

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

Date of Notification (1) 9/28/2013		Name of Building Owner/Operator (2) Township of Little Falls OCT 2 9 2013												
Agencies Notified Type Notification		Street	Address Main Stree							3				
EPA Initial Amended Amendment #_ Emergency (inc	duding	Little	State, Zip Code Falls, NJ			,_,,	1 Las	\.·						
X DOH justification) DCA ☐ Cancellation		100000000000000000000000000000000000000		ne, C.P.W.N	Л					'				
Name of Facility Where Abatement is Taking F	Place (3)	FA	CILITY INFO	RMATION	Type of Faci	lity (4)				- 1				
Private House	lace (5)				School	0.00 (
Street Address 166 William Street					Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Little Falls					Square Feet 1600	# of Floors		Bldg. Age 55 +						
County (6) Passaic			ty Code (7) E USE ONLY)		Current Use None	(Prior if being demo	lished)							
Name of Monitoring Firm Hired by Building Ow	/ner (8)	AS NA	CM No.		of Abatement AT Constru	t Contractor (9)								
NA Street Address	INA	`		t Address	- ICHOIT LLC									
NA					Avenue # 603									
City, State, Zip Code NA	71-			Woo	State, Zip Codo odland Park	, NJ 07424								
Project Manager for Monitoring Firm NA	Telep NA	hone No.	14 ESSESSES	hone No. .89307005	Licens 01097		III.	-10-31						
	6cheduled 0 0/08/201		on Date (11)		of OSHA Mor Batic	nitor	4							
Occupancy Status During Abatement (Check	Only One)				t Address Plum Street	7 1 - 1 111								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Aba Facility Ho	ement urs		City,	State, Zip Code terson, NJ 07503									
Scope of Work (Check All That Apply)					•									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation Full Containment with Negative Pressumini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro							P05 35					
	le l o	cation	T			inpled () and Norral	Abatement							
Location of	Non	nally		Descriptio	n of		-	Type						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	olely by nance/ al Staff? 2)	/i a	tos Containing thermal system surfacing, V other miscella	AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
	Yes N	lo N/						_						
Siding		×		Siding	3	2400	X							
		-					-							
		+					+							
Name of Registered Waste Hauler		Waste	Cubic Yards		ne of Registered Lan									
ATLANTIC Carting	26085	ID No.	of Waste 30	IESI PA BETHLEHEM CORPORATION										
City, State 1141 Route 23 Wayne, NJ			Disposal Dat	Date City, State Bothlehem PA 18015				98 00	1					
Completed by Uros Spasic	Title Owner			Signatu	1 -3					Pate 19/28/2013				



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

Date of Notification (1) 09/30/13		Name of Building Owner/Operator (2) Township pf Little Falls										_			
Agencies Notified Type Notification		10000	treet Ad 25 Ma	dress in Stree	et							1			
EPA Initial Amended Amendment				e, Zip Coo alls, NJ				-	/		# 1	_	/		
DOH Emergency (in justification) Cancellation	ncluding	5.533		Contact H. Simo	ne, C.P	.W.M		5	Tolo	nhone Nuc	eber				
			FACIL	ITY INFO	RMATIO	N			- سب						
Name of Facility Where Abatement is Taking Private House Street Address	Place (3)							of Facility (4 School (K-12 Subchapter 8	?)	er than K-13	2)		222		
82 William Street						Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Little Falls	***		20-20-20					re Feet	# of	Floors	BI	dg. A	ge		
County (6) Passaic	ode (7) ISE ONLY)														
Name of Monitoring Firm Hired by Building C		ASCM No. Name of Abatement Contractor (9) NA ALKAT Construction LLC													
Street Address NA					Street Address 1017 McBride Avenue # 603										
City, State, Zip Code NA			97		City, S	tate, Z	ip Code Park, NJ								
Project Manager for Monitoring Firm NA	100	elephon	e No.		Teleph		0.	0, .2	License N 01097	0.					
Start Date (10)			Date (11)	\rightarrow	Name	of OSI	HA Monitor		01001	Si .					
10/01/13 Occupancy Status During Abatement (Chec					Batic	20									
Facility Closed/Vacated During Entire F			ent :		12		lum S						300	_	
Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours		2117	_	City, State, Zip Code Paterson, NJ 07503									
Scope of Work (Check All That Apply)	Пъ		. П. г.					ent with Negative Pressure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is Lo	ocatio	n						1,			Abate	ement	t	
Location of	No. Used	rmally Solely				Description of os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)						1 9	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	enand	ce/		thermal s surfac				(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A						40	00.05	-		(D		
ACM Siding			Х			Siding			18	00 SF	Х				
Name of Registered Waste Hauler		DEP W		Cubic \		7	Name of F	Registe	red Landfil						
ATLANTIC Carting	e 15		uler ID 085	NO.	of Was	ile		IESI PA	BET	HLEHEN	COF	RPO	RAT	ION	
City, State 1141 Route 23 Wayne , NJ			- 54	1 -	Dispos	Disposal Date City, State			te jem, PA 18015						
Completed by Uros Spasic	Title Owner	Title Owner					1	1	Date 9/330/13						



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

Date of Notification (1) 09/30/13					Building C			(2)		/		_		7			
Agencies Notified	Type Notification		1 2	Street Ac 225 Ma	ldress ain Stree	et				-							
DEP DOL	Initial Amended Amendment		2.5		e, Zip Coo alls, NJ					- 11				>			
DOH DCA	Emergency justification) Cancellation		- 1	Name of Contact Phillip H. Simone, C.P.W.M										-			
Name of Facility Where A Private House Street Address	Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATIC	ON		of Facility (4) School (K-12 Subchapter 8)		0CT	2 9	20	13		
120 William Street								×	Other (i.e. pri etc.)	ivate 8	commerc	ial build		- 1	s,		
City (5) Little Falls								Squa	are Feet	# of	Floors	В	ldg. A	ge	5 - - 12		
County (6) County Code (7) Passaic (STATE USE ONLY)							_	Cum	ent Use (Prior	if beir	ng demolis	hed)					
Name of Monitoring Firm	18	ASCM NA	No.				atement Cont onstruction										
Street Address NA							Street 1017		ess Bride Avent	ue # (603						
City, State, Zip Code								ity, State, Zip Code Voodland Park, NJ 07424									
Project Manager for Mor	1.0					hone No. Licen .893.7005 0109				ise No. 97							
Start Date (10) 10/03/13	d Com					of OS Batic	HA Monitor	# 27.									
Occupancy Status Durin	•	57						et Address Plum Street									
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Nom	Period of Al nal Facility I	Hours	ent		_	City, S	, State, Zip Code terson, NJ 07503									
Scope of Work (Check A	All That Apply)									37							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
****		ls l	ocatio	on						(/ =		Abatement Type					
Location Asbestos-Containing		Used	ormali Solei	y by	Ashaci		cription		al (ACM)	٨	mount		1				
TO BE AB In Faci (13)	ATED lity	Custo	ntenan odial S (12) No	NATION OF THE RESERVE		thermal s	system: ing, VA	aining Material (ACM) systems insulation, ing, VAT, or iscellaneous)			Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
ACM S	iding	165	140	X		5	Siding			28	50 SF	X	 				
												-					
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic `	Yards		Name of F	Registe	red Landf	<u> </u>					
Name of Registered Waste Hauler ATLANTIC Carting NJDEP Waste Hauler ID No. 26085						of Was			E	SI PA BETHLEHEM CORPORATION							
City, State Disp							al Date		City, State		PA 1801	5					
Completed by Uros Spasic	*	Title Owne			Si	ignature	e /	La	/_	0	Pate 0/330/13						

State of NJ

2013-213

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:128-5 CEIVED Check #6217

B & G proj. #: 2013 OCT 29 AM 2: 16 Name of Building Owner/Operator (2) Date of Notification (1) Tom McNally 110/215/113 Type Notification & LICENSING Agencies Notified Street Address ☐ EPA 253 Kingsland Terrace V Initial ☐ DEP City, State, Zip Code South Orange, NJ 07079 Amendment DOL Talaghane Number Name of Contact DOH Cancellation Tom McNally DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Tom McNally Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age Square Feet # of Floors 253 Kingland Terrace County Code (7) County (6) Current Use (Prior if being demolished) City (5) (State use only) South Orange, NJ 07079 residential Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 11/7/13 11/6/13 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: wrap & cut Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf E E Is location normally used solely e n n Amount m by maintenance/custodial D Location of Description of asbestos-containing C (Specify SF or C asbestos-containing 0 a a staff(12) material (ACM) V material to be abated in facility (13) N/A No e Yes M 70 If pipe insulation 2 If basement pipe insulation Garage Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID# Registered Waste Hauler 19563 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 11/7/2013 Lincoln Park, NJ 07035 Date Signature Gordana Luna 10/25/2013 Completed by (Print or Type) Secretary/Treasurer Gordana Luna

B & G proj. #: 2013-212

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

Check #6216

B & G proj. #: 2013-212		(1 0.000	*****			213 0GT 29 AN 2: (14									
						2013	OCT 2	MA 6	S: fu	4					
te of Notification (1)	1.1	f Building Own	er/Opera	ator (2)											
1 0 / 2 5 / 1 3		Celentano			-	- - - - - - - - - - -	JEST C	S CO1	LC PE						
encies Notified Type Notification			S		& LICENSING ()									000	
☐ EPA Initial	- A	81st Street													
DEP Amendm	City, St	ate, Zip Code	N I 070	47											
DOL L Amendi		th Bergen, I	45 070				1								
DOH Cancella		f Contact	_				8								
DCA Cancella	Mik	e Celentano					<u> </u>	•							
		FA	CILITY II	NFORMATION	N				(4)					-	
ame of facility where abatement i	s taking place (3)					Type	of Facility School	(4) ol (K -	12)					
	, taning p	5.		9			آ اا	Subc	napter 8	8 (Other	than	K-12)			
Vlike Celentano							1	Other	(Privat	e/Comm	ercia	i			
Street Address				Saut	are Feet	# of F		П	Bldg.	Age	_				
516 81st Street						ado (7)	Sque	1001001			_ _			_	
City (5)	County (6	5)				ode (7) e only)	Prior if	being de	molis	hed)					
N Bergen	Huds	on .	50	,,,	residential							_		=	
Name of Monitoring Firm Hired by	Ridg Owner (8)		ASC	CM No.	Nan	ne of Abateme	nt Contra	ctor (9)							
Name of Monitoring Firm Filed by N/A	Diag. Omie. (-)	6 .0			В	& G Restora	ation, Inc				_	_		=	
						et Address									
Street Address					1	05 Ryerson I , State, Zip Co	Road							_	
ity, State, Zip Code						, State, Zip Co Lincoln Park,		35				× ********		_	
, J.					Tal	ephone Numb	er			ense Nu	mber				
Project Manager for Monitoring Fil	m	Phone No	umber			973-696-686	9		0:	378		_		=	
						me of OSHA									
Scheduled Start Date (10)		ompletion Date	e (11)			B & G Restor	ration, Ir	ic.						-	
11/5/13	11/6/				_	reet Address	Poad								
Occupancy Status During Abaten	ent (Check only	one)				105 Ryerson y, State, Zip C									
to a standard duri	no entire period	of abatement.			1 Cit	y, Glato, Elp o									
Abatement performed outsi	de of florinar lac	anty hours			- 11	Lincoln Parl	k, NJ 070	35				=		=	
Other-Describe:					نبلك					wrap &			_		
Scope of Work (check all that a					Full	Containment	w/negative	e pressure		Gloveba					
☐ Demolition	Renovation	"			Min	i-enclosure				Non-fria				_	
>3 sf or >3 lf	≥160 sf or ≥2	normally used	solely								e	R	E n		
Location of	by mainten	ance/custodia	1	Description	of asb	estos-containi	ng	Amou (Spec	int cify SF	or	m o	p a	c a		
asbestos-containing material to be	staff(12)			material (A	CM)			ĽF)	-		v	ī	p		
abated in facility (13)	Yes	No	N/A					70 H			e			I	
T			X p	ipe insulati	on			70 lf			百			T	
basement															
														4	
			_											1	
				bic Yards of W	aste	Name of Reg	stered La	ndfill		James					
Registered Waste Hauler	NJDE 195	P Hauler ID# 63	Cui	1		Tullytown	Resource	& Reco	very (enter		_		-	
B & G Restoration, Inc.		Dis	posal Da	ite		City, State	DA								
City, State Lincoln Park, NJ 07035			1/6/20		_	Tullytown, PA					Date				
Completed by (Print or Type)	Title			Signature	(Gordana D	una	1		10/25	/201	3		_	
Gordana Luna	Secretar	y/Treasurer													

State of NJ

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

B & G proj. #:	2013-216	-	(Pursuant to	NJAC 8:6	0-7 and		Check #6	215						
				posstor (2)			2013	CT 29 A	H 1:5:	3				
		1.1		perator (2)			Endin a			1				
	1/113			S-0-1	-		R to re	75103 C	911111	-			_	
	Type Notification		`				ر. ق عه	& LICEN:	SINU	61				
_	Initial										_		_	
_	☐ Amendme			021										
_					70.									
DOH DOH	Cancellatio													
☐ DCA		Deloi					===	-1				100		
			FACILIT	Y INFORMA	TION		Type	e of Facility (4)					_	
Name of facility w	here abatement is t	aking place (3)					'	School ((K - 12)					
Delores Kelle	r								ter 8 (Othe	er than	n K-12	2)		
								Other (P	nvate/Com omes, etc.	imerci	aı			
	<u> </u>						Sq			T	Bldg	. Age	į.	
52 Park Larie	; 	1 0			County	Code (7)		_		_ _				
City (5)		County (6)					Ci	rrent Use (Price	or if being	demol	ished)		
Essex Fells		Essex											_	
	na Firm Hirad by Ri	dg Owner (8)	17	ASCM No.	TN	ame of Abateme	nt Contr	actor (9)						
Name of Monitori		-g ,	1			B & G Restora	tion, Ir	ıc.						
	10/1				Si	reet Address								
Street Address														
City State Zin Co	nde .				Ci									
City, State, Zip Oc					اانــ			035	Linconco N	lumbe	AF.		_	
Project Manager f	or Monitoring Firm		Phone Number		T				Control of the second	umbe	••			
r tojece manago.					11-				-					
Cahadulad Start [Tate (10)	Sched, Com	pletion Date (11)					nc.						
Project Manager for Monitoring Firm Phone Number Scheduled Start Date (10) 11/04/13 Phone Number Sched. Completion Date (11) 11/05/13					S	treet Address			1					
Occupancy Statu	s During Abatemen	t (Check only on	e)										$\dot{-}$	
Facility clos	edwarated during	entire period of a	ibatement.			ity, State, Zip Co	ode							
Abatement	performed outside	of normal facility	nours-		-11	I in salm Dork	NI 07	035					8	
	cribe:				-11	Lincom Fark	, 143 07		T wran	& cut				
Delores Keller Superior Address Superior Addr				re ·	8.5									
					7000000		//negativ	e pressure [
N = 1		>160 sf or >260	if		Mi	ni-enclosure		!	_ Non-in			E		
		Is location nor	nally used solely					Amount		е	е	n	E n	
Location o	t containing	by maintenance	e/custodial	Descript	ion of as	bestos-containin	g	(Specify S	SF or	m		a	C	
material to	be		. I N/A	material	(ACM)			LF)		v	i	p	L	
abated in	facility (13)	Yes T	N/A					00 %		_	1		T	
hasement ho	oiler room		X	pipe insul	ation	- I in a vil	otion	THE RESERVE TO BE SHOWN THE PARTY OF THE PAR			F	F	恄	
						ergiass irisui	auon				百	百		
				pipe insu	ation	a releas inculs	ation	The second secon	-	er than K-12) mmercial Bldg. demolished) Number Remeriable proceduriable procedur				
			X	contamin	ated tip	ergiass irisuit	ation	-		T				
				While Verds o	F\Maste	Name of Regist	tered La	ndfill						
Registered Was	te Hauler		auler ID#		1 VVASIC	Tullytown R	esourc	e & Recovery	Center					
	ration, inc.	19303	Disposal D	Date		City, State	09000							
City, State	NI 07035		11/05/	/2013 Tullytown, PA										
				Signature	(Cordana Su	ma			/201	3			
Completed by (Print of Type) Gordana Luna Secretary/Treasurer					Granna Liviu									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1	Name of Building Owner/Operator (2) Ms. Christine Di M														
Agencies Notified EPA	Type Notificati	on		Stre	et Address Valley	s									
DEP DOL	Amended Amendmen	t #	_	City	State, Zip	Code									
DOH DCA	Emergency justification Cancellation	1).	ig	Nam	e of Conta Gary Kra	act			T						
					CILITY IN		TION		Signature Services	at it is					
Name of Facility Where	Abatement is Tal	ing Plac	e (3)					Type of Facil	ty (4)						
Residential Buildin	ıg				School (K	-12)									
512 Broadway								Other (i.e.	er 8 (Other than h , private & comm	(-1 2) ercial b	uildir	gs,			
City (5) Passaic	4							Square Feet 2000 SF	# of Floors		Bldg 60+	. Age)		
County (6) Passaic County					County Code (7) (STATE Use (Prior if being demolished) USE ONLY) Residential Bldg.										
Name of Monitoring Fir	m Hired by Buildin	g Owner		ASCN	No.	10 000000000000000000000000000000000000		nent Contractor	(9)		_				
Street Address				_			Genera t Address	I Construction	on, Inc.		_				
1			A 1000 mm		Avenue, PM	1B Suite 218									
City, State, Zip Code			City,	State, Zip (ton, NJ (Code										
Project Manager for Monitoring Firm Tele					No.		hone No.	00	License No						
Start Date (10)	Sch	eduled C	omple	tion D	ate (11)		-389-00 of OSHA		00693						
11/09/2013	11	/10/20	13		210 (11)	 Discontinue 		l Constructio	n, Inc.						
Occupancy Status Duri						Stree	Address						_		
Facility Closed/Vaca Abatement Performe	ted During Entire F d Outside of Norm	eriod of al Facilit	Abate v Hou	ment					/IB Suite 218						
Other - Describe:						City, State, Zip Code Clifton, NJ 07012									
Scope of Work (Check	all that apply)	_	C-71								_	_	_		
>3 sf or >3 If 2160 sf or 2260 If			novat emol												
		0.0000	ocatio				NOII-EX	kempted (*) and	Non-Friable Pri	ocedure	Marine W.	tement			
Location		Used	ormally Solel	y by			scription of				٦	уре			
Asbestos-Containing N TO BE ABA IN Facility (13)	TED	Cu	itenan istodia itaff? (12)			therma surfa	aining Mat I systems in cing, VAT, niscellaned	or	Amount (Specify SF or LF)	Kemova	Kepair	Encapsulate	Enclosure		
		Yes	No	N/A						_ <u>_</u>	1	ite	0		
Basement of the buil	ding	-		X	Pipe/El	bow In	sulation		120 LF	_ X					
										_	+	-			
Name of Registered Wa	ste Hauler		N	JDEP \		Cubic	Yards	Name of Reg	istered Landfill						
Service Transport G	auler ID 20970	No.	of Was	ste	Minerva L										
City, State New Castle, DE						Dispos	al Date /2013	City, State	rg, OH 44688						
Completed By Milan Njezic	Titl Vi	e ce Pres	ident				gnature	10	Date	5/201	2				
SB41						-16	V 0 C		10/2	J1201.)				

Do not use this form for asbestos licensure exempted activities.