(K#5729

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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1	JUL	18	2018	

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Date of Notification (1)		-		of Building Ou								- Ludow
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DCA Cancellation	1	į		Shurt						v .		- <del>j</del>
Name of Facility Where Abatement is Takin	n Place (3)	1	FAC	LITY INFOR	MATION		Type of Facility	(4)				
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Street Address							School (K-	12) r 8 (Other than K-1:	2)			
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City (5)							etc.) Square Feet	# of Floors	1 8	3ldg. A	ino	
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County (6)			County	Code (7)		-		ior if being demolis	hedi	1.		
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Project Manager for Monitoring Firm		1	Telepho	me No.	1 16	elephor	18 No.	License N	o.			
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Start Date (10)	Schedule	d Con	noletion	Date (11)	N:	ame of	OSHA Monitor					
7/25/18		·)-			- In the second							
Occupancy Status During Abatement (Chec	k Only One	e)			S	treet A	ddress					
Facility Closed/Vacated During Entire I	Period of A	baten	nent		_							
Abatement Performed Outside of Norm Other – Describe:	1 / OO	Hours	5		Ci	ity, Sta	te, Zip Code					
Scope of Work (Check All That Apply)	14.1											
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Location of Asbestos-Containing Material (ACM)		ormal I Sole		0-5	Descrip				-	T		
TO BE ABATED		ntena					erial (ACM) asulation.	Amount (Specify	70	_	E .	m
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## CKHS128 PAID

Date of Notification (1)

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

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lame of Bu	uilding Owner/O	perator (2)	to the JUL	8	5 20	18	Common or or
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City, State,	Zip Code	E, New Su	Self Teléphone Num	hor	e, and it is without		Castron.
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	TY INFORMATI	ON	<u>i</u>	-			
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		Square East	# of Floors	Bio	D. Ag	je f	
County Co		Current Use (Pr	ior if being demolished	ed)			
(STATE US			s.derle				
ASCM	No.	Name of Abatement Co	intractor (9)	7 -	1	2	
-		Street Address	7/4-011	0)	16	1	
		95 Monties	send				
		City, State, Zip Code	, , , ,				
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Telephone	No.	Telephone No.	/ License No	/	5		
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pletion Da	ate (11)	Name of OSHA Monito	_				
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enî ;		City, State, Zip Code					-
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N/A	e 1		10500,15	1		,,,	
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	/ 44.00	×			<u> </u>	<u> </u>	-
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UDEP W	No. of W	ic Yards Name	of Registered Landfil	1			
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71418	1	The 10	an Wi	X tel	1					1
Agencies Notified Type Notification	And the second s	Street Add				ASBESTS	)S C(	TINC	ROL	8
DOH Initial Amended Amendment # Emergency (in justification)		Name of (		2,1	ven Se		TEMS.	INC	41.04.75	and the contract of the contra
<u> </u>		FACIL	ITY INFORMATI	ON	= (5 ''' /	4)				
Name of Facility Where Abatement is Taking Wixe Concerns Street Address	Place (3)			the exchange of the second state of the second	Other (i.e. p etc.)	2) 8 (Other than K-12) rivate & commercial	buildi			N.
City (5)				Willer	Square Fact	# of Floors	510	D. Ag	f	and the state of t
County (6)		County C	ode (7) SE ONLY)		Current Use (Pric	or if being demolishe	d)			
Name of Monitoring Firm Hired by Building C	Dwner (8)	ASCM	No.	Name	of Abatement Cor	1.	η -	<u></u>	.(	The state of the s
Street Address				Street	Address	olation (	0)	<u></u>	10	-
City, State, Zip Code				City, S	MO7+10	JENC -	170			-
	3	Telephon	e Ma	( o	HS MCC	W NO 07	+0	<u>力</u> 。	7	- Andrews
Project Manager for Monitoring Firm	9			73:	of OSHA Monitor	7 000	20	1		The state of the s
Start Date (10) \	Scheduled Co	1 1	Date (11)							
Occupancy Status During Abatement (Chec		ment		Street	Address		V-1-1-2-1-2-			- Anna Carlo
Abatement Performed Outside of Norm Other – Describe:	ral Facility Hou	rs		City, S	State, Zip Code					
Scope of Work (Check All That Apply)					7		94			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renov Demoi				Mini-Enclosur Glovebao Pro				Э	Bally and other sections
	1s Loca							Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodial (12	lely by lancel I Staff?	Asbestos Con (i.e. therma surfa	escription taining that system acing, Vi miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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exterior	and the second	X	Sidir	9 1	2011	d 1	13			
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Name of Registered Waste Hauler		NJDEP W		c Yards	Name o	Registered Landfill	1	<u></u>		
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City State			Dispo 7-1	osal Dat	e City Sta	ton, PIT				
Completed by	Title De (10+0	NICOL		Signatur	6 //	Da	te H	4/,	S	
100 11 10 57 081	p. C.			* Do r	not use this form for	or asbestos licensus	е ехег	npted	activ	ities.



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

	PAT	D			CATION	OF ASB	of New Jersey ASBESTOS ABATEMENT NJAC 8:60 and 12:120)							V	E			
	e of Notification (1) /09/2018					f Building t Mack	Owner/0	Operator	(2)	1		JUL	. 1	6 2	018	to the same	IJ	
Age	ncies Notified	Type Notification			Street A	ddress					- Control							
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x x	DEP	Amended				te, Zip Co		_		Land	and the state of the land	L!(	DENS	SING	HOL	Č		
	DOL	Amendment Emergency		-		field, NJ	0/00	3							and the state of t	Mary Startes	verren	
×	DOH	justification)				f Contact					l Te	lephone	Num	ber				
Ш	DCA	Cancellation	1			t Mack												
Nan	ne of Facility Where	Abatement is Takin	g Place (	3)	FACI	LITY INFO	DRMAT	ION	Type	of Facility (	4)							
	use		3 (	,						School (K-1	0.00400							
Stre	et Address			1 11 30 150						Subchapter		er than	K-12	)				
										Other (i.e. petc.)	orivate	& comm	ercia	I build	lings,	home	es,	
City	(5)									re Feet	# 0	f Floors	· ·	В	ldg. A	ge		
Blo	omfield								N/A		N/	A		N	/A			
	inty (6)				County (				Curre	nt Use (Pri	or if be	ing dem	olishe	ed)				
Es	sex				(STATE U	JSE ONLY)	-		Hous	se								
Nan N/A	ne of Monitoring Firm	Hired by Building	Owner (8)	ÿ	ASCM	No.				tement Cor ement, In		(9)						
Stre	et Address									Address osengren Avenue								
City	, State, Zip Code							City, State, Zip Code Totowa, NJ 07512										
Proj	ect Manager for Mor	nitoring Firm			Telepho	ne No.							License No. 01311					
	t Date (10) /19/2018		Schedul 07/20/		npletion (	Date (11)		Name of OSHA Monitor D&S Abatement, Inc.										
	upancy Status Durin	g Abatement (Chec					Street Address										- 10	
П	Facility Closed/Vac			1000 <b>0</b> 00 0000	ont			1946676		gren Avei	nue							
×	Abatement Perform Other – Describe: 9	ed Outside of Norn	nal Facility	/ Hours	ient		City, State, Zip Code Totowa, NJ 07512											
Sco	pe of Work (Check A	II That Apply)							1	117-1-1-1			_					
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit	tion Mini-Er Gloveb					i-Enclosure vebag Pro	Containment with Negati -Enclosure vebag Procedure -Exempted (*) and Non-F							
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,	Asbestos-Containing	Material (ACM)		ed Sole			tos Con	taining N	Material			Amount				ш	m	
	TO BE AB. In Facil	ATED litv	4	todial S		(i.e.		I system icing, VA		ition,		Specify F or LF)	5	Remova	Repair	Encapsulate	Enclosure	
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			Yes	No	N/A								15			ite	æ	
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	S Abatement, Inc	<b>)</b> .	No.	of Waste TBD Waste Management of PA														
Toto	, State owa, NJ								TBD City, State Morrisville, NJ									
	pleted by		Title				Signature Date											
iveo	Joksimovic		Proje	ect IVIa	nager		07/09/20						2018	J18				



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

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Date of Notification (1)					Name	of Buildin	g Ow	mer/Operator (	2)	IN E		li	17		-111	
	16 /	18	_		Muhlenberg Urban Renewal, LLC  Street Address											
Agencies Notified	Type Notifica	ation			Street	Address					0 4	0	0010		-	
⊠ EPA	Initial						ept !	Suite 400		JU JU	JL ]	ধ	2018			
☑ DOLWD	☐ Amended	1				State, Zip (				1					-	
⊠ DOH	Amendme										7700	201	NTD/	71 5	- L	
□ DCA	☐ Emergen		luding			omfield,		77003		ASBES	1105		IC.	الله و	A	
(NJAC 5:23-8)	justification Cancellat	100			0.00 (0.000,000	of Contac				Telephone N	lumber.		president and		**********	
	☐ Cancellat	1011				rren Spra	_			908-670-	5711					
11 (5 111 111					FA	CILITY IN	FOF	RMATION								
Name of Facility Where Al	batement is T	aking l	Place	(3)					Type of Facilit	y (4)						
Commercial									School (K-							
Street Address										r 8 (Other than K private and com		huil	dinas			
1200 Randolph Road	d- Building	10							homes, etc			Dun	ugo			
City (5)									Square Feet	# of Floors		Bld	g. Age	9	$\neg$	
Plainfield															- 1	
County (6)					Cour	ity Code (7	)(STA	TE USE ONLY)	Current Use (I	Prior if being den	nolished	)			$\neg$	
Union												100				
Name of Monitoring Firm I	Hired by Build	ling Ov	wner (	8)	ASCM	No.	Nar	me of Abateme	ent Contractor (	9)					$\neg$	
Bio Terra Solutions									NAGEMENT							
Street Address							Street Address									
P.O. Box 1224							2	7 Outwater	Lane							
City, State, Zip Code							City	, State, Zip Co	ode			-		_	$\dashv$	
Union, NJ								arfield, NJ								
Project Manager for Monito	orina Firm			Tele	phone	No	_	ephone No.	0,020	License No		_		_	$\dashv$	
Rick Eustaguio	- · · · · · · · · · · · · · · · · · · ·				73-494						•					
Start Date (10)	Is	chedu	led Cr	1	tion Da		973-928-4888 1188  Name of OSHA Monitor								_	
_07_ / _25 /					1		A									
Occupancy Status During							1000									
☐ Facility Closed/Vacated					mont		1000	eet Address	0							
☐ Abatement Performed						cribe	27 Outwater Lane City, State, Zip Code									
Time of Abatement:	AM	PM/	/	PM-	3 - DC3	AM										
X Saturday						570000	G	arfield, NJ	07026							
Scope of Work (Check all	tnat apply)							X Wrap ar	and Cut ntainment with Negative Pressure							
≥3 sf or ≥3 lf			⊠ Rer	novati	on			Mini-Enc	tainment with Negative Pressure							
≥160 sf or ≥260 lf			_ Der	molitic	n				g Procedure		ia.					
			lo	Locat	ion			∐ Non-Exe	mpted (*) and N	Ion-Friable Proce	- 1				_	
Location of	nf	-		lorma				Description of	£		1		temer		-	
Asbestos-Containing N		)			ly by	Asbe	stos (	Containing Ma		Amount	1	D	Re	E	E	
TO BE ABAT				ntena	nce/ Staff?		., the	rmal systems	insulation,	(Specify		Removal	Repair	cap	clos	
IN Facility (13)	/		Ouot	(12)	otun:			urfacing, VAT ner miscellane		SF or LF)	2			Encapsulate	Enclosure	
(1.5)		8	Yes	No	N/A		Oti	ioi illisocilario	ousy					6		
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Desement		-		_	-	and the second second	Sions		and Out			-		븨		
Basement						Elbow I	nsul	lation		3 Elbows	5   2					
			П	П							1	-		7		
Name of Registered Waste	e Hauler		_			Masta	Cul	oic Yards of	Name of De	ristored Landen		-1			Ш	
111.1.15							Was			gistered Landfill terprises/ GRO\	NS Lan	dfill	V			
SW-24310							Α	s Needed	Fairless La			900000	(9)			
City, State							Disposal Date City, State									
Shirley, NY/ Elizabeth, NJ							TBD Waynesburg, OH/ Morrisville, PA									
Completed By (Print or Type) Title								Signature	*		Date				$\neg$	
Allen Monchik Project Manager								Allon.	Allen Monchik 7/16/18							
		L						1.10000	, , vi ivaly	_			5.00		1	



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

B & G proj. #: 2018-143

Check # 9084 Date of Notification (1) Name of Building Owner/Operator (2) 10 17 1/11 16 1/11 18 1 Blairstown Board of Education Agencies Notified Type Notification Street Address JUL 1 8 2018 ☐ EPA X 1 Sunset Hill Road Initial ☐ DEP City, State, Zip Code ASBESTOS CONTROL & X DOL Amendment Blairstown, NJ 07825 LICENSING X DOH Name of Contact Telephone Number Cancellation ☐ DCA Molly Petty 908-362-6111 Ext. 106 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Blairstown Elementary School (NON Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 1 Sunset Hill Road Bldg. Age Square Feet # of Floors County (6) City (5) 50,000 County Code (7) 50+ (State use only) Current Use (Prior if being demolished) Blairstown, NJ 07865 Warren elementary School (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. **RK Occupational** 0090 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 401 St James Avenue City, State, Zip Code City, State, Zip Code Phillipsburg, NJ 08865 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Pat McGuinness 908-454-6316 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 07/26/2018 07/28/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition |X | Renovation ☐ Full Containment w/negative pressure Glovebag procedure >3 sf or >3 lf ¥ ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial е е asbestos-containing п Description of asbestos-containing Amount n m staff(12) p C material to be (Specify SF or material (ACM) 0 a a abated in facility (13) Yes No N/A p Main Office X VAT & mastic X 1,150 sf **Buisiness Office** X X VAT & mastic 385 sf Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# B & G Restoration, Inc. 19563 15 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ Pen Argyle, PA 07/28/2018 Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna Secretary/Treasurer 07/16/2018

B & G proj. #: 2018-144 A T D

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

										Check	# 9085				_
Date of Notification	(1)	П	Name of	Buildi	ng Own	er/Operator (2	) [		П	10 E3 E-1	-				
10   7   /   1   6   Agencies Notified			Fred	Pasto	35.			NEGE		<u>VEN</u>	Marie de L'Arrive				
EPA  DEP	Type Notifica  Initial	uon   [	Street Ac	idress			Equipment of the state of the s		8 2	018	derector to				
X DOL	Amend		City, Stat Ram		Code NJ 074	446			manifest continues on the		AND THE PARTY OF T				
<b>X</b> DOH		1	Name of	Contac	ot .		-	ACRESTOS LIGEN	of the last of the	7	ne Numbe	r			
☐ DCA	☐ Cancel	ation	<u> </u>					LIV	1 1 1 1 1 1 1		-1				
					FAC	ILITY INFORM	IATIO	N							
Name of facility wh	ere abatement	is taking p	lace (3)						TT	Type of Facility					
Fred Pastore											ol (K - 12) napter 8 (0		han k	(-12)	
Street Address					365-350-350					X Other	(Private/C /Homes,	comme		,	
									_	Square Feet	# of Floo	rs	В	ldg. A	ge
City (5)		Cou	inty (6)				County Code (7) (State use only)  Current Use (Prior if being of								
Ramsey, NJ			ergen				(0.0		ng den	nolish	ea)				
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)			ASCM No.		Name of Abatem							
- C	1					n/a		B & G Resto	ration	n, Inc.					
Street Address								Street Address 105 Ryerso	n Roa	ad					
City, State, Zip Code	e						-	City, State, Zip Co	de						
-								Lincoln Par		07035					
Project Manager for	Monitoring Firn	1		Phone	Numb	er		Telephone Number (973)696-6			License 00	Numb 0378	per		
Scheduled Start Dat	te (10)	Sche	d. Compl	etion [	Date (1	1)	-	Name of OSHA N							
07/27/2018		07/	28/201	8				B & G Resto	ratio	n, Inc.					
Occupancy Status D					SCHURE III			105 Ryersor	Roa	d					
Facility closed Abatement pe Describe:	I/vacated during rformed outside				nt.			City, State, Zip Co	ode	40					
Other-Describ	oe:							Lincoln Park	, NJ	07035					
Scope of Work (che	eck all that appl	y)													-
Demolition	X	Renovation	on				F	Full Containment w	/negat	ve pressure	<b>✗</b> Glove	bag pr	oced	ure	
>3 sf or >3 lf		≥160 sf or					X	Mini-enclosure		I	Non-f	riable	oroce	dure	
Location of	taletee	Is location by maint				İ					1	R	R	E n	E
asbestos-cont material to be	_	staff(12)	1			Description material (		sbestos-containing	]	Amount (Specify S	SF or	m	p a	C	n
abated in facil	lity (13)	Yes	No		N/A		,			LF)		V	i	a p	L
crawl space A	×	pipe (wrap	& cı	ut)		50 If		e X							
crawl space B					Х	pipe insula	ation			35 If		X			
							-	775-42800 H 10-10-10-10-10-10-10-10-10-10-10-10-10-1							
-														旦	世
Registered Waste Ha	auler	INID	EP Haule	ar ID#	10	ubic Yards of V	Naste	Name of Registe	redla	ndfill			Ш		
B & G Restorati	ion, Inc.		19563			1 1/2									
City, State Lincoln Park, N	IJ			Dis	posal D 07/3	ate 0/2018		City, State Pen Arg	yle, F	PΑ					•
Completed by (Print Gordana Luna	or Type)	Title Secreta	ry/Trea	sure		Signature		Gordana Luna   Date   07/16/2018							



1					N OF ASE to NJAC					E C		$\mathbb{V}$	E	.In	ancara.
Date of Notification (1) 07-12-18				Name o	of Building	Owner/0	Operator	(2)		, 1111	1 8	2010			TOTAL STREET, CALLED
Agencies Notified  EPA	Type Notification			Street A	Address Hadley	Rd.					- 1-3-	7.010		Division of the last of the la	
DEP DOL	Initial Amended Amendment				ate, Zip C Plainfie			100000		ASBEST L	OS CC	NTHO NG	SL&	J	700
DOH DCA	Emergency ( justification) Cancellation	including	'		of Contact			12	To the second se		none Nu 289-41				
	1-				ILITY INF		ION			102	200-41		75000		
Name of Facility Where PSEG Hillside Sub		g Place (	3)					Control	of Facility (4 school (K-12						
Street Address 438 Hillside Ave								S X	ubchapter other (i.e. pr	8 (Other t	than K-1 ommerci	2) al buik	dings,	hom	es,
City (5) Hillside								Square N/A	tc.) e Feet	# of FI	oors	1	ldg. A	ge	
County (6) Union					Code (7)	)		Curren	nt Use (Prio	r if being	demolisi				
Name of Monitoring Firm	m Hired by Building (	Owner (8	)	ASCN N/A	d No.			of Abate	ement Cont	ractor (9)					
Street Address N/A				18/74			WRS Environmental Services, Inc. Street Address 17 Old Dock Rd								
City, State, Zip Code						City, State, Zip Code								_	
N/A Project Manager for Mo	nitoring Firm			Telepho	no No				Y 11980		N				
N/A				N/A			631-	one No. 924-81	11	1000	icense N 1136	0.			
Start Date (10) 07-24-18		08-24-	18	npletion	Date (11)		100 to 10		A Monitor onmenta	Servic	es, Inc				
Occupancy Status Durin		18						Address Id Doc					7-1-7-155		
Abatement Perform	cated During Entire F ned Outside of Norm Electrical circuit cabi	al Facilit	Abatem y Hours	ent		-110000	City, S	tate, Zip	Code						
Scope of Work (Check /	All That Apply)		#F   D D 68				тарі	larik in	Y 11980						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Designation of the last of the	Renova Demoliti				×	Mini- Glov	Containme Enclosure ebag Proce Exempted	edure				е	
		Is	Locati	on									Abate		i
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) BATED Ility	Use Ma	Normall ed Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining N systems cing, VA niscellan	laterial ( s insulati T, or	ACM)	Amo (Spe SF or	cify	Removal	Repair	e Encapsulate	Enclosure
0		Yes	No	N/A										Ф	
Control I				Х	Ex	terior V			ng	20 [		х			
Control I		X		Trans	insite panels			30 8	SF	X					
						77									- 12
Name of Registered Wa	ste Hauler	1	100000	JDEP W		Cubic			Name of R	egistered	Landfill	-	l		
Waste Managemen	t			auler ID 7273	No.	of Was			Fairless	landfill					
City, State Elizabeth, NJ 07201	1					Dispos TBD	al Date		City, State Morrisvil	le PA 1	9067	-6.2			
Completed by Raymond Tutiven		Title Supe	rvisor	•ss		18	ighature Voy	rel	100	tie	~ Da	te '-12-	18		

State of New Jersey



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

Date of Notification (1) 07-11-18				Name o	of Building	Owner/	Operator	(2)			JU	IL 1	Ω 20	)18	Separation of the control of the con	
Agencies Notified  EPA	Type Notification	1		Street A	Address Hadley I	Rd.				1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					too-	
DEP X DOL	Amended Amendmen Emergency		_ [		ate, Zip Co Plainfie						ASDEC	LICEN	SING	<del>nol</del>	-&-	
DOH DCA	justification) Cancellation	)		Benja	f Contact min Lar						ephone 1 8-412-7					
Name of Facility Where A	Abatement is Takir Substation	ng Place (3	)	FAC	ILITY INF	ORMAT	ION		of Facility	700						
Street Address 163 Third Street								×	School (K- Subchapte Other (i.e. parts)	r 8 (Oth			ildings	, hom	es,	
City (5) Kearny									etc.) re Feet	# o N//	f Floors		Bldg.	Age		
County (6) Hudson					Code (7) USE ONLY,				nt Use (Pri ching ya		ng demo	ished)				
Name of Monitoring Firm N/A Street Address	Hired by Building	Owner (8)		ASCN N/A	/ No.		WRS	Envi	tement Cor ronment			nc.				
N/A							17 0		ck Rd							
City, State, Zip Code N/A		Telepho	11-		Yaph	City, State, Zip Code Yaphank NY 11980										
N/A Start Date (10)							Telephone No. License No. 01136  Name of OSHA Monitor									
07-23-18  Occupancy Status During	Abstancet (Ch.	08-23-1	8	npieuon	Date (11)		WRS	Envi	ronmenta	al Sen	/ices, Ir	ic.				
Facility Closed/Vaca Abatement Performe Other – Describe: E	ted During Entire I	Period of A	baten	nent			City, St	ld Doo tate, Zi	ck Rd p Code							
Scope of Work (Check All							Yaph	iank N	NY 11980	)						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		participant .	enova emolit				×	Min Glo	Containmo i-Enclosuro vebag Prod i-Exempted	e cedure				ure		
\$ 800	720		_ocati						ZAGNIPIO	<u> </u>	2 140/1-1 11	able i i	Abat	ement /pe	:	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM)	Used	Sole otenar	ly by nce/		os Cont thermal surfac	scription aining M systems sing, VA niscellan	laterial insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Switching	Yard	Yes	No	N/A X		Tran	nsite pi	no		24	0 LF	-	-	e		
Control Ho			*/	X	Т		floor	-	5		0 SF	x	-			
Veolia ES Technical Solution				JDEP W auler ID JD0806	10000000000	Cubic of Was			Name of I	70		il I				
City, State Flanders ,NJ 07836						Dispos TBD	al Date		City, State Bellevill		48111					
Completed by Title Raymond Tutiven Superviso						15	gnature (Y/W	1-	Test		10.000	) 7-11-	18			

#### Check # 25639

#### PAID

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

Date of Notification (1)				Name o	f Building Owne	r/Operato	r (2)	T			-	United Paris		- Contract
7/16/20	018						Kriegs	117	E	C	F		7 [	3 6
Agencies Notified	Type Notification			Street A	Address			إلىالا				-co-la-trum	Name and Associated	-11
X EPA	× Initial													1
DEP X DOL	Amended Amendment	#	_	City, Sta	ate, Zip Code	Plains	sboro, NJ 085	]]] [] 36	J	UL	18	201	8	
X DOH	Emergency ( justification)	including	Ì	Name o	f Contact		-	Te	lephone	e Nun	ber		5/8/85/00-95	1
☐ DCA ☐	Cancellation				Ms. Krieg	S		-				NTE	OL 8	2
N				FAC	ILITY INFORMA	TION		-		LIC	_NSI	NG		
Name of Facility Where Ab	esidential	Place (3)	E .				Type of Facility	y (4)						
Street Address							School (K Subchapt Other (i.e	er 8 (Ot				linas	hama	.
City (E)			5				etc.)		AND DESCRIPTION OF THE PARTY OF					35,
The second secon	sboro, NJ 085	36					Square Feet 2500	# (	of Floors	5	В	ldg. A 90+		
County (6) Middle	esex				Code (7) USE ONLY)		Current Use (F	rior if be Reside		nolish	ed)			
Name of Monitoring Firm H MECS	lired by Building C	Owner (8)		ASC	ΛNo.		of Abatement C rens Environn			وم ا	nc			
Street Address							Address	Torritor						
PO Box 3	341				-		Box 322							
City, State, Zip Code Chesterfie	eld, NJ 08515	W.					State, Zip Code ntown, NJ 085	501						
Project Manager for Monito Tom Geiger	oring Firm			Telepho (732) 2	ne No. 290-2217		hone No. 259-9688	Licen 0049	ise No	).				
Start Date (10) 8/1/2018		Schedule		npletion /2018	Date (11)	Name	of OSHA Monito	or						
Occupancy Status During A	Abatement (Check					1200000	Address							_
				nent			30x 341							
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norm	al Facility	Hours	3		5000	State, Zip Code sterfield, NJ 0	0545						
Scope of Work (Check All T	That Apply)					Che								
≥3 sf or ≥3 lf	тас друу)	-	enova	1000000000		F	Full Contains	ith Negative Pressure						
≥160 sf or ≥260 lf		☐ De	emolit	tion		>	Mini-Enclosu	ire						
		1					Non-Exempt			Friable	e Proc	cedure	)	
		1	ocati									Abate Ty		
Location of Asbestos-Containing Ma			ormal Sole			Description						· y		$\overline{}$
TO BE ABATI	ED `		ntena	nce/ Staff?			Material (ACM) s insulation,	1 3	Amount Specify		R	71	Enc	m
In Facility (13)		Cusic	(12)	olaii!		facing, VA r miscellar		S	F or LF)	)	Removal	Repair	Encapsulate	Enclosure
(.0)		Yes	No	N/A	oure	i illiscellai	neous)				val	₹	ılate	ure
Basemen	nt		X		Pip	e Insula	ation		40 If		х			$\dashv$
												$\dashv$		
Name of Registered Waste	NJDEP Waste			ic Yards	Name o	f Regist	ered La	ndfill				$\blacksquare$		
Stevens Environmental Services					No. of W	of Waste Fairless Landfill								
City, State Allentown, NJ 08501					Disp	Disposal Date City, S			State rrisville, PA					
Completed by Title						Signature								
Mahlon E. Stevens	rojec	ct Mana	ager	Signature					7/17/	18				