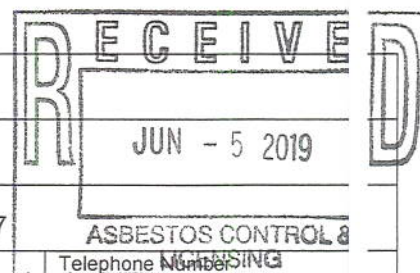


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check # 25890

Inv# 11595

PAID



Date of Notification (1) 6/3/2019		Name of Building Owner/Operator (2) Estate of Alice Wolfe	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgewater, NJ 08807	
		Name of Contact Greg Watts	Telephone Number [REDACTED]

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)	
City (5) Bridgewater, NJ 08807		Square Feet 1400	# of Floors 1
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 65 +/-
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493
Start Date (10) 6/13/2019	Scheduled Completion Date (11) 6/21/2019	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Chesterfield, NJ 08515	

## Scope of Work (Check All That Apply)

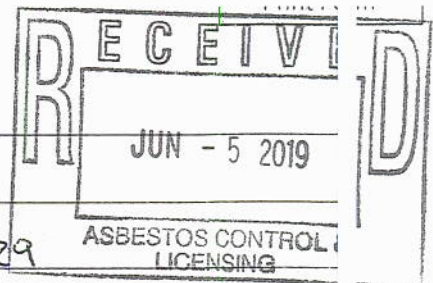
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
1st floor		X		VAT	960 sf	X		
Garage		X		Transite Panels	370 sf	X		

Name of Registered Waste Hauler Stevens Environmental Services	NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Allentown, NJ		Disposal Date 6/21/2019	City, State Morrisville, PA
Completed by Mahlon E. Stevens	Title Project Manager	Signature [Signature]	Date 6/3/2019

Inv# 11594  
OK 2071 PAID

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



Date of Notification (1) 06/03/2019		Name of Building Owner/Operator (2) NJ DEP Natural & Historic Resources	
Agencies Notified	Type Notification	Street Address JOHN FITCH WAY CN 229	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Al Payne	Telephone Number 609-351-1991

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Columbia Lake Dam Power House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 ROUTE 46		Square Feet	# of Floors
City (5) Knowlton Township		Bldg. Age	
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) VMC Company Inc.
Street Address 344 W. State Street		Street Address 208 Piaget Avenue	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm William Waisgarber		Telephone No. 609-656-8101	Telephone No. 973-253-8828
License No. 00704			
Start Date (10) 06/12/2019	Scheduled Completion Date (11) 06/13/2019	Name of OSHA Monitor VMC Company Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: exterior		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

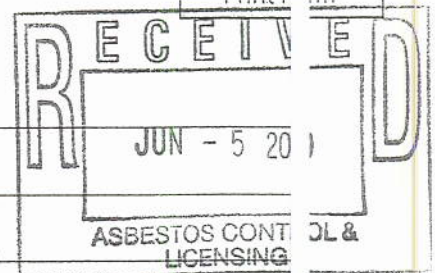
- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf
 ☒ Renovation  
☐ Demolition
 ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	x			Roofing	175 SF	x			
				flashing	140 SF	x			
				Sealant	90 SF	x			

Name of Registered Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS
City, State Newark, NJ		Disposal Date	City, State Morrisville, PA
Completed by Voytek Roszkowski	Title President	Signature V. Roszkowski	Date 06/03/2019



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



Date of Notification (1) 06/03/2019		Name of Building Owner/Operator (2) NJ DEP Natural & Historic Resources	
Agencies Notified	Type Notification	Street Address JOHN FITCH WAY CN 229	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Al Payne	Telephone Number 609-351-1991

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Columbie Lake Dam Power House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 ROUTE 416		Square Feet	# of Floors
City (5) Knowlton Township		Bldg. Age	
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) VMC Company Inc.
Street Address 344 W. State Street		Street Address 208 Piaget Avenue	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm William Waisgarber		Telephone No. 609-656-8101	Telephone No. 973-253-8828
License No. 00704			
Start Date (10) 06/12/2019	Scheduled Completion Date (11) 06/13/2019	Name of OSHA Monitor VMC Company Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: exterior		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	x			Roofing	175 SF	x			
				flashing	140 SF	x			
				Sealant	90 SF	x			

Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Newark, NJ		Disposal Date	City, State Morrisville, PA		
Completed by Voytek Roszkowski	Title President	Signature <i>Voytek Roszkowski</i>	Date 06/03/2019		



Inv # 11593

B &amp; G proj. #: 2019-137

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

Inv # 11593

Check # 9345

Date of Notification (1) 06/10/2019		Name of Building Owner/Operator (2) Christopher Sonkoly		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   JUN - 5 2019   <b>ASBESTOS CONTR L&amp;</b> </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Christopher Sonkoly		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Christopher Sonkoly			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K - 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Maplewood, NJ 07040	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/13/2019		Sched. Completion Date (11) 06/14/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

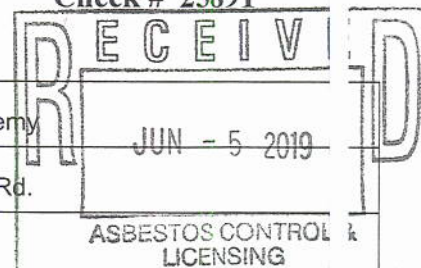
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
crawl space			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe	10 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/14/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/03/2019



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

Check # 25891



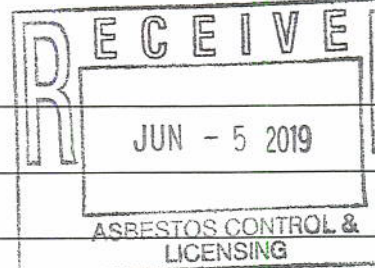
Date of Notification (1) 6/1/2019		Name of Building Owner/Operator (2) Christian Brothers Academy					
Agencies Notified	Type Notification	Street Address 850 Newman Springs Rd.					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincroft, NJ 07738					
		Name of Contact Ed - AJ Celiano Mech.	Telephone Number (908) 296-2417				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Residential Faculty		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)					
Street Address [REDACTED]		Square Feet 7500	# of Floors 1				
City (5) Lincroft, NJ 07738		Bldg. Age 65 +/-					
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.				
Street Address PO Box 341		Street Address PO Box 322					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688				
License No. 00493							
Start Date (10) 6/13/2019	Scheduled Completion Date (11) 6/21/2019	Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 341					
		City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
1st floor		X		Fittings - Valves	8 sf	X	
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 6/21/2019		City, State Morrisville, PA			
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 6/1/2019	

Inv # 11591

OK 5087

PAID

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

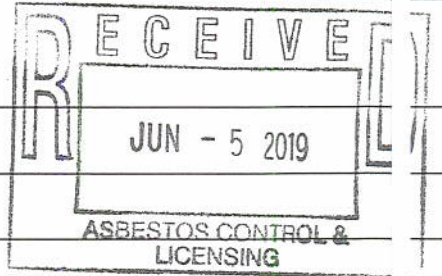


Date of Notification (1) 6/3/2019		Name of Building Owner/Operator (2) victoria De Meo							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Highland Lakes NJ 07422							
		Name of Contact Victoria De Meo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Little Ferry NJ 07643		Square Feet 1327	# of Floors 2						
		Bldg. Age 104 Year							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120	Name of Abatement Contractor (9) All Clean Environmental LLC.						
Street Address 280 Huyler Street		Street Address P.O Box 1627							
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code South Hackensack NJ 07606							
Project Manager for Monitoring Firm Geyser Fajardo		Telephone No. 201-489-9700	License No. 01243						
Start Date (10) 06/13/2019	Scheduled Completion Date (11) 06/20/2019	Name of OSHA Monitor Niche Analysis							
Occupancy Status During Abatement (Check Only One)		Street Address 399 Knolwood Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code White Plains NY 10603							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Basement		x		Pipe Insulation	65 LF	x			
Name of Registered Waste Hauler Tristate Transfer		NJDEP Waste Hauler ID No. SW1896	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Bronx NY		Disposal Date		City, State Waynesburg, Ohio					
Completed by Darailys Mora		Title Office Manager		Signature 				Date 6/03/2019	



INVOICE # 11587  
CK1003 PAID

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



Date of Notification (1) 05/13/2019		Name of Building Owner/Operator (2) Maybrook Gardens Inc	
Agencies Notified	Type Notification	Street Address 155 Riverside Drive	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code New York, NY 10024	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Brian Tarzik	Telephone Number 2128734919

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Maybrook Gardens - Building 8		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 89 Maybrook Drive		Square Feet	# of Floors 2
City (5) Maywood		Bldg. Age 60	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC		ASCM No.	Name of Abatement Contractor (9) Asbestways Solutions Corp
Street Address 478 Albany Street		Street Address 132 Washington Avenue	
City, State, Zip Code Brooklyn, NY 11203		City, State, Zip Code Brooklyn, NY 11205	
Project Manager for Monitoring Firm		Telephone No.	License No. 01340
Start Date (10) 06/11/2019	Scheduled Completion Date (11) 07/06/2019	Name of OSHA Monitor Asbestways Solutions Corp	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 132 Washington Avenue	
		City, State, Zip Code Brooklyn, NY 11205	

Scope of Work (Check All That Apply)

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

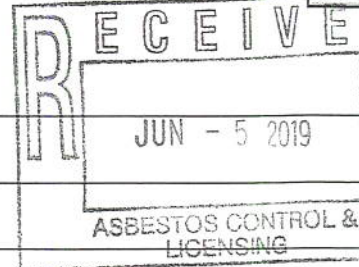
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
(2) Misc Crawl Spaces	X			Pipe Insulation	185 Lnf	X			
Meter Room	X			Pipe Insulation	42 Lnf	X			
Laundry Room	X			Pipe Insulation	90 Lnf	X			

Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town RE Facility	
City, State Newark, NJ 07102			Disposal Date	City, State	
Completed by Mendy Gorodetsky		Title Officer	Signature 	Date 05/13/2019	

Inv # 11588  
CK10031

PAID

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

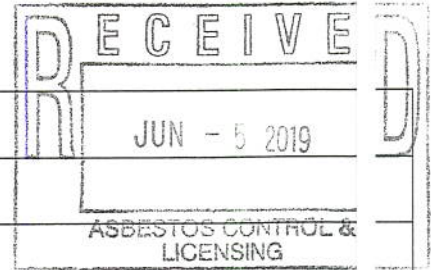


Date of Notification (1) 05/13/2019		Name of Building Owner/Operator (2) Maybrook Gardens Inc							
Agencies Notified	Type Notification	Street Address 155 Riverside Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10024							
		Name of Contact Brian Tarzik	Telephone Number 2128734919						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Maybrook Gardens - Building 9		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 89 Maybrook Drive		Square Feet	# of Floors 2						
City (5) Maywood		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC		ASCM No.	Name of Abatement Contractor (9) Asbestways Solutions Corp						
Street Address 478 Albany Street		Street Address 132 Washington Avenue							
City, State, Zip Code Brooklyn, NY 11203		City, State, Zip Code Brooklyn, NY 11205							
Project Manager for Monitoring Firm		Telephone No. 7188582600	License No. 01340						
Start Date (10) 06/11/2019	Scheduled Completion Date (11) 07/06/2019	Name of OSHA Monitor Asbestways Solutions Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 132 Washington Avenue							
		City, State, Zip Code Brooklyn, NY 11205							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
(1) Misc Crawl Space	X			Pipe Insulation	490 Lnf	X			
Meter Room 1	X			Pipe Insulation	80 Lnf	X			
Basement	X			Pipe Insulation	110 Lnf	X			
Meter Room 2	X			Pipe Insulation	120 Lnf	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town RE Facility					
City, State Newark, NJ 07102			Disposal Date	City, State					
Completed by Mendy Gorodetsky		Title Officer	Signature 			Date 05/13/2019			



Inv # 11589  
CK10031

PAID

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

Date of Notification (1) 05/13/2019		Name of Building Owner/Operator (2) Maybrook Gardens Inc						
Agencies Notified	Type Notification	Street Address 155 Riverside Drive						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10024						
		Name of Contact Brian Tarzik	Telephone Number 2128734919					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Maybrook Gardens - Building 10		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 89 Maybrook Drive		Square Feet	# of Floors 2					
City (5) Maywood		Bldg. Age 60						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC		ASCM No.	Name of Abatement Contractor (9) Asbestways Solutions Corp					
Street Address 478 Albany Street		Street Address 132 Washington Avenue						
City, State, Zip Code Brooklyn, NY 11203		City, State, Zip Code Brooklyn, NY 11205						
Project Manager for Monitoring Firm		Telephone No. 7188582600	License No. 01340					
Start Date (10) 06/13/2019	Scheduled Completion Date (11) 07/06/2019	Name of OSHA Monitor Asbestways Solutions Corp						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 132 Washington Avenue						
		City, State, Zip Code Brooklyn, NY 11205						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No			N/A	Removal	Repair	
(4) Misc Crawl Space	X			Pipe Insulation	490 Lnf	X		
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town RE Facility				
City, State Newark, NJ 07102			Disposal Date	City, State				
Completed by Mendy Gorodetsky		Title Officer	Signature 		Date 05/13/2019			

Inv # 11590 PAID  
CK10031

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

RECEIVED  
JUN 5 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/13/2019		Name of Building Owner/Operator (2) Maybrook Gardens Inc	
Agencies Notified	Type Notification	Street Address 155 Riverside Drive	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code New York, NY 10024	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Brian Tarzik	Telephone Number 2128734919

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Maybrook Gardens - Building 11		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home, etc.)	
Street Address 89 Maybrook Drive		Square Feet	# of Floors 2
City (5) Maywood		Bldg. Age 60	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC		ASCM No.	Name of Abatement Contractor (9) Asbestways Solutions Corp
Street Address 478 Albany Street		Street Address 132 Washington Avenue	
City, State, Zip Code Brooklyn, NY 11203		City, State, Zip Code Brooklyn, NY 11205	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 7188582600	License No. 01340
Start Date (10) 06/24/2019	Scheduled Completion Date (11) 07/19/2019	Name of OSHA Monitor Asbestways Solutions Corp	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 132 Washington Avenue	
		City, State, Zip Code Brooklyn, NY 11205	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
(4) Misc Crawl Space	X			Pipe Insulation	510 Lnf	X			
Meter Room	X			Pipe Insulation	15 Lnf				

Name of Registered Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town RE Facility
City, State Newark, NJ 07102	Disposal Date	City, State	
Completed by Mendy Gorodetsky	Title Officer	Signature 	Date 05/13/2019