	eet A	ddress outh 5th St.						
City, State, Zip Code		-					te, Zip Code						
D.:					Eliz	zabe	eth, NJ 072	206					
Project Manager for Monitoring Firm			Teleph	one No.			ne No.		License	No			
Start Date (10)	101				908	8-90	6-4123	-	01355	140.			
01/11/2020	01/14/	led Co	mpletior	Date (11)			OSHA Monito						
Occupancy Status During Abatement (Che							vironmenta	l, Inc.					
Facility Closed/Vacated During Entire	Dorind of	۸ ۱۰ - ۱	nent				dress oute 22 W	act					
Other – Describe: OCCUPIED	mal Facilit	y Hours	S	12	City,	State	e, Zip Code			-			
Scope of Work (Check All That Apply)					Olli	iori,	NJ 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containn Mini-Enclosus Glovebag Pro	re ocedure					
	Is	Locati	on				Non-Exempte	and (*)	von-Fria	ble Pro	cedur Abate		
Location of Asbestos-Containing Material (ACM)		Normalled Sole			Descriptio	n of						pe	į.
TO BE ABATED	Ma	intenar	ice/	Asbestos	Containing rmal system	Mate	rial (ACM)		ount			т	
In Facility (13)	Cust	todial S (12)	taff?		surfacing, V	AT. o	r	(Spe		Ren	Re	ncap	Encl
	Yes	NI-		ot	her miscella	ineou	s)		,	Removal	Repair	Encapsulate	Enclosure
Kitchen	Yes	No	N/A							-		te	е
Basement	-		X		Pipe Insula			15	LF	X			
Dasement	Dasement						1	11 1	_F	Х			
9													
Name of Registered Waste Hauler			DEP W		ubic Yards								
Danvic Contracting LLC	nvic Contracting LLC						Name of	Registered	Landfill				
City, State	3						Fairless	Landfill					
Elizabeth, New Jersey					sposal Date		City, State)					-
Completed by	Title			TE	Λ		Morrisvi	lle, PA					
Jeymy Donneys	Owne	r			Signature			- /	Dat		010		
					1 . 1/0	1	ME	40	12	/30/2	019		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3521 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 20 Mr. Rosenberg JAN Agencies Notified 2020 Type Notification Street Address **⊠** EPA X Initial DOLWD. ☐ Amended X DHSS City, State, Zip Code Amendment # LICENSHIO DCA Emergency (including Montclair, NJ 07043 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Gary Toriello FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Montclair, NJ 07043 Bldg. Age County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-356-3511 Start Date (10) 01127 Scheduled Completion Date (11) Name of OSHA Monitor __01__/__11__/__20 01 / 16 / 20 Occupancy Status During Abatement (Check only one) Envirovision Consultants, Inc. Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg .# 35E Time of Abatement: AM- PM/ PM_ AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure >3 sf or >3 If > 160 sf or >260 If Full Containment with Negative Pressure Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate Remova TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SIF or LF) other miscellaneous) Yes No N/A 1st floor-living room X Ceiling plaster 240 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD City, State T.R.R.F. Inc Disposal Date City, State Wayne, NJ 07470 Completed By (Print or Type) TBD Tullytown, PA Title Signature Date N.Jevtic Owner ASB-41 01/02/2020

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

NOCK			NOT	FICATION	State of N ON OF AS nt to NJA	BESTO	SABATE	EMENT (0)		NEEC	CE		The state of the s	
Date of Notification (1)				Name	of Building	Owner/O	perator (2)	III	MI	The state of the s	- 13	Catalan San	1
01/02/2020					alyst Ex	perient	ial			111 .14	h!	c 20	20	Contraction of the Contraction o
Agencies Notified Type	e Notification				Address				1/	100	AW	6-6	กรก	144
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DOH DCA	justification)		.5		of contac	t				Telephone	Numbe		W12-1-1-1-1	
L DCA	Cancellation	l.E		100000000000000000000000000000000000000	Curran					610.810	.3326			
Name of Facility Where Abates	ment is Takin	n Place	(3)	FAG	CILITY IN	ORMA	TION	T (5						
Former Zippy Lube & F	Residential	Prope	ertv					Type of Fa	cility (4)					
Street Address			,						ol (K-12)	S.II .II				
307 Route 202								X Other	iapter 8 (C	Other than te & comm	K-12) ercial h	uildina	e hon	200
City (5)								etc.)			Ciciai			163,
Flemington,								Square Fe		of Floors		Bldg.	Age	
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Hunterdon County,				(STATE	Code (7) USE ONL	n		Automo	tive rep	air, resid	lential			
Name of Monitoring Firm Hired EAGLE IHA Inc.	by Building (Owner (8	8)	ASC	M No.			of Abatemer						- 22
							Elco	n Environr	nental Ir	nc				
Street Address							Street	Address						
359 Dresher Road							150	Glenwood	Dr					
City, State, Zip Code Horsham, PA								tate, Zip Coo						
							Was	hington Cr	ossing I	PA 1897	7			
Project Manager for Monitoring	Firm				one No.	8	Teleph	one No.		Licens	e No.			
Mark Hays					372-6088		215-	313-7427		0122	5			
Start Date (10) 12/11/19		Schedu	led Co	mpletion	Date (11)		Name	of OSHA Mo	nitor					
			0/202	0			same	9						
Occupancy Status During Abate		200	350				Street	Address		the second				
Facility Closed/Vacated Du Abatement Performed Out	uring Entire P	eriod of	Abater	ment										
Other – Describe:	side of Norma	ai Facilii	ty Hour	S			City, St	ate, Zip Cod	е .				(8	
Scope of Work (Check All That	Annly)													
	-фріу)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Full Conta	inment w	ith Negativ	e Press	ure		
			Demon	lion			×	Mini-Enclosed Glovebag		Δ.				
		_					×	Non-Exer	npted (*) a	ind Non-Fr	iable P	rocedu	re	
		is	s Local	ion									ement	1
Location of	-10 0 4 0 0 0 2 X 10 0 0		Normal ed Sole			Des	scription	of				Т	/pe	
Asbestos-Containing Materia TO BE ABATED	al (ACM)		aintena		Asbes	tos Cont	aining Ma	aterial (ACM		Amount			Е	
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(13)			(12)				niscellane		1	or or LF)	Remova	Repair	Encapsulate	Enclosure
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Attached									-		-	-		
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			l Recurses											
Name of Registered Waste Haul	er		10.000	JDEP W	100000000000000000000000000000000000000	Cubic '		Name	of Regis	tered Land	fill			
Service Transport Group				auler ID	10000000	of Was	te	1 000000		erprises				
City, State			S	W2117	W	TBD				erhuses				
Vayneburg, OH						Dispos	al Date	City,						
Completed by		TOM				TBD		Way	neburg,	ОН				
Andre Gosek		Title Pr m	ance	or		Si	gnature	11	,	1,114	Date			
		F1. II	nanag	eı		1	//	(3)			11/26	2019		

Date of Notification (1) 1 2 / 3 10 / L 9 Agencies Notified Type Notification EPA Initial Amended Amended Amendment #: Emergency (Including justification)	Name of Laurece Street Ack	(Pursulating Own Wallace Irees , Zip Code with, NJ 07:	eation of Assent to NJAC	8:60	page 3 i s Abstement) and 12:120)		Tel Bphoni	DO WER		10	D/	2020 Y
DGA Cancellation	Laured	e Wallace										
		FAC	LITY INFORM	ATION		530			erro Sili			9.00
Name of facility where abstement is a Residential Street Address City (5)	County (6)			Cour	nty Code (7)		Subcha Other (i Bidgs./i	(K - 12) (K - 12) upter 8 (O Private/Co- domes, e of Floor 12	emm la.	ergial	dg. Ag	ja .
				(Stat	e use only)	П	Current Use (Pri	or if being	g dên	rolleha	sd)	and the same of th
Name of Monitoring Firm Hired by Bid N/A Street Address	union ig. Owner (8)		ASCM No.	_	Name of Alexander KLOMAX, LL Street Address		Residential entractor (9)					
City, State, 219 Code Project Manager for Monitoring Firm	-	none Numb	er		309 W. End Av City, State, Zip Cod Hopatoong, N. Taleprona Number 833-455-6629	o I 07		Ц сенав 02007	Num	Der		
Staint Date (10) 01/02/2020	01/03/2020	on Date (11)		Name of CSHA MA KLOMAX, LL Street Address		×		to the same of the		e de la company	- Allerina
Occupancy Status During Abatement (Facility closed/vecated during er Abatement performed outside of Describs: Other-Describs: NERMAL RO	Check only one) tire period of abe normal facility ho				309 W. End A. City, State, Zip Con Hopetcong, N.	6	/843	THE LOCAL PROPERTY OF THE PARTY				_
Scope of Work (check all that apply) 3 >3 of or >3 if	enovation emotion					M	uit Containment w. lini-enclosure lovebag proceduri lon-Exempted (*)	â			The real Property lies, the last of	
LOCENDA DI	e locason normali y maintenance/cu teff(12) Yes No	y used solely etodie! N/A	Descripti meterial	(ACM)	abastos-conteining		Amount (Specify SI LF)	For	Kato ye	E a D a i	Encap	E n C L
besement	X		Pipe Insula	tion			50 LF		R	H	4	
Registered Waste Hauler	NUDEP Have		ubje vales of	VVESIO	Name of Register	ad L	andhii RESOURCE RE	COVER				
KLOMAX, LLC	0039241	Disposal L	THE RESERVE OF THE PARTY OF THE		City, State	=1.A	Company of the Company		William Co.			
Paige Boylan	nile Dwner To not use this for	TBD	Signature	7	TULLYTOW	N, 1	PA	Date 12/30/	19	٠	Sayes Markan	

Proj. #: 20-07

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

Proj. #: <u>29-07</u>		(Purs	uant to NJA	C 8:6	0 and 12:120)	ŀ		D E		7	7 7	**************************************
Date of Notification (1)	I Name of	Building Ou	ner/Operator (2	<u> </u>				9 En	H 1		211	111
1 2 / 3 0 / 1 9		3763	ner/Operator (2	2)				A 31 C	- 20	ባብ		State of the state
Agencies Notified Type Notification	Street Ac	dress			-	_	ال	AN E	20	<u> </u>	-11	
☐ EPA ☐ Initial ☐ Amended		- 1472(1742)(9)						p 1 - 1 - 1 - 1 - 1 - 1			1	ŀ
Amendment #:	City, Sta	te, Zip Code				_		under. Moerk		25 1		_
DOL Emergency	elizab	eth, NJ 07	201					y, erasztamente (**) e nem	-	end o serie del	deces a 1	Sa
DOH (including justification)	Name of	Contact					Telepho	ne Numbe	er			
☐ DCA ☐ Cancellation	Laure	ce Wallace					1					
		FAC	ILITY INFORM	MATION	V							
Name of facility where abatement is	taking place (3)	-				Π.	Type of Facility					
Residential								ol (K - 12		NAMES I		
Street Address				-		Н		napter 8 (0 (Private/0				
							Bldgs.	/Homes,	etc.			
City (5)	County (6)			Cou	nty Code (7)	11	Square Feet 2,100 SF	# of Floo	rs	10	ildg. A	.ge
				1	te use only)	-	Current Use (F		ng der	_		
elizabeth Name of Monitoring Firm Hired by Blo	union			<u> </u>			Residential					
	ag. Owner (8)		ASCM No.		Name of Abatemer		ntractor (9)					
N/A Street Address				_	KLOMAX, LL Street Address	C						
0.1001/1.001055					309 W. End Av	/e						
City, State, Zip Code				-1	City, State, Zip Cod	-						-
			¥		Hopatcong, NJ	078	43					
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number			License		ber		
					833-455-6629 Name of OSHA Mo	nitor		02007		_	_	
Start Date (10)	Sched. Comple	etion Date (1	1)		KLOMAX, LL							
01/02/2020	01/03/2020				Street Address					_		
Occupancy Status During Abatement (Facility closed/vacated during en		tomont			309 W. End Av							
Abatement performed outside of					City, State, Zip Cod	е						
Describe: NORMAL HOU	JRS			-	Hopatcong, NJ	078	43					
Scope of Work (check all that apply)							Containment w	/negative	press	ure		
≥3 sf or ≥3 if	enovation					Min	i-enclosure	19 20 10401010				
≥160 sf or ≥260 lf De	emolition				¥		vebag procedu n-Exempted (*)		friable	proc	edure	
Location of	location normally maintenance/c		1				,		R	R	Е	E
	taff(12)	ustodiai	Description material (/	on of as	sbestos-containing		Amount (Specify S	E or	e m	e p	n	n
abated in facility (13)	Yes No	N/A	material (/	ACIVI)			LF)	. 01	O V	a	a p	L
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			T Ipo mount				30 LI	************		H	H	片
									片	H	計	計
Registered Waste Hauler KLOMAX, LLC	NJDEP Haule 0038241		ubic Yards of W yds.	Vaste	Name of Registered TULLYTOWN			COVED	v			
City, State	-1	Disposal D			City, State	, ILL	COURCE RE	COVER	1			
Hopatcong, NJ 07843		TBD			TULLYTOWN	, PA						
	tle wner		Signature?	7				Date 12/30/	19			

Dec 30 2019 02:55PM H	Fax				page 3		CE		V (
Proj. 6: 20-08	1705 PAU	(Purs	ication of As usnt to NJA	C 8:6(s Abatement and 12:120)		JANO I		7	And the second s
Date of Notification (1) 1 12 1/13 10 1/1 19 Agencies Notified Type Notific EPA Initial	Dot	of Bulleing Ow tic Zurka Address	n∍r/Op∋rator (2	1)		AALA INS	RAVE	1		
DEP Amended Amendment	Un	Ion, NJ 07083 of Contact					o Number	ng gapa yang diber		
DCA Justification	;	ttie Zurka					- 17841940			
		FAC	LITY INFORM	ATION			70			
Name of facility where absterners Residential Street Address	is taking place (3)				Subohi Sther (Bidgs./	4) f (K - 12) spec 8 (Othe Private/Common Homes, etc.	nerola)	-12)	
City (5)	County (8	}			nty Code (7) te use only)	2,200 SF	02	110		
Union	union			(4)40	to Mile nutility	Current Use (Pr Residential	nor it being di	HI GITTS) (D)	
Name of Monitoring Firm Hared by N/A Street Address City, State, Zip Code Project Manager for Monitoring Fire Start Date (10) 01/02/2020 Occupancy Status During Abatems Feolity disself/receted during Abatement performed outside Describe: Cother-Describe: NORMAL Scope of Work (check sill that spp > 2 of or > 3 if Lacation of subsetties containing meterial (com) to be	n 8ched. Con 01/04/202 rd (Chaok criy of antire period of a of contral facility) Renovation Demolitors	Phone Numb pletion Date (1) (0) e) spetement. y hours- mally used soleh a/o.stodial		on of a	2	07843	end Non-frist	is proce	edura E	Enco
absted in facility (13)	Yes	No N/A	Pipe Insule	tion		I65 LF	9	1	P	
basement			T the tilsule	10/11				-		
Registered Weate Hauler KLOMAX, LLC	NUR IPH 003824	Disposal I	uble Yarda of I	VV sto	City, State	RESOURCE RE	COVERY			
Hopatoong, NJ 07843 Completed by (Print or Type)	Title	TBD	Signature	2	TULLYTOW	I, PA	Date 12/30/20	19		essal.
Paige Boylan	* Do not use this	form for asossi	(a) 100 (a)	compte	d socivities.					

Proj. #: 20-08

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

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Date of Notification (1)	1	Name of E	Building Ow	ner/Operator (2	2)				UAIY	U	<u> </u>	#	
1 2 / 3 0 / 1 9 Agencies Notified Type Notifica		Dottie 2	Zurka						oren en la Litaria	ger samming. Together d			į
Agencies Notified Type Notifica	ation S	Street Add	ress							ly-di	Ç.î.		
DEP Amended									A D. D. A. WOODERS	***************************************		e e succession en	eta a tarta e
DOL Amendment		ity, State	, Zip Code										
DOH Emergency	1.1		NJ 07083										
justification) N	ame of C	ontact					Telepho	ne Numbe	er			
DCA Cancellation	n	Dottie	Zurka										
			FAC	CILITY INFORM	//ATIC	N							
Name of facility where abatement	is taking pla	ace (3)					TI	Type of Facility					
Residential									ol (K - 12			(40)	
Street Address							-		napter 8 (0 (Private/0			12)	
								Bldgs	Homes,	etc.			
City (5)	Coun	tv (6)			T 0-	- 1 O 1 (7)	-11	Square Feet	# of Floo	ors		dg. A	ige
J. 13 (2)	000					ounty Code (7) tate use only)	11	2,200 SF Current Use (F	02	ag dem	110		
Union	unic					,		Residential	TIOI II Dell	ig den	10115110	eu)	
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abaten	nent Co	ontractor (9)					
N/A						KLOMAX, I	LLC						
Street Address						Street Address	27						
City, State, Zip Code					_	309 W. End	-					-	
ony, otato, zip oodo						City, State, Zip C		0.42					
Project Manager for Monitoring Firm	1	IP	hone Numb	er	-	Hopatcong, Telephone Numb		843	License	Numb	er		
						833-455-662			02007				
Start Date (10)	Sched.	Complet	ion Date (1	1)	-	Name of OSHA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r					
01/02/2020	01/04/	/2020	•			KLOMAX, I	LLC						
Occupancy Status During Abatemen					-	Street Address 309 W. End	Arra						
Facility closed/vacated during	entire perio	d of abate	ement.		-	City, State, Zip C							
Abatement performed outside Describe:	of normal fa	acility hou	ırs-		Ì		040						
Other-Describe: NORMAL H	OURS				_	Hopatcong, 1	NJ 078	843					
Scope of Work (check all that apply	()					'	Fu	Il Containment v	/negative	press	ure		
≥3 sf or ≥3 lf □	Renovation	1						ni-enclosure ovebag procedu	20				
≥160 sf or ≥260 if	Demolition						No	on-Exempted (*)	re and Non-	friable	proce	edure	:
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asbestos-containing material (acm) to be	staff(12)			Description material (asbestos-containin	g	Amount (Specify S	For	m	e p	n c	n
abated in facility (13)	Yes	No	N/A	material (AOIVI)			LF)		o v	a i	a	L
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Registered Waste Hauler KLOMAX, LLC	NJDEF 0038	P Hauler		ubic Yards of V	Vaste	Name of Registe			00175	***			
City, State		271	Disposal D	yds. ate	-	City, State	N, KI	SOURCE RE	COVER	Y			-
Hopatcong, NJ 07843			TBD			TULLYTOW	/N, P	A					
Completed by (Print or Type)	Title			Signature)				Date				
Paige Boylan	Owner			111	-		CERT		12/30/	2019			

. Inv# 17138

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

CK 9096

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Date of Notification (1)						g Owner/Operator			E	W		in Grand party.	S. S. A.
Agency Notified	Type Notification	·	-		Address	K4 = 1 \		31			-	-	1
D EPA	E Initial							III JAN	6 2	กวก			1
DEP	Cl Amended				ate, Zip				- C	JZU		il.	:-5
AT DOL	Amendment# D Emergency (include	DC.				in , AIL	1. 07						
Б РОН	justification)	ary .			of Contac			Telephone Nu	mber	'nξ.	[]		
□ DCA	☐ Cancellation		\perp	MS	. MI	SISTIA							
				FACI	JTY INF	ORMATION	•						
Name of Facility Where A	Abatement is Taking Pla PAULA Mi	rce (3)		A	•		Type of Facility						
Street Address	PAULE MY	315	111	4		·	☐ School (K-1	2) 8 (Other than K-1	2) .				
March Francisco								rivate & commerc		igs,			
City (5)				- ;	<i>:</i> ::	*	Square Feet	# of Floors	Bldg.				
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County (6)				County ONLY)		(STATE USE		nor if being demo	lished)				
MIDDLE					••			0.5NCB					
Name of Monitoring Firm (8)	Hired by Building Own	er	ASCM	No.		Name of Abaten							
Street Address						Best Rei		ıc					
-				05 - 80		450 Sou		· C+					
City, State, Zip Code		-				City, State, Zip C		SL		_		_	
	(*)					Hackensa		. 07601					
Project Manager for Mon	itoring Firm	Te	lephon	e No.		Telephone No.		License No.				-	
	.f					201-329-	-7444 -	00388					
Start Date (10)	Scheduled Co			e (11)		Name of OSHA	Monitor						
1/14/20	1/16					Omega I	Environm	ental					
Occupancy Status During	g Abatement (Check on	ly one)				Street Address		9					
☐ Facility Closed/Vacate							ıyler St						
D Abatement Performed Ta Other – Describe: 8 :	Outside of Normal Faci	Ely Ho	urs .	2	•	S. Hac		,N.J. 0	7606	÷			
Scope of Work (Check al	I that apply)									-		-	_
□≥3 sfor≥3f				□ Ren	ovation	Pull C	Containment with Enclosure	h Negative Pressu	ne .				
Æ ≥ 160 sf or ≥ 260 ff				□ Dem	olition	☐ Glove	ebag Procedure		10				
						U Non-	Exempted (") as	d Non-Friable Pro	cedure	ΙΔ	bate	mo	nd:
		188	Location lormality							Ľ	Ty		
. Locatio		Use	d Solel	y by	-	Description of		N N					
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IN Fac			SHE?		1/2	surfacing, VAT	\$1001674.0cm	SForLF		Removal	Repair	nadi	Enclosure
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Name of Registered Was			the state of the state of	aste H	auter	Cubic Yards of	Name of Regi	stered Landfill					-
Best Remo	val Inc	ID	No.	100		Waste			-,		,	٠.	
City Shah			1/.	109		3 per	CUMBERL	AND COUN	IY LA	NI	F	LL	
City, State	k , N.J. 07	601				Disposal Date	City, State	01	1901	^			
Completed by	Title	001				1/16/20	NEWBUR	GH, PA.	1724 Date	U.	-		
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In # 171 Date of Notification (1)	D		CATION	OF ASBE to NJAC 8	STOS	ABATEM				C			E	1000
Date of Notification (1)				f Building O	wner/C	perator (2)	1125	[100 0 100 0 0 10		2104 1111 1		No.
12/31/19				lenion					1	JAN	6	202	n	1
Agencies Notified Type Notification			Street A	ddress				5] + 13 }	1	UMIT		202	J	Last
EPA X Initial		-	City Sto	ate, Zip Cod	do.		±1 1		1		man dut	1	* 1	<u>. </u>
DEP Amended Amendmen	t #		5888	t Arlington		07856		1		Lit	DEKA Jekal	ur ber Nex	. l. 14	
Emergency		-		f Contact		07000		IT	elepho	- THE PARKET		-	and the second	***
DOH justification Cancellatio				lenion					a-	-	1111001			
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Name of Facility Where Abatement is Taki	ng Place (3)					Type of Facility	(4)						
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Street Address							Subchapte Other (i.e.					ldinas	. hom	es.
0.14 (5)							etc.)							5.50
City (5) Mount Arlington							Square Feet	#	of Flo	ors	1	Bldg. A	Age	
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Morris				USE ONLY)			current use (P	מ זו זטוז	eing a	emon	sneu)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	A No.		Name o	f Abatement Co	ontracto	or (9)					
Competent Supervisor	, ,						emy Constru		6.0					
Street Address						Street A	ddress							
						205 F	loute 46 Sui	te 14						
City, State, Zip Code							ite, Zip Code		8					
							a NJ 07512	2						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 973 8	ne No. 32 4244		200	ense 379	No.			
Start Date (10)	Schedule		pletion	Date (11)			OSHA Monito	r				12.1/2		
01/10/20	01/17/2						as above							
Occupancy Status During Abatement (Che	23	8				Street A	ddress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:					_	City, Sta	te, Zip Code							-
Scope of Work (Check All That Apply)											-			
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	lo.	Locati	00				Tron Exempt	1		11 1 110			ement	t
Location of	10	ormail			Des	cription o	ıf					T	ype	_
Asbestos-Containing Material (ACM)	5,000,000,000	d Sole ntenar		Asbesto	s Conta	aining Ma	terial (ACM)		Amou				Щ	m
TO BE ABATED In Facility	7	odial S		(i.e. th		systems i ing, VAT	nsulation, or		(Speci SF or L		Remova	Repair	Encapsulate	Enclosure
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	Yes	No	N/A								-		te	(D
Basement			х		Pipe	insulati	on		90lf		x		х	
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Name of Registered Waste Hauler		N	JDEP W	laste T	Cubic `	Yards	Name o	f Regie	tered	andfi	<u>l</u>			
Academy Construction Inc.		Н	auler ID 34422	50 - C - C - C - C - C - C - C - C - C -	of Was		Fairle	1000						
City, State Totowa NJ					Dispos	al Date	City, Sta Morris		PA					
Completed by	Title					ignature				D	Date			
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Dec 31 2019 10:55AM NJ /	Asbestos	Contro	01 609,63	3.0664		page 1	ĺ	NE (II W	/ E	
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(K 524)		大型!	LIJ (PI	henaut to MY	AC E	3:60 and 12:120)		DOL -	101)AY	 -
Date of Notification (1)		Name	of Building	Owner/Operator	721		-	j. Inst	LiCisis	-	101.	Ì
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DCA Cancellat	A. 1. M. 1.	Ale	x Milosesk	i				1000	one Numb	e:		
			F	ACILITY INFOR	MATI	ON	- seconda	973-7	72-2593			
Name of facility where absterner	t is taking	pisce (3)					_	Type of Facility	7 (A)			
Residential Street Address								Sont	pol (K-12			
On wat Modrass					othicase		-	Subs	hapter 8 (r (Private/	Other th	an K-12	n
			Name of the last					Bidgs	./Homes,	etc.		
City (5)	10	ounty (6)		and the same of th	C	ounty Code (7)	-	Square Feet 1,100 SF	# 61 Floo		Bidg. 90	Age
Paterson, NJ 07503 Name of Montoring Firm Hired by	P	nssaic			(8	tate use only)		Current Use (I Residential	Prior if bei	ng dame	(lehed)	
N/A	elag, Qy	rner (8)		ASCM No.	_	Name of Abatem	nent C	ontractor (9)	-	Con-In-		
Street Address				des .	langer.	D&S REST	ORA	TION, INC.				
Cky, State, Zip Code						20 California	a Ave				- Contract	
3233						City, State, Zp Co	ode					
Project Manager for Monitoring Fire	1		Phone Num	iber	Water	Paterson, NJ Talephone Numb	075	23	Acres 271	114		
Start Date (10)					1	973-345-80	20	_	License	Numbe 1169	_	
G1/02/2020			etion Date (11)	* 1	Name of OSHA N					Store - stores	
Occupancy Status During Abatemer	t (Check	5/2020 only one)				Street Address					Hariman.≖i	-
Abatement performed outside	antire no	ried at at.			-	20 California		ine				
Describe: Normal hours		i recility ho	ours-			City, State, Zip Co	de					-
Scope of Work (check all that spoly						Paterson, NJ		Contract of the last of the la				
⊠ >3 af or >3 #	Renovati	on					Ful	Containment w	negative	pressun		
	Demolitie			200		Ţ] 010	vebua procedur	e			
Location of asbestos-containing	DA WENG	n normali Brance/cu	y used solely stodial				Of 160	n-Exempted (*)	and Non-A	KIR	D C S C L	
material (acm) to be abated in facility (13)	Staff(12) Yes	- No	7	Description material (A	of a CM)	sbestoe-containing		Amount (Specify Si	For	m p	h	E n
Exterior		· Mp	N/A					ĹF)		4 1	ą p	L
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Second Floor		X		VAT.	2	And the second of the second o	-	220 SF 220 SF				
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D & S RESTORATION, INC.	DLN	P Hauler	101 10	ubic Yends of We	sla	Name of Registers						5
City, State	135	06	Disposel Di	yds.		TULLYTOWN	, RUE	OURCE REC	OVERY			
PATERSON, NJ 07503 Completed by (Print or Type)			- Lines U			TULLYTOWN	.,		The same of the sa	-		
	RESIDI	ENT	1	Slagature		- 0	7 4 74		Dale		-	
ASB-41	o not use	this form	for appestor	licensure exem	pted	activities.	_		12/31/19			

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

D&S Proj. #: 19-284 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JAN 0 2020 1 12 1/13 11 1/11 19 1 Challenger Fence Inc. Agencies Notified Type Notification Street Address M Initial ☐ EPA Abide füe Gentrola Amended 53 Kentucky Ave. DEP City, State, Zip Code Amendment #: X DOL Paterson, NJ 07503 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Alex Miloseski 973-772-2593 Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 90 1.100 SF City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Residential Passaic Paterson, NJ 07503 Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 01/02/2020 01/15/2020 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: Normal hours Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure >3 sf or >3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-friable procedure Demolition Is location normally used solely Ε E Location of e е by maintenance/custodial n asbestos-containing Amount n Description of asbestos-containing m p C staff(12) (Specify SF or material (acm) to be material (ACM) C 0 a abated in facility (13) V N/A Yes No Roof Shingles 1,060 SF X Exterior 220 SF VAT First floor 220 SF VAT Second Floor Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC. 4 yds. Disposal Date City, State City, State TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 12/31/19 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities

ACD 44

INV# 11178

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

Check # 26045

Date of Notification (1)	A A M. B. B.							1/13	1 5 (2 2	7 1	W	15
12/26				Name	of Building Own		or (2) illage Assocati	on		Tr. V.T. "a - come	3 13 11-44°3°1		
Agencies Notified	Type Notification	1		Street	Address		J		1	A AI		ากา	A
× EPA	× Initial					9 Buckir	ngham Drive		U.	AN	6	202	U
DEP X DOL	Amended Amendmen			City, S	tate, Zip Code La	kewood	, NJ 08701			er elet	1.7.7	- St. 10-11 	
X DOH	Emergency justification)	g	200000000000000000000000000000000000000	of Contact			Tel	lephone N				
DCA	Cancellatio	n		97	om Claus				(732) 3				
Name of Facility Where	Abatement is Taki	ng Place	(3)	FAC	CILITY INFORM	ATION	Type of Facility	(4)					
Dorchester Street Address	Hall						School (K-	12)					
	Drive Leisure Vi	llage					Subchapte Other (i.e.	r 8 (Oth private 8	er than K- & commerc	12) cial bu	ilding	s, hon	nes,
City (5)							etc.) Square Feet		f Floors		Bldg.		-
Lakewood, N	NJ 08701						20000		1			+/-	
Ocean				County (STATE	Code (7) USE ONLY)		Current Use (Pri	or if bei	ng demolis	shed)			
Name of Monitoring Firm MECS	m Hired by Building	Owner (8	3)	ASC	M No.	Name	of Abatement Co rens Environme	ntractor ental S	(9) Services.	Inc.			
Street Address PO Box 341						Street	Address Box 322						
City, State, Zip Code Crosswicks, N	J 08515					CO. 100 12 To 12 T	State, Zip Code)1					
Project Manager for Mon Bill Weisgarber	nitoring Firm			Telepho		Telepi	hone No.		License N	No.			
Start Date (10)		Schedu	led Cor		98-4070 Date (11)		259-9688 of OSHA Monitor		00493				
1/9/2019			1/2	0/2020		MEC							
Occupancy Status Durin X Facility Closed/Vac							Address Box 341						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norm	Period of nal Facilit	Abaten y Hours	nent s		City, S	state, Zip Code	E1E					
Scope of Work (Check A	III That Apply)					Ciles	sterneiu, NJ 00	515					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit			×	Mini-Enclosure	edure				~	
			Locati					() a	TTOTT TIGE	1	Abat	ement	t
Location Asbestos-Containing	of Material (ACM)	Use	Normal ed Sole	ly by	Ashastas Ca	escription	of laterial (ACM)		eMana ca a •a	-	Ty	ре	
TO BE ABA In Facil (13)	ATED	1000	todial 8 (12)	337-376	(i.e. therm	al systems acing, VA miscellan	s insulation, T, or	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
D:#: 1 5		Yes	No	N/A						_		ite	ro
Billiards F	Room		X		V	AT /Mas	tic	338	50 sf	Х			
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Name of Registered Was	te Hauler		NI NI	JDEP W	lasto L Costs	o Vos-l-							
Stevens Environmen			1 1 1 1 1 1 1 1 1	auler ID 18292	No. of W	c Yards aste 10	Name of F						
City, State Allentown, NJ						sal Date /20/2020	City, State Morrisvil						
Completed by Mahlon E. Stevens		Title Proje	ct Ma	nager		Signature	TA ICY I	7	Da	te 2/30/	2019	9	

IN# 17147

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

Check # 26051

FALL							-,	11			F		W	15
Date of Notification (1) 1/3/2020			Name o	of Building			(2) sa Butler	1	VF.	~	177 cased a	e eg Segyttette	delinio d	
Agencies Notified Type Notification			Street A	Address					111	JAI	.!	G	วกวก	
EPA Initial										UAI	Y	6	2020	' i
DEP Amended Amendment	#		City, St	ate, Zip C		w Brun	swick, NJ 08	901	1_		magray	and the same		
□ Emergency justification) □ DCA □ Cancellation		9	Name o	of Contact	1730000					ne Num	144 11 114		A CONTRACTOR OF THE PARTY OF TH	Let
DCA Cancellation				anessa									-	
Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)						
Residential	•						School (K	1.33						
Street Address							Subchapt Other (i.e.	er 8 (Oth				dings	, hom	es,
City (5) New Brunswick, NJ 08901	9						Square Feet 1500	# 0	of Floo 2	rs	E	8ldg. /	Age +/-	
County (6) Middlesex				Code (7) USE ONLY)		Current Use (P	rior if be	ing de	molishe	ed)			
Name of Monitoring Firm Hired by Building MECS	Owner (8)	ASC	M No.			of Abatement C ens Environm			ces, Ir	ıc.			
Street Address PO Box 341						550000000000000000000000000000000000000	Address Box 322		*********					
City, State, Zip Code Crosswicks, NJ 08515							tate, Zip Code town, NJ 085	01						
Project Manager for Monitoring Firm Bill Weisgarber			Telepho 609 29	ne No. 98-4070			one No. 259-9688		Lice 004	nse No 93				
Start Date (10) 1/13/2019	Schedul		mpletion 5/2020	Date (11)		Name MEC	of OSHA Monito S	r	1					
Occupancy Status During Abatement (Chec	k Only O	ne)					Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8 am - 4 pm	Period of al Facilit	Abaten y Hour	ment s	127		City, S	tate, Zip Code sterfield, NJ 0	0515			(4)			
Scope of Work (Check All That Apply)						Ches	sterneia, NJ 0	8515						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure						
Location of		Locati Normal			Des			, , , , , , , , , , , , , , , , , , ,	0 11011	- Habit		Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintena todial ((12)	ely by nce/ Staff?		tos Cont thermal surfac		aterial (ACM) insulation, T, or	(5	moun Specify or LF	/	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A	Th	ormal	Dino In	oulation		10 15	_				
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Dasement		^		'	nerma	Pipe	Debris		30 If		Х			
Name of Devister-114														
Name of Registered Waste Hauler Stevens Environmental			IJDEP W lauler ID 18292	No.	Oubic of Was		Name of Fairles			andfill				
City, State Allentown, NJ						al Date 20/2020	City, Sta		A					
Completed by Mahlon E. Stevens	Title Proje	ect Ma	anager		S	ignature				Date	3/20	20		

NOCK PAI	D	NOTIF	ICATIO	State of New ON OF ASB of to NJAC	ESTOS	ABATE	MENT 0)						
Date of Notification (1) 1/2/20		*	Name Allen	of Building Kovalick	Owner/	Operator	(2)		JA	N (202	20	1000000
Agencies Notified Type Notification			Street	Address	72/				1			1985 - 	1 2222
EPA Initial Amended Amendment Emergency (<u> </u>	Glen	tate, Zip Co Rock, N.		2		Section 7 1 th care	-150(-5)	OS 6 IDENS	DITT:		.i. L
DOH justification) DCA Justification				of Contact Kovalick					Telephone	Numbe			
Name of Facility Where Abatement is Taking	Diana	(0)	FAC	ILITY INFO	DRMAT	ION							
Residential Home	Place	(3)					Type of Facilit						
Street Address							Other (i.e etc.)	ter 8 (0	Other than te & comm	K-12) ercial bi	uildings	s, hom	es,
City (5) Glen Rock							Square Feet 2100	112	of Floors		Bldg. 65+/		
County (6) Bergen				Code (7) USE ONLY)			Current Use (F Residential			olished)			
Name of Monitoring Firm Hired by Building C Project Manager	wner (8	3)	ASCI	M No.			of Abatement C		tor (9)				
Street Address						Street	Address N. Midland A						
City, State, Zip Code						City, S	tate, Zip Code						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	lle Brook, No one No.	0766	Licens				
			npletion	Date (11)		27/19/2019	300-3184 of OSHA Monito	or	0130	5	× 4511 11		
1/7/20 Occupancy Status During Abatement (Check	1/11/2 Only O	1.00				Street	Address						
Facility Closed/Vacated During Entire Polyabetement Performed Outside of Normal	eriod of	Abaten	nent			City St	ate, Zip Code						
Other – Describe: 8 A.M to 4 P.M Scope of Work (Check All That Apply)						Oity, Oi	ate, zip code						
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedui	re			re	
Location of		s Locati Normal	y		Des	cription	of					ement ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar stodial S (12)	ice/ staff?		os Cont hermal surfac	aining Ma	aterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A			VAT			605 SF	-	-	e	
						VAI			000 31	X	-		
Name of Registered Waste Hauler All Stages Abatement		H	JDEP Wauler ID 036592	No.	Cubic of Was				tered Land tral Sanit		ndfill		
City, State Saddle Brook, NJ			,55552	-	Dispos TBD	al Date	City, Sta	ite		,		111	
Completed by Richard Cristofol	Title Pres	ident				gnature	Met 7.1	gyi,		Date 1/2/20			

Print Form

Inv# 17 2K2495	709 PA)		IFICATIO	tate of New Jer N OF ASBESTO t to NJAC 8:60	S ABATE		ECE	- Comments	<u> </u>	Pr	rint F
Date of Notification (1) 1/2/20				of Building Owner DeLuca	er/Operator	(2)	JAN	6 20	20		1
- Marketta & .	e Notification	-		Address							
⊠ EPA □	Initial					*	Amilyioso		n 1 .	ar di Sa	1
DEP	Amended			ate, Zip Code		2.00417.15.41	The data and the latest and the late				
X DOL	Amendment		North	Haledon, N.	07508				-	the state of	***
□ DOH	Emergency justification)	(iriciualing		of Contact			Telephone Nu	mber			
DCA L	Cancellation			DeLuca			1.				
Name of Facility Where Abate	ement is Takin	g Place (3)	FAC	ILITY INFORMA	ATION	Type of Facility	(4)				
Residential Home		g - 1400 (0)									
Street Address						School (K-	12) r 8 (Other than K-1	2)			
						Other (i.e.	private & commerc	ial bui	ldings	, hom	es,
City (5)						etc.) Square Feet	# of Floors	TE	3ldg. A	Aae	
North Haledon						2600	2		35+/-		
County (6) Passaic				Code (7) USE ONLY)		Current Use (Pri Residential H	or if being demolis	hed)		59-11-11	
Name of Monitoring Firm Hired Project Manager	d by Building (Owner (8)	ASC	M No.		of Abatement Contages Abatem					
Street Address			•			Address N. Midland Av	e.				
City, State, Zip Code						itate, Zip Code dle Brook, NJ (07663				
Project Manager for Monitoring	g Firm		Telepho	ne No.	Teleph	none No. 600-3184	License N 01305	10.			
Start Date (10) 1/4/20		Scheduled Co	ompletion	Date (11)	Name	of OSHA Monitor					
Occupancy Status During Aba	tement (Chec				Street	Address					
Facility Closed/Vacated D			ment	32		*				**	
Abatement Performed Ou Other – Describe:	utside of Norm	al Facility Hou	irs		City, S	tate, Zip Code					
Scope of Work (Check All That	t Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov Demo			×	Mini-Enclosure Glovebag Prod				e	
		Is Loca								ement	i
Location of Asbestos-Containing Mater TO BE ABATED In Facility		Norm Used So Mainten Custodial	lely by ance/ Staff?	Asbestos Co (i.e. therm		laterial (ACM) s insulation,	Amount (Specify SF or LF)	Rem	Rep	e Encap	Enclo

Location of	1000	Locati Normal	70000		Description of				Abate Ty	emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	Asbe (i.e	estos Containing Mate e. thermal systems ins surfacing, VAT, o other miscellaneou	sulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u>m</u>		ate	Ге
Kitchen		х			VAT		140 SF	x			
Dining Room		х			VAT		206 SF	×			
Hallway		x			VAT		82 SF	x			
Name of Registered Waste Hauler All Stages Abatement		Н	JDEP Wa auler ID 1 036592	No.	Cubic Yards of Waste 4 YD	2233121322220	Registered Landf Central Sanita		ndfill		
City, State Saddle Brook, NJ					Disposal Date TBD	City, State					
Completed by	Title				Signature	111	// [ate			

President

Richard Cristofol

1/2/20

B & G proj. #: 2020-09 PATO State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

D a o proj. ".	-		Billion and Billion Co.	2							Check	# 9822		11.0	1 1	nanana. Si pi	,
Date of Notificatio	n (1)	- 11	Name of	Building O	vne	er/Operator (2)						<u> </u>	3 11	19	- []		
10 11 1/10 13			Linda	Bocchine)							1001				STATE OF	And the second
Agencies Notified EPA	Type Notification	on	Street Ac	dress								JAN	0 2	202	U		2/
☐ DEP	I IIIII	- -	City, Stat	e, Zip Code	9			-		2 1.3	i india	10103	Q(z)	i i i		1 1	-
X DOL	Amenda			Ridge, N	J	7028				Gas-	i Time ta communica	LiOs	VERINE	1		· •	ž
▼ DOH	Cancella	- 11	Name of								Telephon	e Numb	er				
DCA			Linda	a Bocchir	10			_	- Control of the Cont					_			
				F/	ACII	LITY INFORM	ATIO	N		1=							
	rhere abatement is	taking p	lace (3)							Ту	pe of Facility ((4) ol (K - 12	2)				
Linda Bocchi	110				_			_				apter 8 ((Private/				2)	
Street Address											Bldgs.	Homes,	etc.	erci			
City (5)		Cou	inty (6)		-		Col	ur	ity Code (7)	S	quare Feet	# of Flo	ors		Ridg	g. Ag	е
Glen Ridge,	N I 07028		ssex				2599,227		e use only)		Current Use (P	rior if be	ing der	noli	shed	i)	
	ng Firm Hired by E				7	ASCM No.	L_	Т	Name of Abatement	1 -	esidential			_			
Name of Monitori	ng r mm r med by t	nag. Owi	101 (0)			AGOM NO.			B & G Restora								
Street Address				+ / 1				-	Street Address 105 Ryerson F	2000	4						
City, State, Zip Co	da				_		_	-	City, State, Zip Code	-			-		_		
City, State, Zip Co	ue							ĺ	Lincoln Park,		07035						
Project Manager for	or Monitoring Firm			Phone Nu	mbe	er		-	Telephone Number (973)696-686	59	2	The state of the s	se Num 00378				
Scheduled Start D	ate (10)	Sche	d. Comp	letion Date	(11)	-	t	Name of OSHA Mor		· Common						
01/20/2020			/21/202					-	B & G Restora Street Address	tion,	Inc.		-	_			
Occupancy Status	0.75								105 Ryerson F	Road	L						
	ed/vacated during performed outside							1	City, State, Zip Code	9							
Describe:Other-Descri							-	1	Lincoln Park, N	NJ 0	7035						
	check all that apply)						W	rap & cut							- 11	
Demolition	X	Renovat	ion				_		ull Containment w/ne	egativ	e pressure	✗ Glov					
>3 sf or >3	lf 🔲	≥160 sf o	.535	W	In la		X	M	lini-enclosure			Non	-friable		R		
Location of asbestos-co	and the second s	by main	tenance/	ally used so custodial	lely		on of	as	sbestos-containing		Amount		e m	1	e	n o	E n
material to be abated in fa	MANAS	staff(12) Yes	No	N/A	_	material			•		(Specify S LF)	SF or	o v		a	c a p	c L
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storage room & m	alli basement		╫		=	pipe inicul	ation.	-			0011			1	ΞĦ		
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Registered Waste		NJI	DEP Hau	ler ID#	С	ubic Yards of	Waste	9	Name of Registered	d Lan	dfill		_ _	1	-1	Ц.	
B & G Restora	ation, Inc.		19563	Disposa	al D	1 ate		_	Grand Central City, State	Lan	атііі			_			
Lincoln Park,						/21/2020		_	Pen Argyl, PA							,	
Completed by (Pri Gordana Lun		Title Secret	ary/Tre	asurer		Signature		(Gordana Luna			Date 01/	03/20	20			
					_		-	_						_			

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

Check # 9821

Date of Notification	12-12-1-12-12	11	Name of	Building Ow	ner/Operator (2)		FEG	EIV		1	
10 11 1/10 13	1/12101	- 11	John	Salamone						1,53	And	
Agencies Notified	Type Notifica	tion	Street Ad	Idress							111	151
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☐ DEP		1+	City, Sta	te, Zip Code				-				
X DOL	Amend	ment	Boor	iton, NJ 07	7005				NEW YORK	310		-
X DOH		- It	Name of	Contact				The second section is a second section of the second section in the second section is a second section of the second section is a second section secti	e Number	THE RESERVE OF THE PERSON NAMED IN	William water	
☐ DCA	☐ Cancell	lation	Johr	Salamone	е				24			
•				FAC	CILITY INFOR	MATIO	N					
Name of facility wh	nere abatement	is taking p	place (3)					Type of Facility (
John Salamor	ne							1 =	l (K - 12) apter 8 (Othe	than l	(10)	
Street Address									Private/Comr			
								Bldgs./	Homes, etc.			100
City (5)		Cor	unty (6)			Cor	unty Code (7)	Square Feet	# of Floors	"	ldg. A	nge
Boonton, NJ	07005	М	orris				ate use only)	Current Use (Presidential	rior if being de	emolish	ed)	
Name of Monitorin	g Firm Hired by	Bldg. Ow	ner (8)	-	ASCM No.		Name of Abatement					-
							B & G Restora	tion Inc				
Street Address							Street Address		- Auto-			
~ ~ ~ ~ ~							105 Ryerson F					
City, State, Zip Cod	е						City, State, Zip Code Lincoln Park,					
Project Manager for	Monitoring Firm	1		Phone Num	her	_	Telephone Number	143 07033	License Nur	phor	-	
r roject Manager for	Workoning 1 in			Phone Nam	bei		(973)696-686	9	0037			
Scheduled Start Da	te (10)	Sche	ed. Comp	etion Date (1	11)	_	Name of OSHA Mon					
01/15/2020		01.	/16/202	0			B & G Restora	tion, Inc.			-	
Occupancy Status D	During Abateme	nt (Check	only one				105 Ryerson R	toad				
Facility closed							City, State, Zip Code	**************************************				
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Other-Describ	oe:					_	Lincoln Park, N	IJ 07035				
Scope of Work (ch		y)					wrap & cut					
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asbestos-con material to be		staff(12)			Descript material		sbestos-containing	Amount (Specify S	For m	p	n c	n
abated in faci	lity (13)	Yes	No	N/A	material	(110141)		ĹF)	o v	i	a	Ľ
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Lincoln Park, N	IJ				1/16/2020		Pen Argyl, PA					¥.
Completed by (Print	or Type)	Title	32.55		Signature		Gordana Luna		Date			
Gordana Luna		Secreta	ary/Trea	surer			Yordana Luna		01/03/20	20		



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

	24									Check	# 9820					
Date of Notification	1 (1)	- 11	Name of	F Building Ox	wne	er/Operator (2)			1/1-5			W	15	1	- 1	_
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Agencies Notified EPA	Type Notificat	ion	Street Ad	ddress					F()	II JA	N 6	202	n		111	=
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X DOL	Amend			ders, NJ (836					acata. Acata.		Cl.	4	1	
⋉ DOH	П.,		Name of	Contact					(1,5-1)	Telephon	CONTRACTOR OF STREET			. s.		
☐ DCA	☐ Cancella	ation	Meli	nda Marq	uis	3						<u> </u>				
				FA	CI	LITY INFORM	ATIO	1								
Name of facility wh	nere abatement i	s taking p	lace (3)						Туре	of Facility (
Melinda Marq	uis									=	I (K - 12) apter 8 (C	ither t	han K	-12)		
Street Address										X Other	(Private/C 'Homes, e	omme		, -,		
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Flanders, NJ			orris				(018	te use only)		rent Use (P idential	rior if bein	g den	iolish	ed)		
Name of Monitorin	g Firm Hired by	Bldg. Owr	ner (8)		T	ASCM No.		Name of Abatemen	t Contrac	ctor (9)						_
Street Address					_			B & G Restora Street Address	tion, In	C.						_
Street Address								105 Ryerson	Road							
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D-:(W	\$4 - 14 - 1 - F1			Tel VI			_	Lincoln Park	, NJ 07	035						_
Project Manager for	Monitoring Firm	1		Phone Nur	nbe	er	1	Telephone Number (973)696-68	69		License 00	Numb 378	er		- 1	
Scheduled Start Da	te (10)	Sche	d. Comp	letion Date	(11)	-	Name of OSHA Mo								
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asbestos-con material to be		staff(12)	tenance/	custodiai				sbestos-containing		Amount (Specify S	F or	m	e p	n	n	
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lower level			╁	×	\neg	VAT & ma	stic		-	460 sf		e		П	1	Ī
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Registered Waste H B & G Restorat	auler ion, Inc.	NJE	DEP Haul 19563	er ID#	Cl	ubic Yards of V 5	vaste	Name of Registere Grand Central	Landfil	1						
City, State Lincoln Park, N				Disposal (ate /16/2020		City, State Pen Argyl, PA								
Completed by (Print	or Type)	Title			7	Signature	-	1			Date			_		-
Gordana Luna		Secreta	ary/Trea	asurer				Gordana Luna			01/03	3/202	0.0			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 1 3 PSE&G / Job #1909-5528 Check #11995 Agencies Notified Type Notification Street Address **⊠** EPA 404 University Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # LiCulvania Newark, NJ ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Mike Pivirotto 201-522-1724 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Saint Bridget's Housing ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 404 University Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Vacant Facility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __1__ / __13__ / __20__ __2 / 21 / 20 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containme ☐ Mini-Enclosure Full Containment with Negative Pressure ≥3 sf or ≥3 If ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Enclosure Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SEE П SEE ATTACHED ATTACHED П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill AbateTech, Inc. Hauler ID No. Waste Grows-Fairless Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 2/21/20 Morrisville, PA 19067 Completed By (Print or Type) Signature Gwendolyn Trumbetti Operations Coordinator



Please authorize this work to be completed by signing in the space provided and faxing this proposal back to our office @ (609) 265-2109.

Authorized Signature



- 5 SF Black Tar at Chimney
- 228 SF Grey Tar at Parapet Wall
- 100 LF Black Coping Stone Seam Tar
- 5 SF Black Coating to Leveling Compound at Chimney
- 3 LF Black Tar to Window Lintel at West Wall
- 6 SF Black Tar to Window Assembly at West Wall
- 15 LF Black Residual Wall Tar at South Wall
- 1 SF Tar to Stack
- 28 SF Tar at East Parapet Wall
- 100 LF White Door Frame Caulk in Reception Area
- 60 SF Brick Mortar MER
- 20 LF Expansion Joint Material MER
- 20 LF Black Tar to Window Arc in Chapel
- 180 SF Glue Backing to Mirrors
- 1 SF Gasket to Water Meter



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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	. 9		15 		ALM SWING
	11			No.	PT-ST-INE

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Date of Notification (1)					Na	me of Build	ling O	Owner/Operator	(2)	JAN	1 6	20.	20	171.
1 / _2	/	2	20			Robert Wo	ood .	Johnson Hos	pital / Job #1	912-5 <u>57</u> 3 Che	ck#119	94		1
	pe Notif	fication	n		Str	eet Address	S				(18).	3.07	1000	
	Initial				(One Rober	rt Wo	ood Johnson	Place		t/kg[Vall	NC2		minutes see
☑ DOLWD ☐	Amend		ш			y, State, Zip						77.00		
	Amend			ing.	1	lew Bruns	swic	k, NJ 08901						
(NJAC 5:23-8)	justifica		iricidai	iig	_	me of Conta				Telephone N	umber			
	Cancell	lation			P	Kristen Bel	11			732-937-8				
					F	ACILITY I	NFO	RMATION						
Name of Facility Where Abate			ng Plac	ce (3))				Type of Facility	(4)				
Robert Wood Johnson	Hospi	tal							School (K-1	2)				
Street Address									Subchapter	8 (Other than Korivate and com	-12)			
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City (5)		===							Square Feet	# of Floors	E	Bldg. /	\ge	
New Brunswick														
County (6)					Co	unty Code ((7)(ST	ATE USE ONLY)	Current Use (Pr	rior if being dem	olished)			
Middlesex									Hospital					
Name of Monitoring Firm Hired	d by Bui	lding	Owner	(8)	ASC	M No.			ent Contractor (9)					
Omega Environmental							1	AbateTech, I	nc.					
Street Address							Str	reet Address						
280 Huylar Street							_	30 Maple Ave						
City, State, Zip Code South Hackensack, NJ (07000						100000	ty, State, Zip Co						
Project Manager for Monitoring				1=	1			_umberton, N	IJ 08048					
Geiser Fajardo	j riim				elephon	e No. 9-8700	0.00	lephone No.		License No.				
Start Date (10)	- 1	Schoo	lulad (ate (11)		309-265-2107		00529				
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☐ Facility Closed/Vacated Dur	•				ement			eet Address 200 Route 130) Namb					
Abatement Performed Outs	ide of N	ormal	Facilit	у Но	urs - De	scribe		y, State, Zip Co						
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Scope of Work (Check all that a	apply)							, milaminison	, 110 00077		and the second			
≥3 sf or ≥3 lf	11.55		₽ D					☐ Full Conta	ainment with Neg	ative Pressure				
\(\sum_{\geq} \geq 160 \text{ sf or \geq} 260 \text{ lf}			⊠ Re					☐ Mini-Encl	Osure Procedure					
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TO BE ABATED	a. (, 101)	"	Ma	inten	ance/			rmal systems in		Amount (Specify	Removal	Repair	ncap	nclos
IN Facility (13)			Cus	(12	Staff?			urfacing, VAT, ner miscellaneo		SF or LF)	\sigma		Encapsulate	Enclosure
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Name of Registered Waste Hau	ler			100	NJDEP		Cubi	ic Yards of	Name of Regist	ered Landfill				_
AbateTech, Inc.				ŀ	Hauler I	A STATE OF THE STA	Was	A CONTRACTOR OF THE PARTY OF TH	G.R.O.W.S.					
City, State					10/0		Disp	osal Date	City, State		-			
Lumberton, NJ								17/20	Tullytown, I	PA /				
Completed By (Print or Type)		Title						Signature	1		ate			
Gwendolyn Trumbetti		Op	erati	ons	Coord	inator		(/ M/	V	-2	-71)	
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Inv#17007

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Date of Notification (1)	42					ding Owner/Operato		JAN_	- 6	2020	}_	110
	-	19	-		US Army Check#11	Corps of E	ingineers Lou	isville Distric	ct	Job#	190	07-55
	otificatio	n			reet Addres				3 (1)	11111	1.7	-4
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	rgency		dina	1	Louisville,	KY 40201-0059						
(NJAC 5:23-8) justi	fication)		9	Na	me of Conta	act		Telephone Nu	ımher			
☐ Can	cellation			P	Matthew T	urner		609-562-2				
Name of the last				F	FACILITY I	INFORMATION						
Name of Facility Where Abatemen	t is Taki	ng Pl	ace (3)			Type of Facility	(4)				
JB MDL Barracks 5403							School (K-1	2)				
Street Address							Subchapter	8 (Other than K-	12)			
1st Street & Delaware Avenu	ue						homes, etc.	rivate and comm	ercial	buildin	igs,	
City (5)							Square Feet	# of Floors		Bldg. A	Age	
Fort Dix										3	.50	
County (6)				Co	ounty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		
Burlington							Air Force B			<i>.</i>		
Name of Monitoring Firm Hired by E	Building	Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
Health & Safety Services						AbateTech,						
Street Address						Street Address					1222	
PO Box 365						30 Maple Av	e. PO Box 25					
City, State, Zip Code						City, State, Zip C	ode					
Berlin, NJ 08009				3		Lumberton, I	NJ 08048					
Project Manager for Monitoring Firm James Proctor			2.0	lephon		Telephone No.		License No.			_	
Start Date (10)					4-8850	609-265-2107	•	00529				
46	Scheo	luled			ate (11)	Name of OSHA N	lonitor					
	-	1		<u>81 .</u> /		EMSL Analyt	ical	±2				
Occupancy Status During Apatemen	t (Check	c only	one)		and the second	Street Address						
☐ Abatement Performed Outside of	ntire Per	riod o	fAbat	ement		108 Haddon A	Ave.					
Abatement Performed Outside of Time of Abatement:AM	Normal		ity Hou PN			City, State, Zip Co	ode					
					_AM	Westmont, N.	J 08108					
Scope of Work (Check all that apply)						57						
 ≥3 sf or ≥3 If ≥160 sf or ≥260 If 	ļ		enova emoliti			☐ Mini-Encl	ainment with Nega osure Procedure npted (*) and Non-		re			
			s Loca						-	ateme	nt T	vne
Location of Asbestos-Containing Material (AC	(M)		Norma ed Sol		0 - 1	Description of			1000	T		
TO BE ABATED	"",	Ma	aintena	ance/	Asbes (i.e.,	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova	=	nsd	nusc
(10)	t	Yes	No	N/A	+	other miscellaneo	us)	1500 U-18000MT			late	o,
See Attached				N/A	See Atta	ala ad						
		_	-		See Atta	cnea		See Attached				
				μ								
Inme of Decision												
lame of Registered Waste Hauler AbateTech, Inc.				JDEP V auler ID 18750) No. 1	Cubic Yards of Waste 40	Name of Register Fairless Lan					
City, State				.0.00		Disposal Date	City, State				_	
Lumberton, NJ						1/31/20	Morrisville, F	A				
Completed By (Print or Type)	Title					Signature	!	Date	ρ.			
Gwendolyn Trumbetti	Ope	erati	ons C	oordi	nator	$I \left(\Lambda \right)$	117	Date	コン	21-	-1	4

CK964 PA		NOT	TFICATI (Pursua	ION OF A	SBESTO AC 8:60 a	SABATE	EMENT (0)		3 6	E		\mathbb{V}	
Date of Notification (1) 12/26/2019			Name P.A.	e of Buildi	ng Owner eatheriz	r/Operato ation pr	r (2) rogram		JAN	§	6	2020	A Carrier .
Agencies Notified Type Notificatio EPA Initial Amended	n		345	et Address central	avenue					Ud (, , , , , , , , , , , , , , , , , , ,	1772 1	1 1
DOL Amendmen		ng	Jers	State, Zip sey City,	NJ,073	07			- Li	CARIN	anii () 	
DOH justification Cancellation)		John	of Contain Medin	а				hone N -616-9		r		
Name of Facility Where Abatement is Taki Private House	ng Place	(3)	FA	CILITY IN	FORMA	TION	Type of Facilit	by (4)		_			
Street Address City (5)							School (H Subchap Other (i.e etc.)		than K-	12) cial bi	uilding	ıs, hor	nes,
Jersey city County (6)						11	Square Feet N/A	# of FI	loors		Bldg. N/A	Age	
Hudson			(STATE	y Code (7) E USE ONL) .n		Current Use (F PRIVATE H	Prior if being	demolis	shed)			1
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	CM No.		Name EHW	of Abatement C / ABATEMEN	ontractor (9))				
Street Address							Address RANKLIN ST	REET					
City, State, Zip Code						City, St	tate, Zip Code ERSON,NJ,0				and the second		
Project Manager for Monitoring Firm	10		Teleph	one No.		Telepho	one No. 333-5144	Li	icense N	No.			
Start Date (10) 01/08/2020	Schedu 01/09	lled Co	mpletion	Date (11)	Name o	of OSHA Monito	r	1274				
Occupancy Status During Abatement (Chec	ATT						ABATEMEN	II LLC			200		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: OCCUPIE	Period of	Abater	ment s		1.	89 FF	RANKLIN ST	REET					
Other – Describe: OCCUPIE Scope of Work (Check All That Apply)						PATE	ate, Zip Code RSON,NJ,07	7524					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolii				>	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure				·	
Location of		Normal	ly		Des	cription o					Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal: surfac	aining Ma	iterial (ACM) insulation, , or	Amou (Speci SF or L	ify	Remova	Repair	Encapsulate	Enclosure
BASEMENT	BASEMENT X						ION			30		ate	re
				PIPE IN	SULAI	ION	85 LF		Х				
													-
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic Y	ards.	Namo of	Registered L					
EHW ABATEMENT LLC			auler ID 37095		of Wast N/A			e TRANSF					
City, State PATERTSON,NJ					Disposa TBD	I Date	City, State Bronx,N						
Completed by /ictor Espiritu	Title Proje	ct Ma	nager		Sig	nature	w-w	Mr	Date 12/	26/2	019		

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

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NOCK		NO				SBESTOS ABA AC 8:60 and 5:1		~	0			Pridore Comp
Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	JAN	6	2020)	
	19)		V 2000		Congregation of	20					
Agencies Notified Type Notif ☐ EPA ☐ Initial	fication				et Address	field Avenue	i I	LIC	ic (.(.) Eksik		<u>:1 /3</u> eve	A
☑ DOLWD ☑ Amend	Trans.	10.457		1. 2.20000	State, Zip							
□ DHSS Amend					ımden, N							
DCA Emerge (NJAC 5:23-8) Emerge	ency (in	cludin	g		e of Conta							
(NSAC 5.23-6) Justilica				Service Co.	e or Conta			Telephone Nu				
- Cancer	iation							856-889-5	482			
Name of Facility Where Abatement is	Takina	- Di	(0)	FA	CILITY	NFORMATION						
Westfield Congregation of Je							Type of Facility (
Street Address	novan	15 44	tries	ses			School (K-12) Subchapter 8		12\			
2723 Westfield Avenue							Other (i.e., pr	ivate and comm	nercial b	uildin	as.	
City (5)							homes, etc.)				•	
Camden							Square Feet	# of Floors	В	ldg. A	\ge	
County (6)						7./07.77	3,200 SF	1		69		
Camden				Cou	nty Code (7)(STATE USE ONLY)	The second secon	1,000	lished)			
Name of Monitoring Firm Hired by Bu	م درادان		(0)	1001			Place of Wor	rship				
Finog Environmental	illaing C	wner	(8)	ASCM	No.	The second distriction of the second	ent Contractor (9)					
Street Address							d Mold Services	s, Corp.				
617 Stokes Road #4-318						Street Address	12 (0.00)					
City, State, Zip Code						1835 Underw						
Medford NJ 08055						City, State, Zip Co						
Project Manager for Monitoring Firm			1			Delran, NJ 08	3075					
Rebecca Rubnitz			1 2 3	ephone		Telephone No.		License No.				
Start Date (10)	0 1 1		1000		-9994	609-702-0400		00862				
12/18/19					ite (11)	Name of OSHA M	R - 8 1 (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		274			
			9.0	1_/	19	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement						Street Address						
☒ Facility Closed/Vacated During Ent☒ Abatement Performed Outside of N	tire Peri	iod of	Abate	ment		200 U.S. Rou						
Time of Abatement:AM	PM	//	_PM-	rs - Des 	AM	City, State, Zip Co		-3				
Scope of Work (Check all that apply)	-11-10 TH							- 22 250	10 ⁻			_
⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		⊠ Re □ De	novati molitic			☐ Mini-Enc ☐ Glovebag						
		Is	Locat	tion			inplod () dila 11011	Tiable I Toced		-4	T	
Location of			lorma	,		Description o	f			atem		1
Asbestos-Containing Material (ACI TO BE ABATED	VI)	Ma	ntena	ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	=
IN Facility			odial	Staff?	(I.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Eliciosule
(13)	-		(12)			other miscellane	ous)	01 01 11)	=		Encapsulate	ā
		Yes	No	N/A							(D	
Six Areas/Rooms					Carpet	and Floor tile		3,200 SF				
										П	П	Г
			П					Propries and the second] [-
	_								$\perp \square$	Ш	Ш	L
Inmo of Davies 1984			П.		Mant	0.11.11						
Mille Of Kedistered Wasta Haulas				JDEP V auler ID		Cubic Yards of Waste	Name of Registe			-1-2-2-1		
				32707		5	Grand Centr	al				
Champion Disposal				02101								_
Champion Disposal ity, State				02101		Disposal Date	City State					
Champion Disposal ity, State Hainesport, NJ 08036				02101			City State Penn Argyle	, PA				
Hainesport, NJ 08036 Completed By (Print or Type)	Title					Disposal Date	1		ate			
Champion Disposal ity, State Hainesport, NJ 08036		fice A				Disposal Date 12/31/19	1		ate D-9	23	10	7

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

NOCK			NO				BESTOS ABA AC 8:60 and 5:1		Extend	ŧ	no		Val
Date of Notification (1)	22 /	1	9				g Owner/Operator Country Club	(2) / Job#	1908-2479 Chi		7		
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notific		1		Stree	et Address 5 Springf	ield Avenue	The second secon	JAN	6 20	20	The state of the s	A CONTRACTOR OF THE PERSON OF
☑ DHSS ☐ DCA	Amendr	nent #		na		State, Zip (estfield, N			A second of the second of the			1	
(NJAC 5:23-8)	justifica	tion)				e of Contac hn Leshe	-	1. 1.4 /	Telephone Nu 908-233-9		14,71,71 11,214,71	i 	
					FA	CILITY IN	IFORMATION						
Name of Facility Where A		Takin	g Plac	e (3)				Type of Facility	(4)				
Echo Lake Country	Club							School (K-1		2)			
Street Address								Other (i.e.,	8 (Other than K-1 private and comm	ercial b	uildin	gs,	
515 Springfield Ave	nue		901534					homes, etc					
City (5) Westfield								Square Feet	# of Floors	В	dg. A		
			and the same of					20000	2		1913	3	
County (6) Union					Cou	nty Code (7)(STATE USE ONLY)		rior if being demo	lished)			
	Uised by Dui	lalta a d		(0)	1001			Residentia					
Name of Monitoring Firm Hillmann Consulting	and the second second	laing	Owner	(8)	ASCM	No.	Name of Abateme	137					
Street Address	g, LLC							d Mold Servic	es, Corp.				
1600 Rte 22 East							Street Address						
City, State, Zip Code							PO Box 1239						
Bordentown, NJ 085	505						City, State, Zip Co Delran, NJ 08						i i
Project Manager for Monit				Tel	phone	No	Telephone No.	5075	License No.	<u> </u>			
Mark Perlmutter	cornig r iiiri					3-7800	609-702-0400		00862				
Start Date (10)		Sched	duled (ate (11)	Name of OSHA M	<u> </u>	00862				
9 / 3 /	19		1_ /	1 18		20	EMSL Analyti			7			
Occupancy Status During	and the second s						Street Address						
☑ Facility Closed/Vacated☑ Abatement Performed							200 U.S. Rou		8				
Time of Abatement:	AM-	ormai Pi	racilit M/	y Hou PM	s - Des	AM	City, State, Zip Co						
70.11			-			•	Cinnaminson	, NJ 08077					
Scope of Work (Check all \(\geq 3 \) sf or \(\geq 3 \) If \(\geq 160 \) sf or \(\geq 260 \) If	tnat apply)			enovati emolitio			☐ Mini-Encl☑ Glovebag	Procedure	gative Pressure	ıre			
			Is	Locat	ion						atem	ent T	vpe
Location o	10		2507.60	Norma		25 10	Description of		i e e e e e				
Asbestos-Containing N TO BE ABAT		1)	Y038300	intena			stos Containing Mat , thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	(,,,,	surfacing, VAT,	or	SF or LF)	val	=	lusq	Sure
(13)			Yes	No.	N/A	-	other miscellaned	ous)				ate	(D
Phase 2B - added 11/7	7/19 (DONE)			N/A	Floor til	e & mastic (add	'I scope)	245 SF				
Phase 2A - Starts 10/31/19 (DONE)						Floor til	e (additional sco	ppe)	730 SF		П	П	П
Phase 2 - Starts 10/15/	/19						TACHED						
Phase 1 - Windows 9/3	3/19 (DONE)					up of debris fro	m pipe 12LF			П	П	П
Name of Registered Waste			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill		_		_	
Waste Management			Н	auler ID		Waste 5	Grand Cer	ıtral					
City, State	_			17273		Disposal Date	City, State						
Lafayette, NJ							11/15/20	Penn Argy	le, PA				
Completed By (Print or Typ	oe)	Title			-		Signature	-		ate	. He .		
Kaysi Gruner	20070070	ffice A	Assis	ant		AA	1	202	2-2	3.	197		

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

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

NOCK			NO				AC 8:60 and 5:1		END				
Date of Notification (1)					Nan	ne of Buildir	ng Owner/Operator	(2)					
	9 /	19	<u> </u>			ounty of (1000000	nber: 1910-	2509-2	Ghec	k#	VA.
Agencies Notified EPA	Type Notif					et Address 20 Market	Street			the U	anno oraș	Ho	A CONTRACTOR OF THE PARTY OF TH
☑ DOLWD ☑ DHSS ☐ DCA	Amend Amend	ment #	_	20		State, Zip amden, N		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JAN	6	20 20	1	100
(NJAC 5:23-8)	justifica	ation)	oraan	'9	Nam	ne of Contac	ct		Telephone N	lumber		1	
	☐ Cancell	lation			CI	nris Tassi			609-670-				
					FA	ACILITY IN	NFORMATION	100	- 100 751 0 000 000	E W. Callett		erat_r:	
Name of Facility Where		Taking	Plac	e (3)				Type of Facility (4	1)				
City Hall 6 th Floor								☐ School (K-12)					
Street Address								Subchapter 8	(Other than K	-12)			
530 Market Street								Other (i.e., pri homes, etc.)	vate and com	mercial b	ouildin	gs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
Camden								TBD	18		1929)	
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being dem	olished)			
Camden								Commercial					
Name of Monitoring Firm		ilding O	wner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
Pennoni Associate	es						Asbestos and	d Mold Services	, Corp.				
Street Address							Street Address						
515 Grove Street							1835 Underw	ood Blvd					
City, State, Zip Code	-042						City, State, Zip Co	ode					
Haddon Heights, N							Delran, NJ 08	8075					
Project Manager for Mor	nitoring Firm			Tel	ephone	No.	Telephone No.		License No.	03			
Brian Clark				8	56-547	7-0505	609-702-0400		00862				
Start Date (10)		Schedu	uled C	omple	tion Da	ate (11)	Name of OSHA M	onitor	2				
12 /20 /	19	_ 1	_ /	_ 1	5_/	20	EMSL Analyti	cal, Inc.					
Occupancy Status Durin	g Abatement ((Check	only o	one)			Street Address						
□ Facility Closed/Vacate	ed During Ent	ire Peri	od of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed	d Outside of N	lormal F	acilit	y Hou	rs - Des	scribe	City, State, Zip Co	On the State of th					_
Time of Abatement: _	AM	PM	/	_PM	-	_AM	Cinnaminson						
Scope of Work (Check a	Il that apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		92		novat molitic			☐ Mini-Encl ☐ Glovebag	Procedure					
		Т	ls	Locat	ion	1	⊠ Non-Exer	npted (*) and Non-	-riable Proce				
Location	of		١	lorma	lly		Description of				ateme		Ī
Asbestos-Containing		A)		d Sole intena			tos Containing Mat	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				odial		(i.e.	 thermal systems in surfacing, VAT, 		(Specify	VOU	air	aps	losu
(13)	•)			(12)			other miscellaneo		SF or LF)	<u> a</u>		ulat	Tre
			Yes	No	N/A			š.				e	
6 th Floor		- 1				Floor Til	le& Mastic		200 SF				
6 th Floor		[\boxtimes	Pipe Ins	ulation		180 LF				
]									П	П	
		Г											
Name of Registered Was	te Hauler				JDEP V	Naste	Cubic Yards of	Name of Register	ed Landfill				П
Waste Management	ŧ			10000	auler IE	No.	Waste	Grand Centra					
City, State					17273		5 Disposal Date	City, State		-			
Lafayette, NJ							1/15/2020	Penn Argyle,	ΡΔ				
Completed By (Print or Ty	(ne)	Title					1	Cilli Aigyle,					
Kaysi Gruner	(PG)		ice A	ssist	ant		Signature	X		Date 12.2	3.1	7	

NX 3117 Inv	+	Section of the section of)5 5tm	le of New Jer	resy		Value of the second sec	JAN_		020	Aria	AK 6
K317 PAI	DN	(Pu	rauani t	of Abbesto NJAC 8:60	end 12:12	(0)		PUUL-	10	DAY		
12/27/2019			Wick C	Building Own companies	er/Operato	r (2)	<u> </u>	LIGHIS	alive		-	
Agencies Natified Type Natifiestion			Street Ad 100 Wi	ktress oodbridge (Center D	ır.			/_			
DEP Amended Amendment #	1			e, Zip Code ridge NJ				MAIMERY	PPP		m	
DOH [ustification] DCA Cancellation	chiding	100	Name of Steven	Contact Barthel		, , , , , , , , , , , , , , , , , , ,		732-750-444				-
Name of Facility Where Abatement is Taking	Place (3	}	FAGIL	TYINFORM	ATION	Type	of Facility (4)	1			_	
The Loft Birent Address			*				School (K-12 Subchapter 6) (Other than K-12 vete & commercia) al bulid	inan i	nomes	١.
55 Brook St.						100	etc.) ire Feet	# of Floors		dg. Ag		-
City (5) Waodbridge, NJ			0	-d- 19/		88,	526	6 if being demolish	50)÷		
County (6) Mulddiesex County			County C (STATE U	SE ONTAL		For	mer Apartr	nents				
Name of Monitoring Firm Hised by Building O n/a	wher (8)		ASCM	No.	Ya	nnuzzi		miclor (9) entel Services				A STATE OF THE PARTY.
Street Address	6			10,		at Addre	ets sion Rd. Si	ulta #102			3	
City, Stale, Zip Code				· · · · · · · · · · · · · · · · · · ·	Cily.	Simie,	Zip Code NJ 07405				5957	
Project Menager for Monitoring Firm			Talephor	No.		phone 1 3-218-		License N 01228	Q.			
Start Date (10)	Sphed uk	id Con	npietion i	Date (11)	Nam	e of OS	HA Monker	1				
00cubanov Status Guring Abatement (Check			1200	-3		nnuzz	Group, In	D	4.1		4	
Facility Closed/Vaceled During Entire P. Abstement Performed Outside of Normal Other – Describe: <u>abandoned</u>	eriod of a	Abaten	nent		13I City	Stale.	elon Rd. S Zip Code		<u> </u>	···		
Scope of Work (Check All That Apply)					KII	ineion	, NJ 07405	1			-	
≥3 ef or ≥3 if ≥180 af or ≥260 if		lenova Semoli				H &	In-Englosure	ent with Negative (sedure (*) and Non-Frist				
	1 1	Local	Hon	,		ICH N	Fied → Tite in i	() WHO HOUSE HER	1	Abate	ement pe	
Location of Aebaetos-Containing Material (ACM) TO BE AGATED In Facility (18)	Me Cul	Norma ed Sold intena (todia) (12)	ally ely by ence/ Steff?	(l.e. the	Descripti Conteining rmal syste surfacing, ' ther miscel	Mater Ims Inst VAT, or	uistion,	Amount (Specify SF or LF)	Removel	Repair	Ersapsuiste	Endosure
beneath exterior windows	Yes	No	N/A X	transite	in archib	echura	Inspels	4800 af	×	-	-	-
building steel superstructure			X	ocated or		-		1200 II	ж		-	
materities manus ambation mutates												
Name of Registered Waste Hauler		1	NJDEPV	Vania 1 d	Subla Yard	0	Name of	Registered Landf	М	_		
Yannuzzi Group, Inc.			Hauler ID 17467	No. C	Weste 00		Blythe	Landfill				
Cily, State	10				Disposal D	ate	City, Stat					
Kinnelon, NJ Completed by	Title				Signa	tuber /	1770	The second name of the second na	ete		-	200

Dec

Chengene Date of Notification (1)	j	N		CATION	of New OF ASBE to NJAC 8	STOS A	ABATE		Annual Control of the	DE	G		V	Ę	Section 1
			- 1		Building (perator	(2)	H				000000		
12/27/2019					Compani	ies			- 11		JAN	T.	2021)	
Agencies Notified	Type Notification			Street A		ao Cor	otor Dr		1						
ĭ EPA [Initial		-		oodbrid		itei Di	•		1 (4)	171-171-171-18 171-181-181-181-181-181-181-181-181-181-	360,	1171	1.73	Ł.
X DOL	Amended Amendment				te, Zip Co oridge N					· · · · · · · · · · · · · · · · · · ·	L(0)	elsteils	ice n		A4 • • • •
□ DOH	 Emergency (i justification) 	ricidaling		Name of	Contact						hone Nur				
DCA [Cancellation				Barthe					732-	750-44	44			
Name of Facility Where Ab	estament in Taking	Diago (2)		FACII	LITY INFO	RMATI	ON	Type of	Facility (4	\					
The Loft	delient is Taking	Flace (3)							(S. 5)	2					
Street Address									nool (K-12 ochapter l		than K-12	2)			
55 Brook St.								oth	er (i.e. pr				ings,	home	s,
City (5)								Square		# of F	loors	BI	dg. A	ae	-
Woodbridge, NJ								68,525		6		100000	0+		
County (6)				County C	Code (7) ISE ONLY)				Use (Prio		demolish	ned)			
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Street Address	***************************************							Address	- D-I O	.:- 44	20				
City, State, Zip Code								Kinnelo State, Zip		uite # ii	J2				
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Project Manager for Monito	oring Firm			Telephor	ne No.		550% 511	none No. 218-088	30	11000	icense N 1228	0.			
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10/23/19				1200			Yanı	nuzzi Gr	oup, In	c.	3				
Occupancy Status During	Abatement (Check	Only On	é)	, , ,			Street	Address			-				
Facility Closed/Vacat	ed During Entire P	eriod of A	batem	nent			135	Kinnelo	n Rd. S	uite 102	2				
Abatement Performer Other – Describe: at	d Outside of Norm							State, Zip onelon, N		;					
Scope of Work (Check All	That Apply)			3-411/16/11	2000		13011	101011, 14	0 01 100						
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TO BE ABA		Cust	odial 3 (12)	Staff?	(1.6.	surfa	cing, VA	AT, or	,,		r LF)	Remova	Repair	Encapsulate	Enclosure
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Yannuzzi Group, Inc.			H	lauler ID 7467		of Wa		1	Blythe I		a Landiii				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 01 02 20 ULA 211 Properties, LLC Agencies Notified Type Notification Street Address **⊠** EPA 1069 East 9th Street □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Broklyn, NY 11230 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Avi 646-946-2748 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age **Bradley Beach** 4000 2 70 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 13 / 20 01 / 17 / 20 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf ☐ Renovation ☐ Mini-Enclosure □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclos Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff?

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