State of NJ

B & G proj. #: 2013-230

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

							1								
Date of Notification (1)		of Building Own	er/Operator (2)				1								
1 1 1 / 2 2 / 1 1 3		y O'Donnell		19				_							
Agencies Notified Type Notificati	on Street	Address					· \								
☐ EPA Initial	23 [Darlington Av	enue			, € 1818									
□ DEP	City, S	tate, Zip Code			401	10	Y.								
DOL Amenda		msey, NJ 07	446		100		. 7	7.5							
☑ DOH	Name	of Contact				Telephone									
☐ DCA ☐ Cancella	tion Kat	thy O'Donne	I			302-530)-1764								
		FAC	ILITY INFORM	IATION											
Name of facility where abatement is	s taking place (3	3)			II	Type of Facility (4	·)								
Kathy O'Donnell						=	(K - 12) pter 8 (Other	than K	-12)						
							Private/Comm		/						
Street Address							Homes, etc.	1 01	da Ar						
23 Darlington Avenue	- 1 2			1 0	t. O. d. (7)	Square Feet #	# of Floors		dg. Ag	je					
City (5)	County (6)			County Code (7) (State use only) Current Use (Prior if being demolished)										
Ramsey	Berge	en		(0.2.	(State use only) Current Use (Prior if being demolished) residential										
Name of Monitoring Firm Hired by	Bldg. Owner (8)		<u>'</u>	Name of Abatement Contractor (9)											
N/A					B & G Restoration	, Inc.									
Street Address					Street Address										
					105 Ryerson Road										
City, State, Zip Code		l ľ	City, State, Zip Code	2025											
		Phone Num	h		Lincoln Park, NJ Telephone Number	7/033	License Nun	nber	-						
Project Manager for Monitoring Firm		973-696-6869		0378											
					Name of OSHA Monito	r									
Scheduled Start Date (10)		mpletion Date (11)	- 11	B & G Restoration	ı, Inc.									
12/03/13	12/04/	13			Street Address										
Occupancy Status During Abateme					105 Ryerson Road										
 Facility closed/vacated during Abatement performed outside Describe: 	entire period of of normal facili	f abatement. ty hours-			City, State, Zip Code										
Other-Describe:				_	Lincoln Park, NJ				_						
Scope of Work (check all that appl	y)			receion.			wrap & c	ut							
☐ Demolition ☑	Renovation			F	ull Containment w/nega	tive pressure	Glovebag	proced	ure						
>3 sf or >3 tf	≥160 sf or ≥260) If			fini-enclosure		☐ Non-friable	e proce	dure						
	Is location no	mally used sole	ely				R	R	E	E					
Location of asbestos-containing	by maintenan	ce/custodial	Descript	tion of a	sbestos-containing	Amount	m	1 1 1 1 1 1 1 1 1	n	n					
material to be	staff(12)		- material	(ACM)		(Specify S LF)	o v	a	a	L					
abated in facility (13)	Yes	No N/A		22.00			е	1	Р						
basement		X	pipe insul			160 lf			쀼	쀼					
basement		X	boiler ins	ulation		40 sf		붜뷰	#	ዙ					
								#	#	ዙ					
								끆	쀼	뷰					
							L	<u> </u>							
Registered Waste Hauler	NJDEP H 19563	lauler ID#	Cubic Yards of 2 1/2	Waste	Name of Registered I Tullytown Resour	andnii ce & Recovery	Center								
B & G Restoration, Inc.	19303	Disposa			City, State	23 02 1000 701)	,								
City, State Lincoln Park, NJ 07035			2/05/2013		Tullytown, PA										
Completed by (Print or Type)	Title		Signature	CC CC Date											
Gordana Luna	Secretary/Tr	reasurer			Yordana Zuna	13	3								

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)											
/	22 / _	13		Lan	ns Asso	ciates, LLC			7	1					
Agencies Notified	Type Notifica	ation		Street	Address		1		1						
☐ EPA				P.0	. Box 12	10 - 10	NOV 2 A	2010	,						
☑ DOLWD	☐ Amended			City, S	State, Zip C	ode			;						
⊠ DOH	Amendme			Der	ville, NJ	07834			Ĺ						
DCA (NJAC 5:23-8)	☐ Emergen justification		9	Name	of Contact		-	Telephone Numb	er	-		(5/0)			
(140/10/0.20 0)	☐ Cancellat	-311,50		Lito	h Advan	i	790 T. T. T. T. T.	973-664-0814							
				FAG	CILITY IN	FORMATION									
Name of Facility Where A	Abatement is T	aking Place	(3)				Type of Facility	(4)	82						
Apartment Building	1						☐ School (K-12)								
Street Address							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,								
659 Chancellor Ave	enue						homes, etc.)		Jiai Du	al buildings,					
City (5)							Square Feet	# of Floors	Blo	dg. A	ge				
Irvington										11 3	2250.00				
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)						
Essex															
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM No. Name of Abatement Contractor (9)											
Bio Terra Solutions	i					ALL PRO MA	NAGEMENT L	LC							
Street Address					"	Street Address	7-1-1-1-1-1								
P.O. Box 1224						27 Outwater I	Lane								
City, State, Zip Code						City, State, Zip Co	ode			1.7					
Union, NJ						Garfield, NJ	NJ 07026								
Project Manager for Mon	itoring Firm		Tele	Telephone No. Telephone No. License No.											
Rick Eustaquio	3		97	973-494-3762 973-928-4888 1188											
Start Date (10)		Scheduled (Comple	empletion Date (11) Name of OSHA Monitor											
12 / _7_ /	0.000	12				ALUTE OF COMPANY TO STREET COURSE OF PAGE	NAGEMENT L	LC							
Occupancy Status During	Abatement (Check only	one)			Street Address									
☑ Facility Closed/Vacate	ed During Entir	re Period of	Abate	ment		27 Outwater I	Lane								
☐ Abatement Performed						City, State, Zip Co	ode					_			
Time of Abatement: _	AM	PM/	PM-		AM	Garfield, NJ									
Scope of Work (Check al	I that apply)										-				
☐ >3 sf or >3 lf		⊠ R	enovati	on			ainment with Neg	gative Pressure							
⊠ ≥160 sf or ≥260 lf			emolitic			Glovebag Procedure									
-						☐ Non-Exe	Exempted (*) and Non-Friable Procedure								
			Locat						Ab	ateme	ent T	уре			
Location Asbestos-Containing		1 000	Norma		Acho	Description o stos Containing Ma		Amount	Z.	R	ш	ш			
TO BE ABA		Ma	aintena			., thermal systems i		(Specify	Removal	Repair	car	ıclo			
IN Facili	ty	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	_	Encapsulate	Enclosure			
(13)		Yes	No	N/A		other miscellane	ous)				ate				
Basement				\boxtimes	Tank In	sulation		100 SF	\boxtimes						
Basement				\boxtimes	Pipe Ins	sulation		350 LF			\boxtimes				
134	-					-51132712		****							
Name of Registered Was	te Hauler		N	JDEP I	Vaste	Cubic Yards of	Name of Regis	tered Landfill							
ALL PRO MANAGE			H	00348		Waste As Needed	IFSI Landfill								
City, State						Disposal Date	City, State								
Garfield, NJ				TBD Bethlehem, PA											
Completed By (Print or Ty	Title		Signature Date						0-						
Zvonko Veskov	******* * **	Presid	ent			5.1	in Ven			-99-13					
ACD 44			- 1			June	V JUS	n 1	1	-	1				

ASB-41 JAN 13

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

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

Date of Notification (1)	70.00	Nam	Name of Building Owner/Operator (2)										
	13	Jir	n Raphali	ian									
Agencies Notified Type Notific	ation	Stree	et Address										
☐ EPA ☐ Initial		59	Fairfield	Drive									
☑ DOLWD ☐ Amende		City,	State, Zip (Code									
DOH Amendm	O OCCUPATION OF THE PARTY OF TH	Sh	ort Hills,	NJ			-	7					
DCA Emerger (NJAC 5:23-8) justificati	ncy (including	Nam	e of Contac		Mav .	Telephone Numl	per .	<i>I</i>					
Cancella			n Raphali		<	973-525-431							
				FORMATION	1 3.3 323 3313								
Name of Facility Where Abatement is	Taking Place (3			011	Type of Facility (4)								
Residential House					School (K-12)								
Street Address					☐ Subchapter 8 (Other than K-12)								
59 Fairfield Drive					homes, etc.)	rivate and commer	cial bu	ilding	s,				
City (5)			-		Square Feet	# of Floors	Blo	dg. Ac	je				
Short Hills													
County (6)		Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)						
Morris													
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)													
Bio Terra Solutions				ALL PRO MA	NAGEMENT L	LC							
Street Address				Street Address									
P.O. Box 1224				27 Outwater	Lane								
City, State, Zip Code			-	City, State, Zip Co	ode				_				
Union, NJ				Garfield, NJ	07026								
Project Manager for Monitoring Firm		Telephone	No.	Telephone No.		License No.							
Rick Eustaquio		973-49	4-3762	973-928-4888		1188							
Start Date (10)	Scheduled Cor	mpletion D	ate (11)	Name of OSHA M	lonitor								
12 /5 /13	12 /	11 /	13	ALL PRO MA	NAGEMENT L	LC							
Occupancy Status During Abatement (Check only on	e)		Street Address						-			
☐ Facility Closed/Vacated During Enti	re Period of Al	patement		27 Outwater I	Lane								
☐ Abatement Performed Outside of N				City, State, Zip Co	ode								
Time of Abatement:AM	PM/	PM	_AM	Garfield, NJ									
Scope of Work (Check all that apply)				Π.Ε									
☐ >3 sf or >3 lf	⊠ Reno	ovation		☐ Full Cont	ainment with Neg	ative Pressure							
⊠ ≥160 sf or ≥260 lf	☐ Dem			☐ Glovebag	vebag Procedure								
	1-1			⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	re						
Location of		ocation rmally		Danasiation o			Aba	ateme	nt T	уре			
Asbestos-Containing Material (ACN	(I) Used	Solely by	Asbe	Description o estos Containing Ma		Amount	Re	Re	En	m			
TO BE ABATED	Main	tenance/ dial Staff?		., thermal systems i	insulation,	(Specify	Remova	Repair	cap	clos			
IN Facility (13)		(12)		surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	Enclosure			
(10)	Yes	No N/A		other miscellane	ous)				ite				
Basement			Floor T	ile VAT		240 SF			\boxtimes				
] []					П	П	П	П			
								\exists					
			-										
Name of Registered Waste Hauler		NJDEP	Mosts	Cubic Vanda at	News - 45	td I 450		Ц	Ш	Ш			
ALL PRO MANAGEMENT LLC		Hauler	200000000000000000000000000000000000000	Cubic Yards of Waste	Name of Regis								
		0034		As Needed									
City, State				Disposal Date	City, State								
Garfield, NJ			TBD Bethlehem, PA										
Completed By (Print or Type)	Title		-	Signature	/ V.	Da	te .	1 7	7	7			
Zvonko Veskov	Presiden	t	- 3	Bul	10/11	6	11-0	XX	-1	3			
ASR-41				//	0				-				

ASB-41 JAN 13

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

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

Date of Notification (1) 11/22/2013	**************************************				Building O		Operator (2)									
Agencies Notified	Type Notification		1 -	treet Ad	dress NGS RO	AD											
DEP DOL	Initial Amended Amendment #				e, Zip Cod ON, NJ		0					urenes					
DOH DCA	Emergency (ir justification) Cancellation	ncluding	0.0		Contact RT H. CO	ONLE	Υ				phone N 3-822-9						
				FACIL	ITY INFO	RMAT	ION	275 55 9									
Name of Facility Where A MADISON YMCA	batement is Taking	Place (3)		Type of Facility (4) School (K-12)													
Street Address 111 KINGS ROAD	20								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City (5) MADISON									e Feet	# of	Floors		Ble	dg. Aç	ge		
County (6) MORRIS				County Code (7) (STATE USE ONLY)				Currer	nt Use (Pric	or if beir		lishe	d)	<u> </u>			
Name of Monitoring Firm ENVIROVISION	Hired by Building O	wner (8)							ement Con	tractor	(9)	1					
Street Address 20-21 WAGARAW	BD.			l		ii.	Street 2		s HUNG A	VE	9		•	٠			
City, State, Zip Code FAIRLAWN, NJ 074		SI,		-1-2			City, St	tate, Zi	50-2-002-004-00-00-00-00-0		152						
Project Manager for Mon		Telephone No. Telep 973-636-9145 973-).		License 01171								
WILLIAM MORALE							A Monitor		01171								
11/23/2013	1 1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5																
Occupancy Status During	Occupancy Status During Abatement (Check Only One)						Street	Addres	s								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of A al Facility	batem Hours	ement urs City, State, Zip Code													
Scope of Work (Check A	II That Apply)													-		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тпас дрргу)		enoval emoliti	lition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		T 1-	Lagati					1101	r-Exemple	a () an	u reon-ri	I		AND TO STATE OF	ment		
Location	of.	N	Location lormall	у	Descriptio			on of						Туре			
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED ity	Mai	d Solel ntenar odial S (12)	nce/		os Cor therma surfa	ntaining M al systems acing, VA	ng Material (ACM) ems insulation,		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A											te	,	
New women's I	ocker room			Х	VI.	pi	pe fittin	gs		25	each		x				
			- 10000														
None of Donistered Wes	ete Ulaular		l NI	JDEP W	locto	Cubi	c Yards		Name of	Peniete	ared Lan	dfill					
Name of Registered Was Kielczewski Corpora			339.00	auler ID		of W		어로 가게 있었다면									
City, State West Orange, NJ				Disposal Dat				Oate City, State Morgantown, PA									
Completed by Slawomir Kielczews	ki	Title Presi	dent		=		Signature Date 09/06/20				2013	13					

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

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 1598

			(PURSUAN	A STATE OF THE PARTY OF THE PAR										
Date of Notification (*	1)				uilding Own									
	13		L.		PHARMAC	EUTICALS	CORPORA	ATION						
/ /				Street Add										
Agencies Notified	Type of No	tification		1 HEALTH										
☑ EPA		Initial	-	City, State,	Zip Code									
		Amended			OVER, NJ 0	7936								
☑ DOH		Amendment #		Name of C	ontact			Telephor	ne Numbe	r				
☑ DOL		Emergency w/	justification	KEN PIROZ	ZZI		- 1							
	1	Cancellation	a second in the color				862-778-8858							
			FA	CILITY INF	ORMATION	ı			11	= /				
Name of Facility Whe	ere Abateme	ent is Taking P	lace (3)		Type of Fac	ility (4)				1				
NOVARTIS			13 (5)											
						School (K-					`.			
Street Address							er 8 (Other t							
1 HEALTH PLAZA			-	- 1			private & d	mmercia	al ~^^3					
							mes, etc.)		5					
City (5)	County (6)		County Code (7)	Square Fee	t	# Of Floors		Building		13.			
EAST HANOVER	MORRIS		120	- 1	50,0			40.		40+				
				- I	Current Use	e (Prior if	being demo	olished)						
					BOILER HO	USE				- D				
Name of Monitoring	Firm Hired	by Bldg. Owne	er (8)	ASCM NO	Name of At	atement	Contractor	(9)						
HILLMAN ENVIRON	MENTAL													
I I LECTION OF LIVER OF THE					LVI Demolit	ion Service	es Inc.							
Street Address					Street Add	ress		1130						
1600 ROUTE 22 EAS	т		60											
					32 Williams	Parkway								
City, State, Zip Code					City, State,									
UNION, NJ 07083	·/ · F:		Telephone Nu	mbor	Oity, Otato,	Lip ocus								
Project Mngr. For Mo	onitoring Fi	rm	908-688-7800	mber	East Hanov	or N1079	136							
MIKE NEHLSEN		6		4)	Telephone									
Sheduled Start Date	','	22.22	letetion Date (1	Committee (Committee Committee Commi	releptione	Number		License	Number					
12 / 09	/13	_12/	31/	13	973-884	1_8682			0	0860				
/ /		/	/		Name of O		for							
Occupancy Status D	uring Abate	ement (Check	Only 1)		LVI Demolit									
		ted During Ent	ire Period of		The party of the second second second		es me.							
Abatemer	nt				Street Add	ress								
		d Outside of N	ormal Facility		22 Milliama	Dorkway								
Hours - D	escribe:				32 Williams Parkway City, State, Zip Code									
Other - De	escribe:	MON-FRI - 7:0	0AM - 3:30PM		East Hanover, NJ 07936									
					East Hanov	er, NJ 075	300							
Scope of Work (Che	ck All That	Apply)												
			Denovotion		Full Containment with Negative Pressure									
☐ Demolitio		$\overline{\checkmark}$	Renovation				an recognition	110000						
☐ ≥3sf or ≥3					✓ Mini - Enclosure ✓ Glovebag Procedure									
	7 ≥260 IT			띰	Non-Exempted (*) and Non-Friable Procedure									
i e					NOII-EXCIII	pred () di	ia ivoir i iia	5.0						
		la la		Descript	ion of		T	Abatem	ent Type					
Location o		Is Location	۸.	sbestos - C			1	R	1	E.	IE.			
Asbestos Cont		Normally		Material (Amount	E	R	N	N			
Material (AC		Used	1 //	e., thermal			(Specify	M	E	C	C			
TO BE ABAT		Solely			facing, VAT		SF or LF)	33707	P	A	L			
in Facility	<i>(</i>			other misc		,	0. 5. 2. ,	v	A	P	0			
(13)		by Main-	l or	outer misc	onuncous)			À	Tî .	s	s			
		tenance/						Ιĉ	R	ľu	Ū			
		Custodial Staff (12)						_		L	R			
							 		+	1				
	506:	YES NO N/A		10			1173 LF	V	1		1			
BLDG 710 - BOILER	KOOM		PIPE & FITTIN	IG .			11/3 LF		+	+	+-			
									+	+	+			
7,5=									 	1 4	+			
Name of Registered	Waste Hau	ler	NJDEP Waste		Name of R	egistered	Landfill							
NEWARK CARTING			Hauler ID No.		IESI									
A STATE OF THE PARTY OF THE PAR			4509	of Waste										
City, State				Disposal	City. State									
NEWARK, NJ				Date										
Completed by (Print	or Type)		Title	The state of the s		Şignatur	9 6	20)	Date				
STEVEN STILES	.,,,,,		PROJECT MA	NAGER		1 4	010	. \	1		701.17			
I CILLOTTELO						レンし	INU -		/	-	11/25/1			

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

Date of Notification (1)	Name	Name of Building Owner/Operator (2)											
	13		Pri	inceton (Jniversity	/ Job #13	11-4718 Chec	ck #578	34				
Agencies Notified Type Notif	ication		Street	Address					7	1	-		
☑ EPA ☑ Initial			Tru	stees of	Princeton Unive	rsity E.A. Mac	Millan Bldg.	194		1			
□ DOLWD □ Amend	7.77		City, S	State, Zip (Code					1			
1	ment#	•	Pri	nceton, N	J 08544								
☑ DCA	ency (includin	g		of Contac			Telephone Nur	nber		97			
☐ Cancel			Rol	pert Orte	go, P.E.		609-258-18						
			FΔ	CILITYIN	IFORMATION								
Name of Facility Where Abatement is	Taking Plac	e (3)			II ORINATION	Type of Facility (4)							
Princeton University- Main C			um			School (K-12)							
Street Address						Subchapter	(Other than K-1	2)					
Art Museum						homes, etc.)	rivate and comm	ercial bu	uilding	js,			
City (5)				2.52		Square Feet	# of Floors	BI	dg. A	ge			
Princeton						30,000	4		50+				
County (6)			Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)					
Mercer						Art Museum	1						
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Pennoni Associates, Inc.		- 6	0010)2	AbateTech, li	nc.							
Street Address				N 200	Street Address								
515 Grove Street Suite 1B					30 Maple Ave	e. PO Box 25							
City, State, Zip Code		0.0			City, State, Zip Co	ode			.11				
Haddon Heights, NJ 08035					Lumberton, N	J 08048							
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				-31/21/1/		
Craig Wilson		8	56-547	-0505	609-265-2107		00529						
Start Date (10)	Scheduled (Name of OSHA M	lonitor							
12 /11 /13	_ 12	1	3_/_	_13	EMSL Analyti	ical							
Occupancy Status During Abatement	(Check only	one)			Street Address								
☐ Facility Closed/Vacated During En					200 Route 13	0 North							
Abatement Performed Outside of			rs - Des	cribe	City, State, Zip Co	ode	- i			177			
Time of Abatement: 8AM-4:30PM	1/ <u>4:30</u> PIVI- <u>1</u> A	IVI			Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply)					M 50	-11 MI. NI	- " - D						
☐ ≥3 sf or ≥3 lf	⊠ Re	enovat	ion		⊠ Full Cont								
⊠ ≥160 sf or ≥260 lf	☐ De	emoliti	on		Glovebag Procedure								
					∐ Non-Exer	xempted (*) and Non-Friable Procedure							
Location of	E 10000	s Loca Norma			D			Ab	atem	ent T	ype		
Location of Asbestos-Containing Material (AC	M) Use	ed Sol	ely by	Asbe	Description of stos Containing Mat		Amount	Re	Repair	En	ᄪ		
TO BE ABATED	Ma	intena	ince/ Staff?		., thermal systems i	nsulation,	(Specify	Remova	pair	cap	Enclosure		
IN Facility (13)	Cus	(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure		
(.0)	Yes	No	N/A		other miscellane	Jus,				e			
Level 1 Mezzanine Room 243		\boxtimes		Floor til	e & Mastic		315 SF						
		П			5.11			П	П	П			
					-			1		_			
Name of Registered Waste Hauler			JDEP V	Nosts	Cubia Varda of	Name of Do.			Ш	Ш			
			lauler ID		Cubic Yards of Waste	Name of Regis							
AbateTech, Inc.	18750		8 G.R.O.W.S. Landfill										
City, State			Disposal Date City, State										
Lumberton, NJ					12/13/13	Tullytown,	Tullytown, PA						
Completed By (Print or Type)	Title				Signature		D	ate					
Gwendolyn Trumbetti	Operat	ions	Coordi	nator	1 Cru	it		11 [22/	13			

ASB-41 MAY 11

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

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

B & G proj. #: 2013-234

B & G proj. #: 20	013-234	-	(Pursuant to NJAC 8:60-7 and 12:120-7) Check #6288												
Date of Notification (1)	1 3	1 1	e of Building		perator (2)	74	(S							-	
Agencies Notified Ty	pe Notification		t Address												
EPA DEP		28	Wegmar		ay									_	
DOL [] Amendmer	nt City,	State, Zip Cersey City	ode , NJ 073	305				Telephone	Number				_	
DOH DOH		Name	e of Contac	t					201-658						
□ DCA □	Cancellatio	n K	evin Dav	is					201-030	5-1009		-		_	
				FACILI	TY INFORMA	TION		1=	f Facility //					_	
Name of facility where	abatement is t	aking place	(3)					Type	of Facility (4	(K - 12)					
	Kevin Davis							1 7		pter 8 (Ot			2)		
110								1		Private/Co		ial			
Street Address			Carro		formes, et for Floors		Bldg	. Age	_						
28 Wegman Par	0	Codo (7)	Squa	ie reet	. 011 1001										
City (5)		County	(6)				y Code (7) use only)	Curre	ent Use (Pr	ior if being	demo	lished)		
Jersey City	City Hudson							resi	dential					_	
Name of Monitoring F	irm Hired by Bl	da. Owner	(8)	-	ASCM No.	TIN	lame of Abatement	Contrac	tor (9)						
Name of Monitoring i	N/A	- g					B & G Restoration	on, Inc.							
Street Address						S	treet Address								
Street Address							105 Ryerson Ro								
City, State, Zip Code							ity, State, Zip Code		-						
	9					_ -	Lincoln Park, N	13 0 703	3	License	Numbe	er		_	
Project Manager for Monitoring Firm Phone Number					r	11,	973-696-6869			0378					
						_	Name of OSHA Mor	nitor							
Scheduled Start Date	(10)		Completion	Date (11))		B & G Restorat	ion, Inc)						
12/04/2013		12/0)5/2013			_	Street Address								
Occupancy Status Du	ring Abatemen	(Check on	ly one)				105 Ryerson Ro					_	_	_	
Facility closed/v	acated during	entire perio	d of abatem	ient. -		119	City, State, Zip Code	е							
Abatement period	ormed outside	Of Horrian is	- Ionity House			-11	Lincoln Park, 1	NJ 0703	35						
Other-Describe						-11				m wrap	& cu		_		
Scope of Work (chec						Пы	ıll Containment w/n	egative	pressure		bag pr		ire		
Demolition		Renovation					ini-enclosure			☐ Non-	friable	oroce	dure		
>3 sf or >3 tf		≥160 sf or ≥		and anlah		· · ·					R	R	E	Е	
Location of		by mainte	normally u	sed solely odial		on of as	sbestos-containing		Amount	05	e m	e p	n	n	
asbestos-conta material to be	aining	staff(12)			material				(Specify LF)	SF or	0	a	a	L	
abated in facilit	ty (13)	Yes	No	N/A						10	е	i.	Р	_	
 				X	pipe insula	ation		2	05 lf			닏	님	牌	
basement									- Lines		ᆛ	H	片	ዙ	
								_			井	붜	片	片	
										-	ᆛ	片	片	片	
						VAlasta	Name of Register	ed Land	fill					1-	
Registered Waste Ha	n, Inc.	NJDI 195			ubic Yards of 2 yards		Tullytown Res	source &	& Recover	y Center				-	
City, State				Disposal I 12/06/			City, State Tullytown PA	A							
Lincoln Park, NJ				12/00/	Signature	_=	Tullytown, PA			Date					
Completed by (Print Gordana Luna	or Type)	Title Secretar	y/Treasure	er	- Januara		Gordana Luni	g —		11/2	22/201	3		-	
O 01					THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW										