D&S Proj. #: 2014-114

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Date of Notification	1/114	M	ne of Buildin	<u></u>	Operator (2) ES			2814 AP	POS POS POS POS POS POS POS POS POS POS	TYE	0		_		
Agencies Notified EPA DEP	Type Notification Initial Amended	4	eet Address 4 OAKLA		AD		Aj	18507 877	PP 2 /	PM 2: 5	Se_				
☑ DOL	Amendment #:	-11	, State, Zip					- 11/	ENSIN	A TROI					
☑ DOH	Emergency (including		MAPLEW		0/40				Telephor	ne Numbe	er				
	justification)		MAPLEW		T 0740			Į.	ė		T.				
☐ DCA	Cancellation		MAPLEW			TION			80						
				FACILI	TY INFORMA	TION		Type	of Facility	(4)				_	
Name of facility w	here abatement is t	aking plac	e (3)						School	ol (K - 12					
MAPLEWOOI	D, NJ 0740									napter 8 ( (Private/0			2)		
Street Address	7003								Bldgs	./Homes,	etc.		1		
44 OAKLANI	ROAD							Squa	re Feet	# of Floo	ors	Bla	g. Age	3	
City (5)		Count	y (6)				Code (7) use only)	Curre	ent Use (F	Prior if bei	ing demo	lishe	d)		
MAPLEWOO	מו	ESSI	EX			*			75. 88						
	ng Firm Hired by B				ASCM No.	11	Name of Abatement Contractor (9)								
							D & S RESTOR	RATION	I, INC.				_	_	
Street Address							20 California A	A ve							
City, State, Zip Co	do				10 10	- Ci	ty, State, Zip Code								
City, State, Zip Co	de						Paterson, NJ 0								
Project Manager fo		elephone Number			Licens	se Numb 01169	er								
							973-345-8020 lame of OSHA Mo				01107				
Start Date (10)		Sched.	Completion	Date (11)	)		D & S Restora		c						
04/05/14		04/24				S	street Address	2Y							
Occupancy Status	During Abatemen	(Check or	nly one)	ont			20 California A							_	
Abatement	ed/vacated during operformed outside	of normal f	acility hours	-		-	Paterson, NJ (								
	oribe: NORMAL H						T division, The	and the second	ntainmen	t w/negat	ive press	ure		90	
Scope of Work (compared to the	check all that apply If	) Renovatio	n				Ī	Mini-er	nclosure						
≥160 sf or 2	_	Demolition						Non-E	ag proce xempted	dure (*) and No	on-friable	proc	edure		
Location of		Is location	n normally u	sed solely	1				4	1	R e	R	E n	E	
asbestos-c	ontaining	by mainte staff(12)	enance/custo	odial	Descript material		bestos-containing		Amoun (Specif		m	p a	c a	n c	
material (a abated in fa		Yes	No	N/A	material	(AOIII)			LF)		v e	i	p	-	
D 1 0723 673 177 1	ATDED V DM				PIPE INST	JLATIC	ON	4	0 L FT		×	口			
BASEMENT I	LAUNDRY RM				PIPE INSU			5	6LFT				口	무	
BASEMENT	JOILE LAM										ᆜᆜ	붜	井	쓔	
											᠆┼	片	ዙ	#	
					Cubic Yards of	Waste	Name of Registe	red Land	fill		_		1-	10	
Registered Waste	e Hauler ORATION, INC.	NJD 13:	EP Hauler II 506	U	2 YDS	rradio	TULLYTOW	N, RES	OURCE	RECOV	ERY				
City, State				Disposal I			City, State	DAT DA							
PATERSON,				04/06/1	Signature	_	TULLYTOW	VN, PA		Dat	te				
Completed by (P BOGDAN JO		Title PRESII	DENT				4			03/	/26/14				
ASB-41		* Do not u	se this form	for asbest	tos licensure e	exempted	activities.								

	= 1	è	- 1		Mar 27 2	014 08:58am	P001/00	));	
D&S Proj. #: 2014-117		PURPLEMENT	of Asbesto	s Abateme	pt	APP	NOVED		7
The state of the s	*	(Lasadiff	NJAC 8:60	and 124	20)	NJ Bat of Health	1 & Senior	Services	
Date of Notification (1)	Name of Bu	liding Owner/Ope	erator (0)		- <u> </u>	1000	latura)	oldinfinisu	-
10 3 1/12 17 1/11 14	Tohn Col	1	gett AP	R-2 PM	7: 36	Date: 3 20	Lenne: 9	1.8	
Agendee Notified Type Notification	illon Street Addr		ORIGINAL PA	W I - W	M PO				<u> </u>
DEP Amended		nount Avenue	A\$(\$=	TE	ING				
DOL Amendment				1	1	#./ 36 A. A.	5		
DOH (Including	Niama at Co.	AM BORO, N.	J. 07928		-				
DCA justification	' 11	i j	. 1		1	Telephone No	material control	7.	
Cancellatio	n John Ca		<del>,                                     </del>		١٨				- f
Name of facility where abatement	la teldes at (a)	FACILITY	NFORMATION	7					::::
	is taking place (3)		j,	- B		Type of Facility (4) School (K	12)		
John Callahan Street Address			i		<u> </u>	Subchapte	17	han K-12	2)
Communication and Communication (Communication)			//			Other (Priv Bldgs./Ham	ate/Comme		<b>-7</b> .
228 Fairmount Avenue	·	i				The second second	Floors	Bldg.	. Age
City (6)	County (6)		Сош	nty Code (7)					1000
CHATHAM BORO	MORRIS	it. Note that the second of the	(Stat	e use only)		Current Use (Prior i	being den	rolished)	ı
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASC	vi No.	Name of Ase	tement Co	ntractor (9)	71		15/2
Street Address	164	K				ION, INC.			
Orleas vilatess		14 14 14 14 14 14 14 14 14 14 14 14 14 1		Street Address	li.				
City, Sizite, Zip Code				20 Calif City, State, 2					
Mark which is a distribution of				Parerson		3		\$6	
Project Manager for Monitoring Film	Pho	he Number		retephone h	mber	THE RESERVE OF THE PARTY OF THE	ense Numi	per	1
Start Date (10)	<u> </u>	be'		973-34			01169	· · · · · · · · · · · · · · · · · · ·	
	Sched. Completto	n Date (11)		Name of OS	1 1	Inc.			
04/02/14 Occupancy Status During Abatemer	04/25/14			Street Addres		, , ,	-	1	
Facility diesed/vacated during	entire period of shoten	nent.		20 Califor	The second secon	ite			
Describe:	of normal facility hours	1	- 11	City State, 29	o Gode	W	1,		111
Other-Describe: NORMAL H		*		Paterson	NJ 0750	3			
Scope of Work (check all that apply >3 st or >3 if					Y W Full	Containment w/neg	alive press	ure	1000
□ ≥160 af or ≥260 #	Renovation			e e e e e e e e e e e e e e e e e e e		i-enclosure vehag procedure		22	
Location of	Demolition Is location normally u	hielos he			No	1-Exempted (*) and I	Non-friable	procedu	ire
asbestos-containing	by maintenance/custo staff(12)	elist .	scription of asi			Amount	e e	RIE	E
material (som) to be abated in facility (18)		# me	aterial (ACM)	Joolus-Cuina		(Specify SF or	m	po	10
BASEMENT	Yes No	N/A				LF) /	V	i p	L
DACES PER PER PER	BELLEVI MAXGE		INSULATIO	ALL DESCRIPTION OF THE PARTY OF	l li	20 L FT	(X		
BASEMENT			tank insulati e insulation	ou l	Part 1	60 SQ FT			III
GARAGE detached	X		INSULATIO	NI		70 sq ft 12 L FT	区	井뉴	111
GARAGE detached			er instila	The state of the s	illight is	40 sq ft		計片	H
D&S RESTORATION, INC.	NJDEP Hauler ID 13506	# Cubic Yai	da of Waste	Name or Her TUFF VT	Stered Lar	odiki SOURCE RECON			
City, State PATERSON, NJ 07503		aposal Date	- 2	City, State	THE WAY	SOURCE KECO)	NEK X		
Completed by (Rrint or Type)	The	04/22/14		TULLYT	JWN, PA				X
BOGDAN JOI DZIC	PRESIDENT	Signa	iure .			Da	W 100		<del></del>
ASB-41	Do not use this form to	r aspertos lloene	ure exempted	activities	(b) (	\ 03	/27/2014		

D&S Proj. #: 2014-117

D&S Proj. #: 2014-117	(Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)  John Callahan  Street Address  228 Fairmount Avenue  City, State, Zip Code													
		(6 :0:	0	Operator (2)			2814 00	VED		-		_		
Date of Notification (1)		me of Buildii ohn Callah		Operator (2)		<u>.</u>	APR-2 P	M 2-				27		
Agencies Notified Type Notification		eet Address					445STA-	2.08						
EPA Initial Amended		28 Fairmo	unt Aven	ue			& Ling, Col	VIDO.						
DEP Amendment #:	11 -	y, State, Zip					A/Coll	G						
	-11	CHATHAI	M BORO	, NJ 07928										
DOH (including		me of Conta					Telephone N	Number						
justification)  DCA  Cancellation		John Calla	han					1.01				_		
			FACILI	TY INFORMAT	TION									
Name of facility where abatement is	taking plac	e (3)					Type of Facility (4)	V 10\						
Traine of identity where abutement		2 (50 <b>3</b> 0 2 <b>5</b> (1)					School (		. i	- 1/ 4	۵)			
John Callahan								ter 8 (Other ivate/Comn			2)			
Street Address								omes, etc.	10.0					
228 Fairmount Avenue							Square Feet #	of Floors	T	Bldg	. Ag	е		
City (5)	Count	y (6)				y Code (7) use only)	Current Use (Prior if being demolished)							
CHATHAM BORO	MOI	RRIS			at a second	***								
Name of Monitoring Firm Hired by B	ldg. Owner	r (8)		ASCM No.		lame of Abatement (	Contractor (9)							
		*				D & S RESTORA	ATION, INC.					_		
Street Address				N.	s	treet Address								
						20 California Av	e.		_	_	_			
City, State, Zip Code						ity, State, Zip Code								
						Paterson, NJ 07	503	License Nu	mbo	r	_	_		
Project Manager for Monitoring Firm		Pho	ne Numbe	r		elephone Number 973-345-8020			169					
					_  -	Name of OSHA Moni	itor							
Start Date (10)	Sched.	. Completion	Date (11)		71	D & S Restorati								
04/02/14	04/25	5/14				Street Address								
Occupancy Status During Abatemen			715			20 California Av	enue							
Facility closed/vacated during	entire perio	od of abaten	nent.			City, State, Zip Code								
Abatement performed outside	of normal f	facility hours	;-											
Describe: NORMAL H	OURS				-11	Paterson, NJ 07				_				
Scope of Work (check all that apply				W-18-10-11-10-10-10-10-10-10-10-10-10-10-10-			Full Containment w/	negative pr	essu	ire				
$\boxtimes$ >3 sf or >3 lf	Renovatio	n				E-A	Mini-enclosure							
>160 sf or ≥260 lf	Demolition	1				H	Glovebag procedure Non-Exempted (*) a	and Non-fria	ble	proce	dure	ı		
		n normally u	sed solely						R	R	E	E		
Location of asbestos-containing	by mainte	enance/cust	odial	1	on of as	bestos-containing	Amount	- 1.	m	e p	c	n		
material (acm) to be	staff(12)			material (			(Specify SI	1.2	0	a	a	C L		
abated in facility (13)	Yes	No	N/A						e		Р	_		
BASEMENT		X		PIPE INSU			20 L FT		X	屵	닏	╫		
BASEMENT		X		water tank i			60 SQ FT		X	屵	ዙ	ዙ		
BASEMENT		X		furnace insu			70 sq ft			片	믐	片		
GARAGE detached		X		PIPE INSU	-		12 L FT		XI XI	屵	片	+		
GARAGE detached		X		BOILER IN		AITON Name of Registere	40 sq ft			<u> </u>	Ш			
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler I 506		ubic Yards of V S YDS	vvasie	TULLYTOWN	, RESOURCE RE	COVERY	7					
City, State			Disposal D			City, State								
PATERSON, NJ 07503	d		04/22/1	4 Signature		TULLYTOWN	I, PA	T5:	_		_			
Completed by (Print or Type)				Date 03/27/2	2014									

04008

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

X706.0	N	-	Stat CATION ( ursuant to		STOS A	BATER	MENT ))	REC MAPR-2	51	VED				
Date of Notification (1) 3/28/2014		- 4	Name of E mike La		wner/O	perator	(2)	"" " -2	۸.	75				
Agencies Notified Type Notification			Street Ad			-	E	ESTO-		2:55				
EPA Initial				pkins A				2 // US	CON	711				
EPA Initial Amended Amendment:			City, State Haddor					ELICEN	SINC	{ MOL				
DOH justification)	ncluding		Name of						Tele	phone Nu	mber	. 347	7.12	
DCA Cancellation			Mike La		DBAATI	ON								
Name of Facility Where Abatement is Taking	Place (3)	1	FACILITY INFORMATION  Type of Facility (4)										- 1000	
Resident								School (K-12)						
Street Address		***	Subchapter 8 (Other than K-12)									linas	home	26
220 Hopkins ave		337					122	etc.)						
City (5) Haddonfeild			Square Feet 2500							Floors 2	100000	Bldg. Age 85 years		
County (6) Camden		T	County Code (7) Current Use (Prior if b							ng demolis	shed)			
Name of Monitoring Firm Hired by Building (											72			
Environmental Management Intern						Grah	namte	ch Environ	men	tal Servi	ice			
Street Address 34E Germantown pike							Addre	5050						
City, State, Zip Code E norriton Pa 19401								ip Code NJ 08081						
Project Manager for Monitoring Firm		T	Telephon	e No.		Teleph	hone N	0.		License	No.			
Raymond Giordano			610;22	7-0405		856-	318-1	341		01158				
Start Date (10) 3/29/2014	Schedule 3/31/20		npletion D	ate (11)		10000		HA Monitor ch Environ	men	tal Serv	ice			
Occupancy Status During Abatement (Chec	ncy Status During Abatement (Check Only One)							ss						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm	Period of A	bater	nent				ead d	rive ip Code			Louis de Company		65	
Other – Describe:			Sicklerville nj 08081											
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli	lition Mini-Enclos  Glovebag F						dure		ive Pressure Friable Procedure			
	Is	Locat	ion								T	Abat	emen	t
Location of	l N	lorma	lly		De	scription	n of					T	/pe	T
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole intena		Asbest	os Con	taining N system	Materia	I (ACM)		mount Specify	720	_	En	ш
In Facility	Cust	odial (12)	Staff?	(1.0.	surfa	cing, VA	AT, or	auon,		or LF)	Removal	Repair	aps	Enclosure
(13)	-	- 2			other r	niscella	neous)				val	air.	Encapsulate	ure
Basement	Yes	No X	N/A		nino	insula	ation			OLF	X	-	<u> </u>	
Dasement			-		hihe	iiisuic	duon			ULI		-	-	
											-	-	-	-
	-		$\perp$									-	-	
					0.11	V 1		1 11 (5				L	<u></u>	
Name of Registered Waste Hauler Grahamtech Environmental Service	H	NJDEP W Hauler ID 1034500	No.	of Wa	Yards ste		Name of R	- T	ered Landi	TALLA				
City, State Sicklerville NJ		Disposal Date City,				City, State Morrisvil	r, State prrisville PA							
Completed by Willis Graham	Title Owner					Signature   Date   3/28/2014						N		

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D&S Proj. #: 2014-118

2014-110	- '		•			de la companya de la	ECEIVE					
Date of Notification (1)		e of Buildiry larean		r/Operator (2)		2814 AF	1R-2 PM 2.5	) —				
Agencies Notified Type Notificatio  EPA Initial  DEP Amended	n Stree	et Address randolpl	3			133ES & L	TOS CONTRO	5				
Amendment #:_	'	State, Zip					-14014B	•.				
☐ Emergency (including justification)		e of Conta					Telephone	Number				
DCA Cancellation	<u>je</u>	erry larea	no									_
			FACI	LITY INFORM	ATION							
Name of facility where abatement is	taking place	(3)					Type of Facility (4					
jerry lareano								pter 8 (Othe Private/Com			2)	
Street Address							Bldgs./F	lomes, etc.	$\neg$		g. Ag	je
91 randolph street  City (5)	County	(6)			Count	y Code (7)	Oquare 1 oot		_ .			
City (5)						use only)	Current Use (Pri	or if being o	lemo	olished)		
Name of Monitoring Firm Hired by B	UNIO		Contractor (9)		-							
		D & S RESTORATION, INC.  Street Address										_
Street Address						20 California A	ve.					
City, State, Zip Code					<u> </u>	ity, State, Zip Code				- 12:	200	
		T <sub>D</sub>	NI I		- -	Paterson, NJ 07 Telephone Number	503	License N	umbe	er	_	
Project Manager for Monitoring Firm		Pho	ne Numb	er		973-345-8020		011			_	
Start Date (10)	Sched. 0	Completion	n Date (1	1)		Name of OSHA Mon D & S Restorati						
04/08/14	04/28/	Class.				Street Address						
Occupancy Status During Abatemen  Facility closed/vacated during			nent.			20 California Av City, State, Zip Code			_	_	_	
Abatement performed outside	of normal fa	cility hours	S-		`							
Other-Describe: NORMAL H	OURS				$- \sqcup$	Paterson, NJ 07		/- a mativa n	*000	uro.	_	
Scope of Work (check all that apply  3 sf or >3 lf  ≥160 sf or ≥260 lf	Renovation Demolition					Ī	Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re and Non-fri	able	proce	edure	e
Location of asbestos-containing material (acm) to be	Is location by mainten staff(12)	normally u ance/cust	ised solel odial			bestos-containing	Amount (Specify S LF)		R e m o	R e p a	E n c a	E n c
abated in facility (13)	Yes	No	N/A						v e	i	р	+-
BASEMENT		X		PIPE INS	ULATIO	ON	137 l ft			믐	뭄	旹
				1								
												12
		Dilleuler		Cubic Yards o	f Waste	Name of Registere	d Landfill		Ш	Ц	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	1350			3 yds		TULLYTOWN	, RESOURCE RI	ECOVER	Y			
City, State PATERSON, NJ 07503			Disposal 04/09/			City, State TULLYTOWN	I, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Signature		,		Date 03/27/	2014	1					
	t De not use	thio form	for aches	tos licensure								

# D&S Proj. #: 2014-119

D&S Proj. #: 2014-119	-		(Pursua	int to NJAC	8:60	and 12:120)	R	ECELL					
Date of Notification (1)				r/Operator (2)		<del>2</del>	14 AP	2 00 m	D				
Agencies Notified   Type Notificati		oruce starr				1.0	P	- 49/40 12 CUM	_	-			
☐ EPA ☐ Initial	1100	reet Addres					2-17/	) e <b>e.</b>	54				
DEP Amended		227 martir		ing			£ (10	Z. COIN.				_	
Amendment #:	Ci	ty, State, Zi	ip Code					THO /AG TO	1.				
Emergency	7 (1000)	MORRIS		IJ 07950							_		
DOH (including justification)	Na	me of Cont	tact					Telephone	Number				
☐ DCA ☐ Cancellation		bruce star	rnes		or i								
			FACIL	LITY INFORM	OITA	N							
Name of facility where abatement i	s taking pla	ce (3)					Ту	pe of Facility (4 School	) (K - 12)				
bruce starnes							_	=	pter 8 (Of	her th	an K-	12)	
Street Address							71	Other (F	rivate/Co lomes, et	mmer	cial		
227 mortin byther king									of Floors		Blo	ig. Ag	je
227 martin luther king	Coun	tv (6)			Col	unty Code (7)	=   "	quareroot	0.1.00.			, ,	
City (5)	Journ	· j ( • )				ate use only)		Current Use (Pri	or if being	demo	olishe	d)	
MORRIS TWP.	MO	RRIS											
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No. Name of Abatement Contractor (9)									
						D & S REST	ORATI	ON, INC.					
Street Address						Street Address							
						20 Californi							
City, State, Zip Code						City, State, Zip C	ode						
*			one Numb			Paterson, N							
Project Manager for Monitoring Firm		Telephone Numb			License	Numb 1169	er						
						973-345-8 Name of OSHA				1107			
Start Date (10)	Sched	. Completio	n Date (11	)		D & S Resto		Inc					
04/07/14	04/24	/14				Street Address	oration,	IIIC.					
Occupancy Status During Abateme						20 California	a Avent	ie					
Facility closed/vacated during	entire perio	od of abater	ment.			City, State, Zip C							
Abatement performed outside	of normal t	facility hour	s-			1							
Describe: NORMAL I	IOURS				_	Paterson, N	J 07503	3					
Scope of Work (check all that appl	1/2						Full	Containment w	negative/	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovatio	n	(8)					i-enclosure					
≥160 sf or ≥260 lf	Demolition	1						vebag procedur n-Exempted (*)		friable	proc	edure	ž II
	Is location	n normally u	used solely	/	-					R	R	Е	E
Location of asbestos-containing	by mainte	enance/cust	todial	I con the	ion of	asbestos-containir	ng	Amount		e m	е	n	n
material (acm) to be	staff(12)		т—	material			35 <del>.7</del> .71	(Specify S LF)	F or	0	a	a	C
abated in facility (13)	Yes	No	N/A							v e	r	р	-
BASEMENT		X		PIPE INSU	JLAT	TION		86 l ft		X			
Registered Waste Hauler		EP Hauler I		ubic Yards of	Wast		tered La	ndfill SOURCE RE	COVE	Y			
D & S RESTORATION, INC.		506	Disposal D	l yd Date	-	City, State	WY IN, RE	SOURCE RE	CO VER	. 1	-	-	
City, State PATERSON, NJ 07503			04/08/1			TULLYTO	WN. P	A					
Completed by (Print or Type)	Title			Signature		-	,		Date				
BOGDAN JOLDZIC PRESIDENT									03/27	/14			
ASB-41	* Do not us	e this form	for asbest	os licensure e	xemp	ted activities.							

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NOTII	FICA Pursi	iant to l	VJAC 8:60	and 1	2:120)	•	f	7	lises	6#	-/	00	1/2
Date of Notification (1) 03/28/2014			Nar St.	me of Bu Josep	ilding Own h's Regi	er/Ope onal I	erator (2) Medica	l Cent	281		. 2 .	-10			
Agencies Notified Type Notif	ication			eet Addr	ess Street				fa s	^ .	,	2:5	!		
EPA Initia			1		Zip Code				- E	lini	NSING	Pn-			
EPA Initial Amer	ndment #		Pa	atersor	i, NJ 075	03				-100	MSING	TOL			-
X Eine	gency (includir cation)	ng		me of C						Telepi	hone Numb	er -			
DOH justif	ellation			dward FACILI	Y INFORM	ATIO	N _								$\exists$
Name of Facility Where Abatement	is Taking Place	(3)					T		Facility (4)						
Vincent Building								Sul	nool (K-12) bchapter 8	(Other	than K-12)			- 11	
Street Address 703 Main Street							Ē	Oth etc	ner (i.e. priv	ate & o	commercia	buildin			
City (5)			Square Feet # of Floors								loors	Bldg. Age 50+			
Paterson			30,000 + 3 +  County Code (7)  Current Use (Prior if being demol							demolishe				$\dashv$	
County (6)				ounty Co	de (/) EONLY) _		_  `	Juneni	030 (1 1101	.,	,		, V		
Passaic  Name of Monitoring Firm Hired by 8	Building Owner	(8)	$\top$	ASCM I	No.		Name of	f Abate rn Cor	ment Contracting	actor (9 Corp.	9)				
Street Address							Street A		nt Avenu						
City, State, Zip Code							City, Sta	ate, Zip	Code 07013					2-51-50	
Project Manager for Monitoring Fin	n		Te	elephone	e No.		Telepho				License No 01232	э.			
1 Tojoot Manager to the						_	973-3		A Monitor		01232				-
Start Date (10) 0 <del>2/05/14</del> 3/28/14		duled 9/14	Comp 3	letion D	ate (11)		Enviro	ovision	n Consult	ants	Inc.				
Occupancy Status During Abateme				/	•		Street A 20-21	Address Waq	s araw Rd	- Bldg	3.35E				
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Fri. 5:00 P					Normal Hrs		City, St	ate, Zip							
Scope of Work (Check All That Ap								41					15		7-0-70
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	E L		Full Containment with Negativ Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fi												
			-					Non	-Exempted	(*) and	1 NOII-FIIAI		Abate	ment	
			ocation	23.11		De	scription	of				-	Ту	pe	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Custo	tenan	ice/	Asbesto (i.e. t	hermal surfa	taining M I systems icing, VA miscellar	s insula T, or	(ACM) tion,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	[,	es	No	N/A							-1-		-		-
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Name of Registered Waste Haule	or .		TN	JDEP V	Vaste	Cubic	c Yards		Name of	Regist	ered Landf	ill .			
Freehold Cartage	11		lauler ID 5939	No.	of Wa			G.R.O.	- 10 00 - 10 10	Inc.					
City, State Freehold, New Jersey						TBD		<u> </u>	City, Stat Morrisv	ville, F	Pennsylv	ania Date			
Completed by Blagica Nikolova Title Presiden							Signatur	5/	140/	ou		03/28/	2014	+	

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

RECEIVE PREEKH 1001 Name of Building Owner/Operator (2) Date of Notification (1) Rocky Cella 3/28/2014 Street Address Agencies Notified Type Notification 294 Park Ave. Initial × City, State, Zip Code Amended DEP Lyndhurst, NJ 07071 × Amendment # DOL Emergency (including Name of Contact Telephone Number DOH justification) Rocky Cella Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residential Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 294 Park Ave etc.) # of Floors Bldg. Age Square Feet City (5) 1,900 + 2 50+ Lyndhurst Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Bergen Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Unicorn Contracting Corp. Street Address Street Address 1087 Pleasant Valley Way City, State, Zip Code City, State, Zip Code West Orange, NJ 07052 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 01232 973-333-9176 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants Inc. 4/8/2014 Street Address Occupancy Status During Abatement (Check Only One) 20-21 Wagaraw Rd. - Bldg.35E Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf × Mini-Enclosure Demolition ≥160 sf or ≥260 lf × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 30 LF X X Basement Pipe Insulation Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S., Inc. Freehold Cartage 15939 Disposal Date City, State City, State TBD Morrisville, Pennsylvania Freehold, New Jersey Date Completed by Title Signature, 03/28/2014 Blagica Nikolova President

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Sparta, NJ 07871	'' '- ' F'		T		City, Stat	e, Zip Code									
Project Mngr. For Mo Dino Nappi	nitoring Fi	rm	Telephone Nu 212-682-9271	mber	Fact Hand	over, NJ 070	36								
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