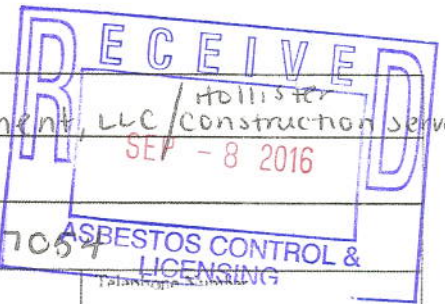


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Date of Notification (1)<br><b>9/2/14</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>IAT Project Development, LLC / Hollister Construction Services</b>                                                                                                                                    |                                                                            |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                                             | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>339 Jefferson Road</b><br>City, State, Zip Code<br><b>Paris, Pennsylvania, NJ 07054</b><br>Name of Contact<br><b>Brian Lemchak</b>                                                                                         |                                                                            |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Trenton Charter School</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12) <b>charter school</b><br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                            |
| Street Address<br><b>500 Perry Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       | Square Feet                                                                                                                                                                                                                                     |                                                                            |
| City (5)<br><b>Trenton, NJ 08618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       | # of Floors                                                                                                                                                                                                                                     |                                                                            |
| County (6)<br><b>Mercer County</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       | Bidg. Age                                                                                                                                                                                                                                       |                                                                            |
| County Code (7)<br><b>STATE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       | Current Use (Prior if being demolished)<br><b>School current + Trenton Times Bldg. previous use</b>                                                                                                                                             |                                                                            |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Viking Environmental Corp.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       | ASCM No.                                                                                                                                                                                                                                        |                                                                            |
| Street Address<br><b>ORTBD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       | Name of Abatement Contractor (9)<br><b>Guiliano Environmental, LLC</b>                                                                                                                                                                          |                                                                            |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       | P.O. Box 1124<br><b>Sayreville, NJ 08871</b>                                                                                                                                                                                                    |                                                                            |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       | Street Address<br><b>222 Jernee Mill Road Building 2 Sayreville, NJ 08872</b>                                                                                                                                                                   |                                                                            |
| Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       | City, State, Zip Code                                                                                                                                                                                                                           |                                                                            |
| Start Date (10)<br><b>9/15/14</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       | Telephone No. Office #<br><b>(732) 238-7400</b>                                                                                                                                                                                                 |                                                                            |
| Scheduled Completion Date (11)<br><b>TBD OR 9/30/14</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                       | License No.<br><b>NJ01267 NY 46612</b>                                                                                                                                                                                                          |                                                                            |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       | Name of OSHA Monitor                                                                                                                                                                                                                            |                                                                            |
| Scope of Work (Check All That Apply) <b>ROOF Abatement - Removal &amp; Disposal of Roof ACM</b><br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                                       | Street Address                                                                                                                                                                                                                                  |                                                                            |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       | City, State, Zip Code                                                                                                                                                                                                                           |                                                                            |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                                 | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A                                                                                                                                                                   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                     | Amount (Specify SF or LF)<br><b>21,000 SF</b>                              |
| <b>Roof-ACM Abatement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>✓</b>                                                                                                                                                                                                                                              | <b>Roof ACM</b>                                                                                                                                                                                                                                 | <b>21,000 SF ✓</b>                                                         |
| Name of Registered Waste Hauler<br><b>Guiliano Env. Codi Transport Ltd. LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.<br><b>0034591</b>                                                                                                                                                                                                     | Cubic Yards of Waste<br><b>100 yd. TR</b>                                  |
| City, State<br><b>222 Jernee Mill Road, Building 2 Sayreville, NJ 08872</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                       | Disposal Date<br><b>(732) 238-7400</b>                                                                                                                                                                                                          | Name of Registered Landfill<br><b>Tullytown Resource Recovery Facility</b> |
| Completed by<br><b>Chris Guiliano</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       | Title<br><b>Member</b>                                                                                                                                                                                                                          | City, State<br><b>Address Above ↑ Tullytown, PA 19007</b>                  |
| Signature<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       | Date<br><b>9/2/14</b>                                                                                                                                                                                                                           | Permit<br><b>19007 10149</b>                                               |
| Tel. #:<br><b>(215) 736 019</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                            |



09/06/2016 10:10 2012620321

AMAC

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

**RECEIVED** PAGE 02/03  
**SEP 6 2016**  
**CHECK # 9192**

| Date of Notification (1)<br><b>9/6/16</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br><b>GOLDBERG REALTY ASSOCIATES</b>                                                                                                                                                  |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------|--|--|-------------------------------------|--|--|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|----------------|--|--|--|---------|--------|-------------|-----------|---------------|-------------------------------------|--|--|--|--------------|-------------------------------------|--|--|--|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DGL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                 | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Emergency (Including Justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>33 CLINTON ROAD</b>                                                                                                                                                                                  | City, State, Zip Code<br><b>WBT CALDWELL NJ 07006</b> |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MARY ANN APARTMENTS</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                          | Name of Contact<br><b>JEAN ALOVICZ</b>                                                                                                                                                                                    |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Street Address<br><b>500 BLOOMFIELD AVE</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| City (5)<br><b>CALDWELL</b>                                                                                                                                                                                                                                                        | County (6)<br><b>ESSEX</b>                                                                                                                                                                                               | Square Feet<br><b>6000</b>                                                                                                                                                                                                | # of Floors<br><b>2</b>                               |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          | Blgd. Age<br><b>60</b>                                                                                                                                                                                                    |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ASCM No.</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                          | Current Use (Prior to being demolished)<br><b>APTS</b>                                                                                                                                                                    |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Street Address                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          | Name of Abatement Contractor (9)<br><b>A. MAC Contracting Inc.</b>                                                                                                                                                        |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| City, State, Zip Code                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                          | Street Address<br><b>188 Vreeland Ave.</b>                                                                                                                                                                                |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          | City, State, Zip Code<br><b>Midland Park, NJ 07432</b>                                                                                                                                                                    |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Start Date (10)<br><b>9/6/16</b>                                                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br><b>9/12/16</b>                                                                                                                                                                         | Telephone No.<br><b>201-262-5941</b>                                                                                                                                                                                      | License No.<br><b>00156</b>                           |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                          | Name of OSHA Monitor<br><b>Omega Environmental Services Inc.</b>                                                                                                                                                          |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> < 25 sf or < 25 ft<br><input checked="" type="checkbox"/> > 250 sf or > 250 ft<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                           |                                                                                                                                                                                                                          | Street Address<br><b>280 Moyer Street</b>                                                                                                                                                                                 |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>TRAILER</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                          | City, State, Zip Code<br><b>Hackensack, NJ 07606</b>                                                                                                                                                                      |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| 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)                                                                                               |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>             |                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                                       | No                                                    | N/A       |  |  | <input checked="" type="checkbox"/> |  |  | <input checked="" type="checkbox"/> | <table border="1"> <thead> <tr> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> </thead> <tbody> <tr> <td><b>500 LF</b></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>12 LF</b></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  | Amount (Specify SF or LF) | Abatement Type |  |  |  | Removal | Repair | Encapsulate | Enclosure | <b>500 LF</b> | <input checked="" type="checkbox"/> |  |  |  | <b>12 LF</b> | <input checked="" type="checkbox"/> |  |  |  |
| Yes                                                                                                                                                                                                                                                                                | No                                                                                                                                                                                                                       | N/A                                                                                                                                                                                                                       |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                                                                                                                       |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                                                                                                                       |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Amount (Specify SF or LF)                                                                                                                                                                                                                                                          | Abatement Type                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                    | Removal                                                                                                                                                                                                                  | Repair                                                                                                                                                                                                                    | Encapsulate                                           | Enclosure |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| <b>500 LF</b>                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                      |                                                                                                                                                                                                                           |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| <b>12 LF</b>                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>                                                                                                                                                                                      |                                                                                                                                                                                                                           |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Name of Registered Waste Hauler<br><b>Newark Caring, Inc.</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br><b>04608</b>                                                                                                                                                                                 | Cubic Yards of Waste<br><b>2</b>                      |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| City, State, Zip Code<br><b>Newark, NJ 07100</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          | Name of Registered Landfill<br><b>1591 PA Bethlehem Landfill Corp.</b>                                                                                                                                                    |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
| Completed by<br><b>R. McDonald</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | Title<br><b>President</b>                                                                                                                                                                                                 | Signature<br><b>R. McDonald</b>                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          | Date<br><b>9/6/16</b>                                                                                                                                                                                                     |                                                       |           |  |  |                                     |  |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                           |                |  |  |  |         |        |             |           |               |                                     |  |  |  |              |                                     |  |  |  |



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

Check # 9192

Date of Notification (1)

9/6/16

Name of Building Owner/Operator (2)

GOLD BERG REALTY ASSOCIATES

Agencies Notified

☒ EPA  
☒ DSH  
☒ DDE

Type Notification

☒ Initial  
☐ Amendment  
☐ Emergency (including justification)  
☐ Cancellation

Street Address

33 CUNTON RD

City, State, Zip Code

WEST CAWDELL, N.J. 07006

Name of Contact

KRIS FARLEY

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

QUEENS GARDEN APARTMENTS

Street Address

3 RONALD DRIVE

City (5)

COLONIA

County (6)

MIDDLESEX

Current Use (Prior to being demolished)  
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter s (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

75000

# of Floors

4

Reg. Age

+50

Name of Monitoring Firm Hired by Building Owner (8)

ACSM No.

RESIDENTIAL

A.MAC Contracting Inc.

Street Address

Street Address

185 Vreeland Ave.

City, State, Zip Code

City, State, Zip Code

Midland Park, NJ

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

(201)262-5841

License No.

00156

Start Date (10)

9/26/16

Scheduled Completion Date (11)

10/26/16

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe

Name of OSHA Monitor

Omega Environmental Services

Street Address

280 Huyler St

City, State, Zip Code

Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☒ 13 sf or 23 lf  
☐ 150 sf or 250 lf

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Exempt Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely by Maintenance Custodial Staff? (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, etc. or other miscellaneous)

Amount (Specify CF or LF)

Abatement Type

Removal Encapsulate In-place

Basement #3  
Basement #4  
Basement #5

PIPE INSULATION  
PIPE INSULATION  
PIPE INSULATION

218 CF  
203 CF  
175 CF

✓  
✓  
✓

Name of Registered Waste Hauler

Newark Carting, Inc.

NJDEP Waste Hauler ID No. 04509

Cutting Yards of Waste

6

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

City, State  
Newark, NJ

Disposal Date  
9/26/16  
Signature  
J. Vocaturo

City, State  
Bethlehem, PA

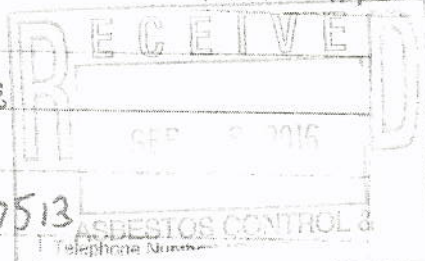
Completed by  
Joseph Vocaturo

Title  
Vice President

Date  
9/6/16

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

CHECK # 9192



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>9/6/17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Name of Building Owner/Operator (2)<br><b>RENALDO QUIZPHE</b>                                                                                                                                                                                         |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DHP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DPH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                                                                             |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | City, State, Zip Code<br><b>PATERSON, NJ 07513</b>                                                                                                                                                                                                    |  |
| Name of Contact<br><b>RENALDO QUIZPHE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Telephone Number<br>[REDACTED]                                                                                                                                                                                                                        |  |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                       |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                             |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Square Feet<br><b>1,950</b>                                                                                                                                                                                                                           |  |
| City (5)<br><b>PATERSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | # of Floors<br><b>2</b>                                                                                                                                                                                                                               |  |
| County (6)<br><b>PASSAIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Bldg. Age<br><b>750</b>                                                                                                                                                                                                                               |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | ASCM No.<br><b>RESIDENTIAL</b>                                                                                                                                                                                                                        |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Name of Abatement Contractor (9)<br><b>A.MAC Contracting Inc.</b>                                                                                                                                                                                     |  |
| City, State, Zip Code<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Street Address<br><b>185 Vreeland Ave</b>                                                                                                                                                                                                             |  |
| Project Manager for Monitoring Firm<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City, State, Zip Code<br><b>Midland Park, NJ</b>                                                                                                                                                                                                      |  |
| Telephone No.<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Telephone No.<br><b>(201)262-5841</b>                                                                                                                                                                                                                 |  |
| Start Date (10)<br><b>9/17/16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | License No.<br><b>00156</b>                                                                                                                                                                                                                           |  |
| Scheduled Completion Date (11)<br><b>9/30/16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Name of OSHA Monitor<br><b>Omega Environmental Services</b>                                                                                                                                                                                           |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe                                                                                                                                                                                                                                               |  | Street Address<br><b>280 Huyler St</b>                                                                                                                                                                                                                |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> 103 sf or 23 lf<br><input type="checkbox"/> 2150 sf or 3250 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Enclave Procedure |  | City, State, Zip Code<br><b>Hackensack, NJ 07606</b>                                                                                                                                                                                                  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)<br><b>BASEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Is Location Normally Used Solely by Maintenance/Custodial Staff (13)<br>Yes No N/A<br><b>✓</b>                                                                                                                                                        |  |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                                                                                                                                                                                                                                                                          |  | Amount (Specify SF or LF)<br><b>PIPE INSULATION 105LF</b>                                                                                                                                                                                             |  |
| Abatement Type<br>Removal Repair Encapsulate Enclosure<br><b>✓</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                       |  |
| Name of Registered Waste Hauler<br><b>Newark Carting, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | NJDEP Waste Hauler ID No.<br><b>04509</b>                                                                                                                                                                                                             |  |
| City, State<br><b>Newark, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Cubic Yards of Waste<br><b>2</b>                                                                                                                                                                                                                      |  |
| Name of Registered Landfill<br><b>IESI PA Bethlehem Landfill Corp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Disposal Date<br><b>9/17/16</b>                                                                                                                                                                                                                       |  |
| City, State<br><b>Bethlehem, PA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Signature<br><b>[Signature]</b>                                                                                                                                                                                                                       |  |
| Completed by<br><b>Joseph Vaccaro</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Title<br><b>Vice President</b>                                                                                                                                                                                                                        |  |
| Date<br><b>9/6/17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                       |  |



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

Sheet # 9192

Date of Notification (1)

9/16/16

Name of Building Owner/Operator (2)

ARTHUR CONKLIN

Agencies Notified

☒ EPA  
☒ DEP  
☒ DOI

Type Notification

☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Street Address

City/State/Zip Code

POMPTON PLAINS, NJ 07444

Name of Contact

MELISSA FLORENCE - LYNOT

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

RESIDENCE

Street Address

POMPTON PLAINS

County (6)

MORRIS

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter K (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

1,250

# of Floors

2

Bldg Age

+90

Current Use (If being demolished)

RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (8)

ACSM No.

Name of Abatement Contractor (9)

A.MAC Contracting Inc.

Street Address

Street Address

185 Vreeland Ave

City/State/Zip Code

City/State/Zip Code

Midland Park, NJ

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

(201) 262 5841

License No.

00156

Start Date (10)

9/17/16

Scheduled Completion Date (11)

9/30/16

Compliance Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe

Name of OSHA Monitor

Omega Environmental Services

Street Address

280 Huyler St

City/State/Zip Code

Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☒ 23 sf or 23 ft  
☐ 2500 sf or 2500 ft

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (?) and Non-Enable Procedure

Location of Asbestos Containing Material (ACM):  
TO BE ABATED  
In Facility (13)

Is Location Normally Used Solely by Maintenance Custodial Staff (12)

Yes No N/A

Description of Asbestos Containing Material (ACM):  
i.e. thermal systems insulation, surfacing, VAT, or other (or a combination)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encasement Enclosure

BASOMAT

PIPE INSULATION

SOLE

✓

Name of Registered Waste Hauler

Newark Carting, Inc.

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
1

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

City/State  
Newark, NJ

Disposal Date  
9/17/16

City/State  
Bethlehem, PA

Completed by  
Joseph Vocaturo

Title  
Vice President

Signature

J Vocaturo

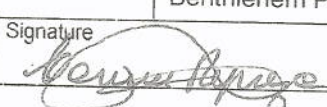
Date

9/16/16



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

OK 3859

| Date of Notification (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Glenreal Equities, LLC                               |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                           |                    |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                 | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                                                                             | Street Address<br>210 River Street Suite 33<br>City, State, Zip Code<br>Hackensack NJ 07606<br>Name of Contact<br>Mr. Frank Somma                                                                                                                                                                                                                  |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               |                                                                                             | Telephone Number<br><div style="border: 1px solid black; padding: 5px; width: 150px; float: right;"> <b>RECEIVED</b><br/>         SEP - 8 2016<br/>         ENVIRONMENTAL CONTROL &amp; HEALTH DIV.       </div>                                                                                                                                   |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>FACILITY INFORMATION</b>                                                                                                                                                                                                   |                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Facility Where Abatement is Taking Place (3)<br>Street Address<br><div style="background-color: black; width: 150px; height: 20px;"></div> City (5)<br>Nutley NJ 07110<br>County (6)<br>Essex                         |                                                                                             | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Feet<br>9,846<br># of Floors<br>4<br>Bldg. Age<br>76<br>Current Use (Prior if being demolished)<br>Residential |                                                                                                                             |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Omega Environmental Services, INC                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               | ASCM No.<br>00120                                                                           | Name of Abatement Contractor (9)<br>All Clean Environmental, LLC                                                                                                                                                                                                                                                                                   |                                                                                                                             |                           |                    |        |             |           |
| Street Address<br>280 Huyler Street<br>City, State, Zip Code<br>South Hackensack NJ 07606                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               | Street Address<br>106 Vreeland Avenue<br>City, State, Zip Code<br>South Hackensack NJ 07606 |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Mr. Geiser Fajardo                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               | Telephone No.<br>201 489-8700                                                               | Telephone No.<br>201 546-2027<br>License No.<br>01243                                                                                                                                                                                                                                                                                              |                                                                                                                             |                           |                    |        |             |           |
| Start Date (10)<br>September 19, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Scheduled Completion Date (11)<br>October 20, 2016                                                                                                                                                                            |                                                                                             | Name of OSHA Monitor<br>Niche Analysis                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8 am to 5pm                                                                                                                                                                                                |                                                                                                                                                                                                                               |                                                                                             | Street Address<br>399 Knolwood<br>City, State, Zip Code<br>White Plains, NY 10603                                                                                                                                                                                                                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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 |
| Pipe / Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               | x                                                                                           |                                                                                                                                                                                                                                                                                                                                                    | Insulation                                                                                                                  | 350 LF                    | x                  |        |             |           |
| Tank / Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               | x                                                                                           |                                                                                                                                                                                                                                                                                                                                                    | Insulation                                                                                                                  | 75 LF                     | x                  |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>NJ04509                                                        | Cubic Yards of Waste                                                                                                                                                                                                                                                                                                                               | Name of Registered Landfill<br>IESI                                                                                         |                           |                    |        |             |           |
| City, State<br>Newark NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               | Disposal Date                                                                               |                                                                                                                                                                                                                                                                                                                                                    | City, State<br>Benthlehem PA 18015                                                                                          |                           |                    |        |             |           |
| Completed by<br>Carmen Repreza                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               | Title<br>Office Manager                                                                     |                                                                                                                                                                                                                                                                                                                                                    | Signature<br>                           |                           | Date<br>09/06/2016 |        |             |           |



CK 6808

|                                                                                                                                                                                                         |  |                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>10/19/16                                                                                                                                                                    |  | Name of Building Owner/Operator (2)<br>scott veale                                                                                                                                                                            |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #:<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>[REDACTED]                                                                                                                                                                            |  | City, State, Zip Code<br>MONTCLAIR, NJ 07042                                                                                                                                                                                  |  |
| Name of Contact<br>scott veale                                                                                                                                                                          |  | Telephone Number<br>[REDACTED]                                                                                                                                                                                                |  |

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                  |  |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>scott veale                                                                                                                                                                                                                                       |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                              |  |  | Square Feet<br>[REDACTED]                                                                                                                                                                                        |  |                         |
| City (5)<br>MONTCLAIR                                                                                                                                                                                                                                                                                     |  |  | County (6)<br>ESSEX                                                                                                                                                                                              |  | Bldg. Age<br>[REDACTED] |
| County Code (7)<br>(State use only)                                                                                                                                                                                                                                                                       |  |  | Current Use (Prior if being demolished)<br>[REDACTED]                                                                                                                                                            |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]                                                                                                                                                                                                                                            |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.                                                                                                                                                      |  |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                              |  |  | Street Address<br>20 California Ave.                                                                                                                                                                             |  |                         |
| City, State, Zip Code<br>[REDACTED]                                                                                                                                                                                                                                                                       |  |  | City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                      |  |                         |
| Project Manager for Monitoring Firm<br>[REDACTED]                                                                                                                                                                                                                                                         |  |  | Telephone Number<br>973-345-8020                                                                                                                                                                                 |  | License Number<br>01169 |
| Start Date (10)<br>09/12/16                                                                                                                                                                                                                                                                               |  |  | Sched. Completion Date (11)<br>09/30/16                                                                                                                                                                          |  |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |  |                                                                                                                                                                                                                  |  |                         |
| Name of OSHA Monitor<br>D & S Restoration, Inc.                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                  |  |                         |
| Street Address<br>20 California Avenue                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                  |  |                         |
| City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                  |  |                         |

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition
- ☐ Full Containment w/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) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|------------------------------------------------------------------------------|---------------------------------------------------------------------|----|-----|---------------------------------------------------|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|                                                                              | Yes                                                                 | No | N/A |                                                   |                           |                            |                            |                       |                  |
| BASEMENT                                                                     |                                                                     | X  |     | PIPE INSULATION                                   | 108 lf                    | X                          |                            |                       |                  |
|                                                                              |                                                                     |    |     |                                                   |                           |                            |                            |                       |                  |
|                                                                              |                                                                     |    |     |                                                   |                           |                            |                            |                       |                  |
|                                                                              |                                                                     |    |     |                                                   |                           |                            |                            |                       |                  |
|                                                                              |                                                                     |    |     |                                                   |                           |                            |                            |                       |                  |

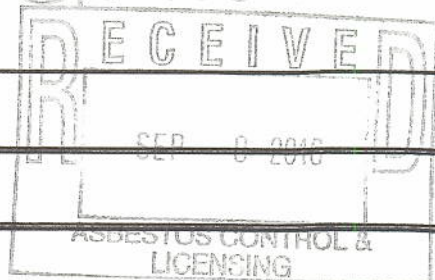
|                                                    |  |                           |                                |                                                             |                    |
|----------------------------------------------------|--|---------------------------|--------------------------------|-------------------------------------------------------------|--------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. |  | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yds. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |                    |
| City, State<br>PATERSON, NJ 07503                  |  | Disposal Date<br>09/13/16 |                                | City, State<br>TULLYTOWN, PA                                |                    |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     |  | Title<br>PRESIDENT        | Signature<br>[REDACTED]        |                                                             | Date<br>09/02/2016 |



D&amp;S Proj. #: 16-261

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

CK 6807



|                                         |                                                                         |                                                      |  |
|-----------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|--|
| Date of Notification (1)<br>08/13/16    |                                                                         | Name of Building Owner/Operator (2)<br>thomas lehman |  |
| Agencies Notified                       | Type Notification                                                       | Street Address<br>[REDACTED]                         |  |
| <input type="checkbox"/> EPA            | <input type="checkbox"/> Initial                                        | City, State, Zip Code<br>WEST CALDWELL, NJ 07006     |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended                                        | Name of Contact<br>thomas lehman                     |  |
| <input checked="" type="checkbox"/> DOL | Amendment #:                                                            | Telephone Number                                     |  |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) |                                                      |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                                   |                                                      |  |

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                                           |                     |                                         |                                                                                                                                                                                                                  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3)<br>thomas lehman                                                                                                                                                                                                                                     |                     |                                         | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                              |                     |                                         | Square Feet # of Floors Bldg. Age                                                                                                                                                                                |  |  |
| City (5)<br>WEST CALDWELL                                                                                                                                                                                                                                                                                 | County (6)<br>ESSEX | County Code (7)<br>(State use only)     | Current Use (Prior if being demolished)                                                                                                                                                                          |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)                                                                                                                                                                                                                                                          |                     | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.                                                                                                                                                      |  |  |
| Street Address                                                                                                                                                                                                                                                                                            |                     |                                         | Street Address<br>20 California Ave.                                                                                                                                                                             |  |  |
| City, State, Zip Code                                                                                                                                                                                                                                                                                     |                     |                                         | City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                      |  |  |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                       |                     | Phone Number                            | Telephone Number<br>973-345-8020                                                                                                                                                                                 |  |  |
| Start Date (10)<br>08/31/16                                                                                                                                                                                                                                                                               |                     | Sched. Completion Date (11)<br>09/15/16 | License Number<br>01169                                                                                                                                                                                          |  |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                     |                                         | Name of OSHA Monitor<br>D & S Restoration, Inc.                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                                                                           |                     |                                         | Street Address<br>20 California Avenue                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                           |                     |                                         | City, State, Zip Code<br>Paterson, NJ 07503                                                                                                                                                                      |  |  |

Scope of Work (check all that apply)

|                                                    |                                                |                                                                     |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure       |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input 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) 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) | Removal                             | Repair                   | Encap                    | Encl                     |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                              | Yes                                                                  | No                                  | N/A |                                                   |                           |                                     |                          |                          |                          |
| basement                                                                     |                                                                      | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 1201 ft                   | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                              |                                                                      |                                     |     |                                                   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                    |                           |                                |                                                             |
|----------------------------------------------------|---------------------------|--------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yds. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>09/01/16 | City, State<br>TULLYTOWN, PA   |                                                             |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                      | Date<br>08/30/2016                                          |



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

|                                                                                                                                                                             |                                                                                                                                                                                                               |                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br><b>9/2/14</b>                                                                                                                                   |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br><b>IAT Project Development LLC / Construction Services</b> |  |
| Agencies Notified                                                                                                                                                           | Type Notification                                                                                                                                                                                             | Street Address<br><b>339 Jefferson Road</b>                                                       |  |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>PARISPPANY, NJ 07054</b>                                              |  |
|                                                                                                                                                                             |                                                                                                                                                                                                               | Name of Contact<br><b>Brian Lemchak</b>                                                           |  |

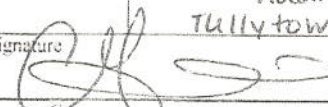
RECEIVED  
 SEP - 8 2016  
 ASBESTOS CONTROL & Licensure  
 (201) 393-7500

|                                                                                                                                                                                                                                                                                                     |                                                         |                                                                                                                                                                                                                                                 |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Trenton Charter School</b>                                                                                                                                                                                                               |                                                         | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12) <b>charter school</b><br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                        |
| Street Address<br><b>500 Perry Street</b>                                                                                                                                                                                                                                                           |                                                         |                                                                                                                                                                                                                                                 |                                        |
| City (5)<br><b>Trenton, NJ 08618</b>                                                                                                                                                                                                                                                                |                                                         | Square Feet                                                                                                                                                                                                                                     | # of Floors                            |
| County (6)<br><b>Mercer County</b>                                                                                                                                                                                                                                                                  | County Code (7)<br>(STATE USE ONLY) _____               | Current Use (Prior if being demolished)<br><b>School current + Trenton Times Bldg. previous use</b>                                                                                                                                             |                                        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Viking Environmental Corp.</b>                                                                                                                                                                                                            |                                                         | Name of Abatement Contractor (9)<br><b>Guiliano Environmental, LLC</b>                                                                                                                                                                          |                                        |
| Street Address<br><b>or TBD</b>                                                                                                                                                                                                                                                                     |                                                         | Street Address<br><b>P.O. Box 1124 Sayreville, NJ 08871</b>                                                                                                                                                                                     |                                        |
| City, State, Zip Code                                                                                                                                                                                                                                                                               |                                                         | City, State, Zip Code<br><b>222 Jernee Mill Road Building 2 Sayreville, NJ 08872</b>                                                                                                                                                            |                                        |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                 |                                                         | Telephone No.<br><b>(732) 238-7400</b>                                                                                                                                                                                                          | License No.<br><b>NT01267 NY 46612</b> |
| Start Date (10)<br><b>9/15/14</b>                                                                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br><b>TBD OR 9/30/14</b> | Name of OSHA Monitor                                                                                                                                                                                                                            |                                        |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                         | Street Address                                                                                                                                                                                                                                  |                                        |
|                                                                                                                                                                                                                                                                                                     |                                                         | City, State, Zip Code                                                                                                                                                                                                                           |                                        |

Scope of Work (Check All That Apply) **ROOF Abatement - Removal & Disposal of Roof ACM**

|                                               |                                     |                                                                     |
|-----------------------------------------------|-------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf     | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥ 160 sf or ≥ 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) 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 |
| <b>TO BE ABATED</b><br><b>Roof-ACM Abatement</b>                | <input checked="" type="checkbox"/>                                   |    | <input checked="" type="checkbox"/> | <b>Roof ACM</b>                                                                                                             | <b>21,000 SF</b>          | <input checked="" type="checkbox"/> |        |             |           |
|                                                                 |                                                                       |    |                                     |                                                                                                                             |                           |                                     |        |             |           |
|                                                                 |                                                                       |    |                                     |                                                                                                                             |                           |                                     |        |             |           |
|                                                                 |                                                                       |    |                                     |                                                                                                                             |                           |                                     |        |             |           |

|                                                                                 |                                             |                                                                                                   |                                                                            |
|---------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name of Registered Waste Hauler<br><b>Guiliano Env. Cod: Transport Ltd. LLC</b> | NJDEP Waste Hauler ID No.<br><b>0034591</b> | Cubic Yards of Waste<br><b>100 yd. TR</b>                                                         | Name of Registered Landfill<br><b>Tullytown Resource Recovery Facility</b> |
| City, State<br><b>222 Jernee Mill Road, Building 2 Sayreville, NJ 08872</b>     |                                             | Disposal Date<br><b>(732) 238-7400</b>                                                            | City, State<br><b>Tullytown, PA 19007</b>                                  |
| Completed by<br><b>Chris Guiliano</b>                                           | Title<br><b>Member</b>                      | Signature<br> | Date<br><b>9/2/14</b>                                                      |

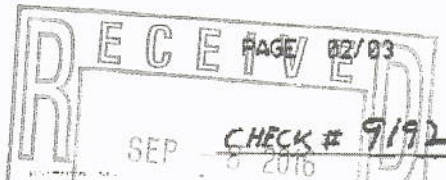
Permit  
10149  
Tel. #: (215) 736-0191



09/06/2016 10:10 2012620321

AMAC

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:120)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                |                                                                        |                |                       |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1)<br><b>9/6/16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br><b>GOLDBERG REALTY ASSOCIATES</b>                                                                                                                                                  |                                                                                                                                |                                                                        |                |                       |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCJ<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DOA                                                                                                                                                                                                                                                                                                | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (Including Justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>33 CLINTON ROAD</b>                                                                                                                                                                                  | City, State, Zip Code<br><b>WBST CALDWELL NJ 07006</b>                                                                         |                                                                        |                |                       |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               | Name of Contact<br><b>JEAN ALONWICZ</b>                                                                                                                                                                                   | Telephone Number<br><b>973-508-7170</b>                                                                                        |                                                                        |                |                       |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MARY ANN APARTMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                |                                                                        |                |                       |        |             |           |
| Street Address<br><b>500 BLOOMFIELD AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                                |                                                                        |                |                       |        |             |           |
| City (5)<br><b>CALDWELL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               | Square Feet<br><b>6000</b>                                                                                                                                                                                                | # of Floors<br><b>2</b>                                                                                                        |                                                                        |                |                       |        |             |           |
| County (6)<br><b>ESSEX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                               | Bldg. Age<br><b>60</b>                                                                                                                                                                                                    |                                                                                                                                |                                                                        |                |                       |        |             |           |
| County Code (7)<br><b>ESSEX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               | Current Use (Prior to being demolished)<br><b>APTS</b>                                                                                                                                                                    |                                                                                                                                |                                                                        |                |                       |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br><b>A MAC Contracting Inc</b>                                                               |                                                                        |                |                       |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | Street Address<br><b>185 Vreeland Ave.</b>                                                                                                                                                                                |                                                                                                                                |                                                                        |                |                       |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                               | City, State, Zip Code<br><b>Midland Park, NJ 07432</b>                                                                                                                                                                    |                                                                                                                                |                                                                        |                |                       |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               | Telephone No.                                                                                                                                                                                                             | Telephone No.<br><b>201-262-5841</b>                                                                                           |                                                                        |                |                       |        |             |           |
| Start Date (10)<br><b>9/6/16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | Scheduled Completion Date (11)<br><b>9/12/16</b>                                                                                                                                                                          | License No.<br><b>00155</b>                                                                                                    |                                                                        |                |                       |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               | Name of OSHA Monitor<br><b>Omega Environmental Services Inc.</b>                                                                                                                                                          |                                                                                                                                |                                                                        |                |                       |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                               | Street Address<br><b>280 Myer Street</b><br>City, State, Zip Code<br><b>Hackensack, NJ 07606</b>                                                                                                                          |                                                                                                                                |                                                                        |                |                       |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED In Facility</b><br>(13)                                                                                                                                                                                                                                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                         |                                                                                                                                                                                                                           | Description of Asbestos Containing Material (ACM)<br>(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 |
| <b>CRAWL SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           | <b>X</b>                                                                                                                       | <b>PIPE</b>                                                            | <b>500 LF</b>  | <b>X</b>              |        |             |           |
| <b>APARTMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           | <b>X</b>                                                                                                                       | <b>PIPE</b>                                                            | <b>12 LF</b>   | <b>X</b>              |        |             |           |
| Name of Registered Waste Hauler<br><b>Newark Carting, Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br><b>04508</b>                                                                                                                                                                                 | Cubic Yards of Waste<br><b>2</b>                                                                                               | Name of Registered Landfill<br><b>IESI PA Bethlehem Landfill Corp.</b> |                |                       |        |             |           |
| City, State, Zip Code<br><b>Newark, NJ 07102</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               | Disposal Date<br><b>9/6/16 on</b>                                                                                                                                                                                         |                                                                                                                                | City, State, Zip Code<br><b>Bethlehem, PA 18016</b>                    |                |                       |        |             |           |
| Completed by<br><b>R. McDonald</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | Title<br><b>President</b>                                                                                                                                                                                                 |                                                                                                                                | Signature<br><b>R. McDonald</b>                                        |                | Date<br><b>9/6/16</b> |        |             |           |

ASB-41 (R-05-08)

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





## TRI-TECH ENERGY

Heating, Air Conditioning & Mechanical Contracting  
Sheet Metal Fabrication

September 6, 2016



Mr. Franklin G. Meyer  
NJ Department of Labor and Workforce Development  
P.O. Box 949  
Trenton, NJ 08625

Re: Asbestos Removal at Ridge Gardens

Dear Mr. Horner:

In the process of making emergency repairs on the heating main lines leaking in the crawlspace that is causing some apartments to have no hot water, some asbestos looking material was found. We request that the ten (10) day notification for asbestos removal be waived. We need A-Mac Contracting to remove the asbestos so that the repair can be made immediately.

Work Site: Mary Ann Apartments  
500 Bloomfield Ave.  
Caldwell, NJ

Owner: Goldberg Realty  
33 Clinton Road  
West Caldwell, NJ 07006  
Contact (Super) Darrett  
973-567-9640

Thank you for your cooperation in this matter.

Very truly yours,

TRI-TECH ENERGY, INC.

Richard A. Shatwell

RAS:efd



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

CHECK # 9192

Date of Notification (1)  
9/6/16

Agencies Notified

☒ EPA  
☒ DEP  
☒ DDEI  
☒ DOE  
☒ DCA

Type Notification

☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)

GOLD BERG REALTY ASSOCIATES

Street Address

33 CUNTON RD

City, State, Zip Code

WEST CAWDELL, N.J. 07006

Name of Contact

KRIS FARLEY

Telephone Number

610-360-8779

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

QUEENS GARDEN APARTMENTS

Street Address

3 RONALD DRIVE

City (5)

COLONIA

County (6)

MIDDLESSEX

Current Use (If Being demolished)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter s (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

25000

# of Floors

4

Age (yr)

450

Name of Monitoring Firm Hired by Building Owner (8)

ACCM No.

RESIDENTIAL

A.MAC Contracting Inc

Street Address

Street Address

185 Vreeland Ave.

City, State, Zip Code

City, State, Zip Code

Midland Park, NJ

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

(201)262-5841

License No.

00156

Start Date (10)

9/26/16

Scheduled Completion Date (11)

10/26/16

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe

Name of OSHA Monitor

Omega Environmental Services

Street Address

280 Huyler St

City, State, Zip Code

Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☒ 23 sf or 23 lf  
☐ 2159 sf or 2260 lf

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Exempt Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, etc., or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Encapsulate Excavate In-place

Basement #3  
Basement #4  
Basement #5

✓

PIPE INSULATION

218 LF

✓

✓

PIPE INSULATION

203 LF

✓

✓

PIPE INSULATION

175 LF

✓

Name of Registered Waste Hauler

Newark Carting, Inc.

NJDEP Waste Hauler ID No. 04509

Cubic Yards of Waste

6

Name of Registered Landfill

IESI PA Bethlehem Landfill Corp.

City, State

Newark, NJ

Disposal Date

9/26/16

City, State

Bethlehem, PA

Completed by

Joseph Vaccaro

Title

Vice President

Signature

J. Vaccaro

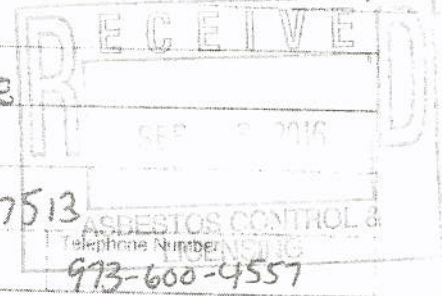
Date

9/6/16



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

CHECK # 9192



|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                              |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Date of Notification (1)<br><b>9/6/17</b>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>RENALDO QUIZPHE</b>                                                                                                                                                                                |                                                    |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCA                                                                                                                                 | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]                                                                                                                                                                                                                 | City, State, Zip Code<br><b>PATERSON, NJ 07513</b> |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                       | Name of Contact<br><b>RENALDO QUIZPHE</b>                                                                                                                                                                                                    |                                                    |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       | Telephone Number<br><b>973-600-4557</b>                                                                                                                                                                                                      |                                                    |
| City (4)<br><b>PATERSON</b>                                                                                                                                                                                                                                             | County (5)<br><b>PASSAIC</b>                                                                                                                                                                                                                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than R-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                    |
| Square Feet<br><b>1,950</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       | # of Floors<br><b>2</b>                                                                                                                                                                                                                      | Bldg. Age<br><b>750</b>                            |
| Name of Monitoring Firm Hired by Building Owner (8)<br>[REDACTED]                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       | Name of Abatement Contractor (9)<br><b>A.MAC Contracting Inc.</b>                                                                                                                                                                            |                                                    |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       | Street Address<br><b>185 Vreeland Ave</b>                                                                                                                                                                                                    |                                                    |
| City, State, Zip Code<br>[REDACTED]                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>Midland Park, NJ</b>                                                                                                                                                                                             |                                                    |
| Project Manager for Monitoring Firm<br>[REDACTED]                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       | Telephone No.<br><b>(201) 252-6841</b>                                                                                                                                                                                                       |                                                    |
| Start Date (10)<br><b>9/17/16</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><b>9/30/16</b>                                                                                                                                                                                             |                                                    |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other -- Describe |                                                                                                                                                                                                                                                       | License No.<br><b>00156</b>                                                                                                                                                                                                                  |                                                    |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> 13 sf or 23 ff<br><input type="checkbox"/> 250 sf or 250 ff<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                        |                                                                                                                                                                                                                                                       | Name of OSHA Monitor<br><b>Omega Environmental Services</b>                                                                                                                                                                                  |                                                    |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)<br><b>Basement</b>                                                                                                                                                                         |                                                                                                                                                                                                                                                       | Street Address<br><b>280 Huyler St</b>                                                                                                                                                                                                       |                                                    |
| Is Location Normally Used Solely by Maintenance/Custodial Staff?<br><b>Yes</b>                                                                                                                                                                                          |                                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>Hackensack, NJ 07606</b>                                                                                                                                                                                         |                                                    |
| Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)<br><b>PIPE INSULATION</b>                                                                                                                    |                                                                                                                                                                                                                                                       | Amount (Specify SF or LF)<br><b>105LF</b>                                                                                                                                                                                                    |                                                    |
| Abatement Type<br>Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>                                                                                                   |                                                                                                                                                                                                                                                       | Full Containment with Negative Pressure <input checked="" type="checkbox"/><br>Mini-Enclosure <input type="checkbox"/><br>Glovebag Procedure <input type="checkbox"/><br>Non-Exempted (*) and Non-Enclave Procedure <input type="checkbox"/> |                                                    |
| Name of Registered Waste Hauler<br><b>Newark Carting, Inc.</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       | Name of Registered Landfill<br><b>IESI PA Bethlehem Landfill Corp.</b>                                                                                                                                                                       |                                                    |
| NJDEP Waste Hauler ID No.<br><b>04509</b>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       | City, State<br><b>Bethlehem, PA</b>                                                                                                                                                                                                          |                                                    |
| City, State<br><b>Newark, NJ</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       | Disposal Date<br><b>9/17/16</b>                                                                                                                                                                                                              |                                                    |
| Completed by<br><b>Joseph Vaccaro</b>                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                       | Signature<br><b>[Signature]</b>                                                                                                                                                                                                              |                                                    |
| Title<br><b>Vice President</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       | Date<br><b>9/6/17</b>                                                                                                                                                                                                                        |                                                    |



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

RECEIVED  
# 9192

Date of Notification (1) **9/16/16**

Name of Building Owner (Operator) (2) **ARTHUR CONKLIN**

Agencies Notified ☒ EPA ☒ DEP ☒ DOI ☒ DDP ☒ DCA

Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation

Street Address **[REDACTED]**

City, State, Zip Code **POMPTON PLAINS, NJ 07444**

Name of Contact **MELISSA FLORENCE - LYNOT**

Telephone Number **973-305-5880**

Name of Facility Where Abatement is Taking Place (3) **RESIDENCE**

Street Address **[REDACTED]**

City, State, Zip Code **POMPTON PLAINS, NJ 07444**

County (6) **MORRIS**

County Code (7) (STATE USE ONLY)

Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet **1,250**

# of Floors **2**

Blgd. Age **+80**

Current Use (Prior if being demolished) **RESIDENTIAL**

Name of Monitoring Firm Hired by Building Owner (8)

ASBM No.

Name of Abatement Contractor (9)

Street Address **185 Vreeland Ave**

City, State, Zip Code **Midland Park, NJ**

Telephone No. **(201) 252-5841**

License No. **00156**

Project Manager for Monitoring Firm

Telephone No.

Start Date (10) **9/17/16**

Scheduled Completion Date (11) **9/30/16**

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe

Name of OSHA Monitor **Omega Environmental Services**

Street Address **280 Huyler St**

City, State, Zip Code **Hackensack, NJ 07606**

Scope of Work (Check All That Apply)

☒ 10 sq ft or 23 ft

☒ 1160 sq ft or 3260 lf

☒ Renovation

☐ Demolition

☒ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Exempted (\*) and Non-Enable Procedure

| Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (12) | Is Location Normally Used Solely by Maintenance Custodial Staff (13) |    |                                     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VMT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |         |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|----|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------|-------------|---------|
|                                                                              | Yes                                                                  | No | N/A                                 |                                                                                                                             |                           | Removal                             | Repair | Encapsulate | Enclose |
| <b>Basement</b>                                                              |                                                                      |    | <input checked="" type="checkbox"/> | <b>PIPE INSULATION</b>                                                                                                      | <b>50LF</b>               | <input checked="" type="checkbox"/> |        |             |         |

Name of Registered Waste Hauler **Newark Carting, Inc**

City, State **Newark, NJ**

Completed by **Joseph Vaccaro**

Title **Vice President**

NJDEP Waste Hauler ID No. **04509**

Dump Yard or Waste **1**

Disposal Date **9/17/16**

Name of Registered Landfill **IESI PA Bethlehem Landfill Corp.**

City, State **Bethlehem, PA**

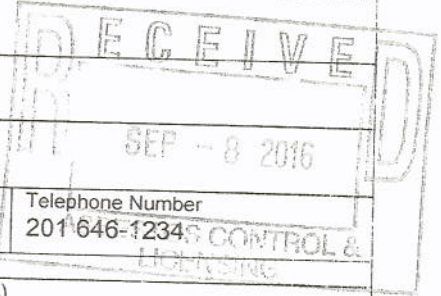
Signature **J Vaccaro**

Date **9/16/16**



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

CK 3859



|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)                                                                                                                                                                                                                                           |                                                                                                                                                                                                          | Name of Building Owner/Operator (2)<br>Glenreal Equities, LLC                                                                                                                                     |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Agencies Notified                                                                                                                                                                                                                                                  | Type Notification                                                                                                                                                                                        | Street Address<br>210 River Street Suite 33                                                                                                                                                       |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                           | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Hackensack NJ 07606                                                                                                                                                      |                                                                  |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          | Name of Contact<br>Mr. Frank Somma                                                                                                                                                                | Telephone Number<br>201 646-1234                                 |                                                                                                                             |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)                                                                                                                                                                                                               |                                                                                                                                                                                                          | Type of Facility (4)                                                                                                                                                                              |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                       |                                                                                                                                                                                                          | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| City (5)<br>Nutley NJ 07110                                                                                                                                                                                                                                        |                                                                                                                                                                                                          | Square Feet<br>9,846                                                                                                                                                                              | # of Floors<br>4                                                 |                                                                                                                             |                           |                    |        |             |           |
| County (6)<br>Essex                                                                                                                                                                                                                                                |                                                                                                                                                                                                          | Bldg. Age<br>76                                                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                                |                                                                                                                                                                                                          | Current Use (Prior if being demolished)<br>Residential                                                                                                                                            |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Omega Environmental Services, INC                                                                                                                                                                           |                                                                                                                                                                                                          | ASCM No.<br>00120                                                                                                                                                                                 | Name of Abatement Contractor (9)<br>All Clean Environmental, LLC |                                                                                                                             |                           |                    |        |             |           |
| Street Address<br>280 Huyler Street                                                                                                                                                                                                                                |                                                                                                                                                                                                          | Street Address<br>106 Vreeland Avenue                                                                                                                                                             |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| City, State, Zip Code<br>South Hackensack NJ 07606                                                                                                                                                                                                                 |                                                                                                                                                                                                          | City, State, Zip Code<br>South Hackensack NJ 07606                                                                                                                                                |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Mr. Geiser Fajardo                                                                                                                                                                                                          |                                                                                                                                                                                                          | Telephone No.<br>201 489-8700                                                                                                                                                                     | Telephone No.<br>201 546-2027                                    |                                                                                                                             |                           |                    |        |             |           |
| Start Date (10)<br>September 19, 2016                                                                                                                                                                                                                              |                                                                                                                                                                                                          | Scheduled Completion Date (11)<br>October 20, 2016                                                                                                                                                | License No.<br>01243                                             |                                                                                                                             |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                                 |                                                                                                                                                                                                          | Name of OSHA Monitor<br>Niche Analysis                                                                                                                                                            |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8 am to 5pm                           |                                                                                                                                                                                                          | Street Address<br>399 Knolwood                                                                                                                                                                    |                                                                  |                                                                                                                             |                           |                    |        |             |           |
|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          | City, State, Zip Code<br>White Plains, NY 10603                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                         |                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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     |        |             |           |
|                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                      | No                                                                                                                                                                                                | N/A                                                              |                                                                                                                             |                           | Removal            | Repair | Encapsulate | Enclosure |
| Pipe / Basement                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          | X                                                                                                                                                                                                 |                                                                  | Insulation                                                                                                                  | 350 LF                    | X                  |        |             |           |
| Tank / Basement                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          | X                                                                                                                                                                                                 |                                                                  | Insulation                                                                                                                  | 75 LF                     | X                  |        |             |           |
|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |                                                                                                                                                                                                   |                                                                  |                                                                                                                             |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting                                                                                                                                                                                                                  |                                                                                                                                                                                                          | NJDEP Waste Hauler ID No.<br>NJ04509                                                                                                                                                              | Cubic Yards of Waste                                             | Name of Registered Landfill<br>IESI                                                                                         |                           |                    |        |             |           |
| City, State<br>Newark NJ                                                                                                                                                                                                                                           |                                                                                                                                                                                                          | Disposal Date                                                                                                                                                                                     |                                                                  | City, State<br>Bentley PA 18015                                                                                             |                           |                    |        |             |           |
| Completed by<br>Carmen Repreza                                                                                                                                                                                                                                     |                                                                                                                                                                                                          | Title<br>Office Manager                                                                                                                                                                           | Signature<br><i>Carmen Repreza</i>                               |                                                                                                                             |                           | Date<br>09/06/2016 |        |             |           |



CK 6808

|                                         |                                                              |                                                    |  |
|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------------|--|
| Date of Notification (1)<br>09/10/16    |                                                              | Name of Building Owner/Operator (2)<br>scott veale |  |
| Agencies Notified                       | Type Notification                                            | Street Address<br>[REDACTED]                       |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial                  | City, State, Zip Code<br>MONTCLAIR, NJ 07042       |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended                             | Name of Contact<br>scott veale                     |  |
| <input checked="" type="checkbox"/> DOL | Amendment #:                                                 | Telephone Number<br>914-643-7289                   |  |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) |                                                    |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                        |                                                    |  |

## FACILITY INFORMATION

|                                                                     |  |  |                                                                                                                                                                                                                  |                                     |             |
|---------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>scott veale |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |                                     |             |
| Street Address<br>[REDACTED]                                        |  |  | Square Feet                                                                                                                                                                                                      |                                     |             |
| City (5)<br>MONTCLAIR                                               |  |  | County (6)<br>ESSEX                                                                                                                                                                                              | County Code (7)<br>(State use only) | # of Floors |
| Name of Monitoring Firm Hired by Bldg. Owner (8)                    |  |  | Bldg. Age                                                                                                                                                                                                        |                                     |             |
| ASCM No.                                                            |  |  | Current Use (Prior if being demolished)                                                                                                                                                                          |                                     |             |

|                                                                                                                                                                                                                                                                                                           |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| Street Address                                                                                                                                                                                                                                                                                            |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |  |
| City, State, Zip Code                                                                                                                                                                                                                                                                                     |  | Street Address<br>20 California Ave.                        |  |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                       |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |
| Phone Number                                                                                                                                                                                                                                                                                              |  | Telephone Number<br>973-345-8020                            |  |
| Start Date (10)<br>09/12/16                                                                                                                                                                                                                                                                               |  | License Number<br>01169                                     |  |
| Sched. Completion Date (11)<br>09/30/16                                                                                                                                                                                                                                                                   |  | Name of OSHA Monitor<br>D & S Restoration, Inc.             |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  | Street Address<br>20 California Avenue                      |  |
|                                                                                                                                                                                                                                                                                                           |  | City, State, Zip Code<br>Paterson, NJ 07503                 |  |

|                                                    |                                                |                                                                     |  |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|--|
| Scope of Work (check all that apply)               |                                                | Full Containment w/negative pressure                                |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Mini-enclosure                             |  |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Glovebag procedure              |  |
|                                                    |                                                | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |  |

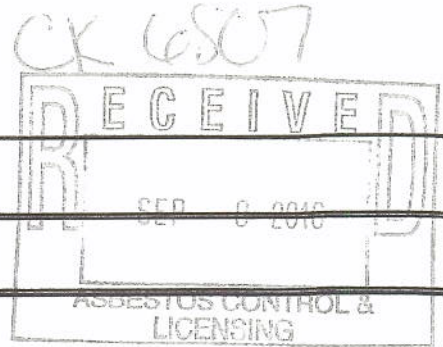
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove                              | Repair                   | Encap                    | Encl                     |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|----|-----|---------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                              | Yes                                                                  | No | N/A |                                                   |                           |                                     |                          |                          |                          |
| BASEMENT                                                                     |                                                                      | X  |     | PIPE INSULATION                                   | 108 lf                    | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                    |                           |                                |                                                             |
|----------------------------------------------------|---------------------------|--------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yds. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>09/13/16 | City, State<br>TULLYTOWN, PA   |                                                             |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                      | Date<br>09/02/2016                                          |



D&amp;S Proj. #: 16-261

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



|                                         |                                                                         |                                                      |  |
|-----------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|--|
| Date of Notification (1)<br>08/13/16    |                                                                         | Name of Building Owner/Operator (2)<br>thomas lehman |  |
| Agencies Notified                       | Type Notification                                                       | Street Address<br>[REDACTED]                         |  |
| <input type="checkbox"/> EPA            | <input type="checkbox"/> Initial                                        | City, State, Zip Code<br>WEST CALDWELL, NJ 07006     |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amended                                        | Name of Contact<br>thomas lehman                     |  |
| <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Emergency (including justification) | Telephone Number<br>201-953-5044                     |  |
| <input type="checkbox"/> DOH            | <input type="checkbox"/> Cancellation                                   |                                                      |  |
| <input type="checkbox"/> DCA            |                                                                         |                                                      |  |

## FACILITY INFORMATION

|                                                                       |                     |                                     |                                                                                                                                                                                                                  |  |  |
|-----------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Name of facility where abatement is taking place (3)<br>thomas lehman |                     |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |  |
| Street Address<br>[REDACTED]                                          |                     |                                     | Square Feet # of Floors Bldg. Age                                                                                                                                                                                |  |  |
| City (5)<br>WEST CALDWELL                                             | County (6)<br>ESSEX | County Code (7)<br>(State use only) | Current Use (Prior if being demolished)                                                                                                                                                                          |  |  |

|                                                                                                                                                                                                                                                                                                           |                                         |              |                                                             |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|-------------------------------------------------------------|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)                                                                                                                                                                                                                                                          |                                         | ASCM No.     | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address                                                                                                                                                                                                                                                                                            |                                         |              | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code                                                                                                                                                                                                                                                                                     |                                         |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                       |                                         | Phone Number | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>08/31/16                                                                                                                                                                                                                                                                               | Sched. Completion Date (11)<br>09/15/16 |              | Name of OSHA Monitor<br>D & S Restoration, Inc.             |                         |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                                         |              | Street Address<br>20 California Avenue                      |                         |
|                                                                                                                                                                                                                                                                                                           |                                         |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-enclosure

☐ 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) | Amount (Specify SF or LF) | Removal                             | Repair                   | Encap                    | Encl                     |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                              | Yes                                                                  | No                                  | N/A |                                                   |                           |                                     |                          |                          |                          |
| basement                                                                     |                                                                      | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 120 lf                    | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                    |                           |                                |                                                             |
|----------------------------------------------------|---------------------------|--------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yds. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>09/01/16 | City, State<br>TULLYTOWN, PA   |                                                             |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                      | Date<br>08/30/2016                                          |