State of NJ

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Date of Notification		- 11		ilding Own						\$\frac{1}{5}\frac{1}{5	AR.	10			
Agencies Notified	Type Notificat		SUMMI:	Γ BOARI	OF EL	DUCAT.	ION			*////a		<u> </u>			
☐ EPA	Initial									CASS	W.	<i>ે</i> છે.			
☐ DEP	Amended			LE STRE	ET			-		1//	<u> </u>				
⋈ DOL	Amendment #:	— II	City, State,								*	ž			
	Emergency (including		_	IT, NJ 079	901				-	Telephor	ao Numb	or			
	justification)	N	ame of Co	ntact						l releption	ie ivumb	ei			
☑ DCA	☐ Cancellation		MIKE I	KRISHER							3.3	_			
				FAC	ILITY INF	FORMAT	ION		- 2752-0116						
Name of facility w	here abatement i	s taking pla	ace (3)							Type of Facility	(4) of (K - 12	2)			
FRANKLIN E	LEMENTARY	SCHOO	T.						П	=	napter 8 (an K	.12\	
Street Address	<u> </u>	Jenoe	<u> </u>						11		(Private/			12)	
										Bldgs	Homes,	etc.			
136 BLACKB	URN ROAD									Square Feet	# of Flo	ors	Bio	ig. A	ge
City (5)		Cour	nty (6)					nty Code (7) e use only)	-				- 11 - 1	-1\	
SUMMIT		TIN	ION			- 1	(Stat	e use only)		Current Use (F	rior if be	ing dem	olishe	ea)	
Name of Monitorin	a Firm Hired by				ASCM	No.	П	Name of Abateme	ent Co	ontractor (9)					
WESTCHESTI	(T)	-			00127		П	D & S RESTO							
Street Address	ER EN VIRON	MENTAL	عاداد د		00127		= -	Street Address	MA.	HON, INC.				_	
307 NORTH W	VALNUT STR	EET					П	20 California	Ave						
City, State, Zip Coo							=	City, State, Zip Coo							
WEST CHEST		0					П	Paterson, NJ	0750	03					
Project Manager fo			P	hone Numb	er		- -	Telephone Numbe			Licens	e Numb	er		
MATTHEW AI			6	10-431-75	: 15		Ш	973-345-802	20			01169			
Start Date (10)	SKARAWI	ISched		on Date (1			- [Name of OSHA M	lonito	r					
					• /		11	D & S Restor	ation	ı, Inc.					
04/15/14		04/20					4	Street Address							
Occupancy Status	During Abatemer d/vacated during		_	omont				20 California		nue				_	
	arvacated during erformed outside						П	City, State, Zip Co	de						
Describe:				,			-	Paterson, NJ	0750)3					
Other-Descri							Ш								
Scope of Work (ch								L.	_	Il Containment	w/negativ	e press	ure		
		Renovation						Ī	_	ovebag procedi	ıre				
≥160 sf or ≥2	260 lf	Demolitio] No	on-Exempted (*	and No)
Location of			n normally enance/cus	used solel	1					Amount		R	R	E n	E
asbestos-cor material (acr		staff(12)				scription aterial (AC		sbestos-containing	L	(Specify	SF or	m	р	С	n
abated in fac		Yes	No	N/A	1110	tional (Ac	5141)			LF)		V	a	a	L
	NORY				1 ACDT	POTO C	OFF	INC DI ACTEI	D	140 SQ FT		e	-		-
ENTRANCE CA	ANOPY			4	ASBE	ES105 (CEL	LING PLASTEF	X.	140 SQ F1			분	片	쓔
				4-	-					-		+	片	片	++
			_	-	-				-			┽┼	부	片	+-
				#-	-							ᆛ	屵	片	#
Registered Waste I	Hauler	TNID	EP Hauler	ID# I C	Lubic Yar	rds of Wa	ste	Name of Register	red I	andfill		_	Ш	Ш	
D & S RESTOR			506		5 YDS			TULLYTOW			ECOVE	ERY			
City, State				Disposal [City, State							
PATERSON, N				04/21/1				TULLYTOW	N, P	A					
Completed by (Prin		Title			Signat	ture					Date	C14 001	4		
BOGDAN JOL		PRESID		for ashest	ne licene	ure ever	nnter	l activities			03/20	6/4 201	4		

	\$7 - 25									9,12	STOCKE	0		SA	
Date of Notification		Na	me of Bu	ilding Owr	ner/Op	erator (2)				` م	S>_	A	ļ.	-	
Agencies Notified		<u>C</u>	ARME	N CARR	INO					٧,	148° ,		9.		
	Type Notificat Initial	Str	eet Addr	ess						539	- (A)	1/2	· ·	1	
☐ DEP	Amended	11		RMOUN	TAV	ENUE						619	0.		
□ DOL	Amendment #:			Zip Code		.200									
□ DOH	L Emergency (including		ne of Co	CITY, 1	NJ 07	306				Telepho	ne Numbe	r		-4	
□ DCA	justification)									relepho	ne radinbe	<u>-</u>			
	Cancellation	<u> </u>	CARM	EN CARI										_	
N			- (0)	FAC	CILITY	INFORM	ATION	l		Tree of Facility	(4)				
Name of facility wh	iere abatement i	is taking plac	e (3)							Type of Facility Scho	(4) ol (K - 12)				
CARMEN CAR	RRINO								┛	Subc	hapter 8 (C	Other t	han K	-12)	
Street Address									71		(Private/C		ercial		
414 FAIRMOU	NT AVENUE	3							11	Square Feet	# of Floo		BI	dg. A	ge
City (5)		County	/ (6)					nty Code (7)	7 [
TEDGEV CITY	4	11110	COM				(Sta	te use only)	П	Current Use (F	Prior if beir	g dem	olish	ed)	
JERSEY CITY Name of Monitoring		HUD Bldg, Owner			I ASC	CM No.	_	Name of Abatem	ent C	ontractor (9)					
	5		(-)		1)WI 140.		D & S REST							
Street Address							-	Street Address	Oldi	HOIN, INC.					
		- Walling and a second						20 California	a Ave) .					
City, State, Zip Code	9							City, State, Zip Co	ode						
								Paterson, N.		03					
Project Manager for	Monitoring Firm	1	PI	none Numb	ber			Telephone Numb 973-345-80			License	Numb 1169	oer		
		10.1.1.						Name of OSHA		or		1102			
Start Date (10)		Sched.	Completi	on Date (1	1)			D & S Resto							
04/17/14		04/30/	45.0					Street Address							
Occupancy Status D	During Abatemer I/vacated during	CONTRACTOR CONTRACTOR CONTRACTOR	# 11.1.1.00 DOOR #1.1	mont				20 California		nue					
Abatement pe	rformed outside							City, State, Zip C	ode						
Describe: Other-Describ	e: NORMAL H	IOURS					-	Paterson, N.	J 075	03					
Scope of Work (che										ull Containment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	×	Renovation							=	ini-enclosure	•	S • ANDESCO			
≥160 sf or ≥26	60 If	Demolition							-	lovebag procedi on-Exempted (*		friable	proc	edure	
Location of		Is location i			y .				<u></u>	1	,	R	R	Е	E
asbestos-con material (acm		by maintenants	ance/cus	todial				sbestos-containin	g	Amount (Specify	SE or	e m	e p	n	n
abated in facil		Yes	No	N/A	' '	material (A	ACIVI)			LF)	01 01	o v	a i	a p	L
DACEN CONTE				7	7 220	C DICIT	I A TO	OM		OF LET		e	r	-	-
BASEMENT			_X_	#	J PIP	E INSU	LAII	ON		85 L FT		X	片	믐	╫
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				1	1				- 350-			后	Ē		Ī
Registered Waste H			Hauler			ards of V	Vaste	Name of Registe			Dacim				
D & S RESTORA	ATION, INC.	1350	0	Disposal D	1 YD	San		City, State	N, R	ESOURCE R	ECOVE	Υ			
PATERSON, NJ	07503			04/18/1				TULLYTOV	VN. F	PA					
Completed by (Print	or Type)	Title			Sign	nature					Date				
BOGDAN JOLI	OZIC	PRESIDE	and the same				SHANGE				04/04/	14			
ASB-41		Do not use	this form	tor asbest	tos lice	nsure exe	empte	d activities.							

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D&S Proj. #: 2014-132

Das Pioj. #.	2014-132			(8 50.05 80		4	5	PP		ĺ٨,		
Date of Notification (1		- 11	me of Bu		er/Operator (2)			\$50)	19p 200	Pro.	0		
Agencies Notified	Type Notification		eet Addre				Kr.		- 4	N.500	, ,	6		
	Initial			LIDGE R	OAD					10/4/2	À.			
DEP -	Amended Amendment #:	11 -	y, State,		-						*6			
M DOI I-	Emergency			WOOD,	NJ 0740									
☑ DOH	(including		me of Co		-	To Commercial Commerci			Telepho	ne Numbe				
□ DCA □	justification) Cancellation		SUSAN	KING				A		3	<i>6</i> .			1
	Cancellation				ILITY INFORM	MATION					= -			
Name of facility whe	re abatement is	taking plac	ce (3)					Type	of Facility	(4)				
	re abatement le	taring plan	,					[=	ol (K - 12)				
SUSAN KING										hapter 8 (C (Private/C			12)	
Street Address								'		./Homes, e			1-154	
45 COOLIDGE	ROAD							Squa	re Feet	# of Floo	rs	Bld	g. Ag	е
City (5)		Count	ty (6)			UNIVERSE	nty Code (7)		111			aliaho	4/	_
MADI EWOOD		ESS	EY			(Stat	e use only)	Curr	ent Use (Prior if beir	ng aem	olisne	u)	
MAPLEWOOD Name of Monitoring					ASCM No.	- 	Name of Abatemen	t Contrac	tor (9)					
•			00000				D & S RESTOR	RATION	I, INC.			177		
Street Address							Street Address							
				37 - 3774			20 California A							-
City, State, Zip Code							City, State, Zip Code							
							Paterson, NJ 0			License	Numb	er		
Project Manager for N	Monitoring Firm		P	hone Num	ber		973-345-8020			97 -130.54 F-10-141-15)1169	OI		
				5 1 /			Name of OSHA Mo						- 778	
Start Date (10)		Sched	Complet	ion Date (1	1)		D & S Restora	tion, Inc).					
04/18/14		04/30					Street Address							
Occupancy Status Di							20 California A						_	
Facility closed/ Abatement per	vacated during formed outside	of normal f	acility hou	ırs-			City, State, Zip Cod					*		
Describe: Other-Describe	e: NORMAL H	OURS				=1	Paterson, NJ (07503						
Scope of Work (che	ck all that apply	')						-1		w/negativ	e press	ure		
≥ 3 sf or >3 If	\boxtimes	Renovatio					<u></u>	Gloveb	closure ag proced					
≥160 sf or ≥26	io If	Demolition						Non-Ex	cempted (*) and Nor	-friable	proce		-
Location of		Is location by mainte		used sole stodial					Amount		е	е	E n	E n
asbestos-cont material (acm)		staff(12)				ition of a I (ACM)	sbestos-containing		(Specify		m o	p a	c a	C
abated in facili		Yes	No	N/A					LF)		v e	i	р	L
BASEMENT			X		PIPE INS	ULAT	ION	11	2LFT					
											ᆜᆜ	닏	브	닏
											- -	片	牌	片
					Cubic Yards o	f Masta	Name of Register	ed Landfi	11		_	Ш	Ш	
Registered Waste Ha D & S RESTORA		135	EP Hauler 606		1 YDS	vvasie	TULLYTOWN	N, RESC	URCE I	RECOVE	RY			
City, State				Disposal			City, State	N. D.						
PATERSON, NJ				04/18/	14 Signature		TULLYTOW	N, PA		Date	1577	_		
Completed by (Print BOGDAN JOLE		Title PRESID	ENT		Signature					04/04	4/14	1 50		
DOGDAR JOLL				n for ashes	stos licensure	exempte	ed activities.			Lee			-	

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

D&S Proj. #: 2014-130				State of tion of Asbe nt to NJAC 8	stos	Abatement and 12:120)	es es	An An CAS		7.00			
Date of Notification (1)	Na	me of Build	ding Owne	r/Operator (2)			~	1000 A	3		4		
0 4 / 0 3 / 1 4		VICK JAN	IULIS				1450	<i>۴%</i> 。	1/2				
Agencies Notified Type Notificatio	1100	eet Addres						64.5	b	9,0			
DEP Amended	111 -	RIDGE		E				97/	6 0				
Amendment #:_		y, State, Zi		L, NJ 07006			3		* %				
DOH Emergency (including	1 1	me of Cont		L, NJ 07006				Telephor	ne Numbe	r			-
justification)		NICK JA	NULIS					1					
Cancellation		111011111		ITY INFORMAT	TION			=		32	-		
Name of facility where abatement is	taking plac	ce (3)	171010				Тту	pe of Facility	(4)				
**************************************	taking plac	, ()						School	ol (K - 12)				
NICK JANULIS							4		napter 8 (0 (Private/0			12)	
Street Address									/Homes, e				
2 RIDGE TERRACE							<u>.</u> s	quare Feet	# of Floo	ors	Ble	ig. Ag	je
City (5)	Count	ty (6)				nty Code (7) re use only)	-	Current Use (F	Prior if hair	ag dem	oliehe))	
WEST CALDWELL	ESS	EX			(Old	to doo omy)		ourient ose (i	nor ii beli	ig dein	Olionic	.u,	
Name of Monitoring Firm Hired by B	ldg. Owner	r (8)		ASCM No.	\Box	Name of Abateme	ent Con	tractor (9)			e money		
						D & S RESTO	DRATI	ON, INC.					
Street Address				8		Street Address							
City, State, Zip Code			-		-	20 California City, State, Zip Co						_	-
City, State, Zip Code						Paterson, NJ		į.					
Project Manager for Monitoring Firm		Pho	one Numbe	er	-	Telephone Number			License		er		
						973-345-80			(01169			
Start Date (10)	Sched.	Completio	n Date (11)		Name of OSHA M D & S Restor		Inc					
04/17/14	07/31	/14				Street Address	ration,	IIIC.					
Occupancy Status During Abatement	_	100				20 California	Avenu	ie					
Facility closed/vacated during						City, State, Zip Co	ode						
Abatement performed outside of Describe:		acility nours	5-		_		07500						
Other-Describe: NORMAL HO						Paterson, NJ		Containment	. In a sea bire				
Scope of Work (check all that apply) 3 sf or >3 lf	Renovation	-					_	i-enclosure	w/negativ	e press	uie		
	Demolition						⊠ Glov	vebag procedi					
	a. <mark>.</mark>	normally u	sed solely				Nor	n-Exempted (*) and Non	R	R	E	T
Location of asbestos-containing	by mainte	nance/cust		N 100 W 100	n of a	sbestos-containing	g	Amount		e m	e	n c	E n
material (acm) to be abated in facility (13)	staff(12)	Nie	T	material (A	CM)			(Specify LF)	SF or	o v	a	a	C L
abated in lability (10)	Yes	No	N/A							е	<u>'</u>	р	
First Floor BATHROOM	1	X		CEILING T				50 sq fT			牌	ዙ	井
BASEMENT		X		BOILER IN	SUL	AITON		50 SQ FT			片	ዙ	ዙ
					_					╬	H	H	H
	_									耑	H	旨	怙
Registered Waste Hauler		P Hauler II		ubic Yards of W	aste		ered Lar	ndfill	DOCKE				
D & S RESTORATION, INC.	135		Disposal D	yd		TULLYTOW	N, RE	SOURCE R	ECOVE	KY		-	
City, State PATERSON, NJ 07503				ate 4 - 07 14		City, State TULLYTOV	VN, PA	1					
	Title			Signature		1			Date				
BOGDAN JOLDZIC	PRESID			1					04/03	3/14			
*****	Do not use	e this form	for asbesto	s licensure exe	mpte	a activities.							

OK OGOOD

D&S Proj. #: 2014-126

				T _G ,	100	17	1	
Date of Notification (1)	Name of Building Own	er/Operator (2)	War and the same	وم	TAR SARAN		1	_
0 4 / 0 2 / 1 4	INGA FOLEY				1200 1	76	15	2
Agencies Notified Type Notification					72.90.	٤٢.	,	
☐ EPA ☐ Initial ☐ Amended	307 ORIENT WA	Y			1000	^ >	S	
DEP Amendment #:	City, State, Zip Code				Û,	0,		
☑ DOL ☐ Emergency	RUTHERFORD,	NJ 07070				,		
DOH (including	Name of Contact	Was and the		Telephone	e Number	1000		
justification) DCA Cancellation	INGA FOLEY				0			
Caricellation		ILITY INFORM	ATION					
Name of facility where abatement is	taking place (3)			Type of Facility (4)			
7 2 7					I (K - 12)		40)	
INGA FOLEY					apter 8 (Other the Private/Comme		12)	
Street Address					Homes, etc.	Tolai		
307 ORIENT WAY				Square Feet	# of Floors	Bld	ig. Ag	ge
City (5)	County (6)		County Code (7) (State use only)	Current Use (Pr	rior if being dem	olishe	-d)	
RUTHERFORD	BERGEN		(0.000 000 0))	Current OSC (F	ior in boiling doin			
Name of Monitoring Firm Hired by B	lldg. Owner (8)	ASCM No.	Name of Abatem	nent Contractor (9)				
				ORATION, INC.				
Street Address			Street Address					
			20 Californi					
City, State, Zip Code			City, State, Zip C					
			Paterson, N		License Numb	nor.	_	
Project Manager for Monitoring Firm	Phone Num	ber	Telephone Numi 973-345-8		01169			
			Name of OSHA					
Start Date (10)	Sched. Completion Date (1	11)	D & S Resto	oration, Inc.				
04/18/14	04/30/14		Street Address					
Occupancy Status During Abatemen		4	20 California				_	
Facility closed/vacated during Abatement performed outside			City, State, Zip C	Code				
Describe:			— Paterson, N	1 07502				
Other-Describe: NORMAL H			- Paterson, N	Full Containment v	ulnogative proc	CUE	_	
Scope of Work (check all that apply >3 sf or >3 lf	N A			Mini-enclosure	whegative press	suie		
	Renovation			Glovebag procedu				
≥160 sf or ≥260 lf	Demolition			Non-Exempted (*)	and Non-friable	e proce	edure	1
Location of	Is location normally used sole by maintenance/custodial		" a of your reasons	Amount	е	e	n	E
asbestos-containing material (acm) to be	staff(12)	 Descripti material 	on of asbestos-containir (ACM)	(Specify S	SF or o	p a	c a	n
abated in facility (13)	Yes No N/A		Vadorovini (* 1	LF)	v e	į į	p	L
BASEMENT		PIPE INSU	JLATION	84 L FT	×	亡		
BASEMENT CRAWL SPACE	X	PIPE INSU	LATION	10 L FT	X			
DIODINENT CONTINUES.								
Registered Waste Hauler		Cubic Yards of	Waste Name of Regis	tered Landfill WN, RESOURCE R	FCOVERY	A.Secon		
D & S RESTORATION, INC.	13506 Disposal	1 yd Date	City, State	III, RESOURCE R	DOU'LL			
City, State PATERSON, NJ 07503	04/19/		TULLYTO	WN, PA				
Completed by (Print or Type)	Title	Signature			Date			
BOGDAN JOLDZIC	PRESIDENT				04/02/014			
100.44	Do not use this form for asbes	stos licensure ex	kempted activities.					

00 , ==================================									100			^	
Date of Notification (1)			Building Ow	ner/Operator (2	2)			\$\langle \(\frac{\pi}{\pi} \rangle \)	ر کی	1/2	1	0	
Agencies Notified Type Notificat EPA Initial Amended	ion	Street Ac	Idress	N AVENUE				\$ \frac{\epsilon}{2} \epsi	2000 CAS/2		ी द	ć,	
Amendment #:		_	e, Zip Code				_) (L	7		
☑ DOL ☐ Emergency		HAL	EDON, NJ										
DOH (including justification)	- 11	Name of	Contact				hadhaaa habbi	Telephon	e Number	3			
☐ DCA ☐ Cancellation	- 11	SUSA	AN TORAS	SSO					-				
			FAG	CILITY INFORM	MATION					-			
Name of facility where abatement	s taking	place (3)					П	ype of Facility (
SUSAN TORASSO							П		I (K - 12)	thar th	oon V	10)	
Street Address							11		apter 8 (C Private/C			-12)	
20 DUICOUR (ANDL ANDRUM	,						ΙĻ	Bldgs./	Homes, e	tc.		d = A	
29 BUSCHMANN AVENUE City (5)		ounty (6)			I Cou	nty Code (7)	-	Square Feet	# of Floor	rs	В	dg. A	ge
Oily (5)		unty (0)				te use only)	╽┝	Current Use (Pr	rior if bein	a dem	olishe	ed)	
HALEDON	P.	ASSAIC				535	11.	ì		J			
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abateme	nt Co	ntractor (9)					
						D & S RESTO	RAT	ION, INC.					
Street Address						Street Address	A						
City, State, Zip Code					_	20 California City, State, Zip Coo	_				_		
ony, otato, zip oodo						Paterson, NJ		3					
Project Manager for Monitoring Firm	1		Phone Num	ber	_	Telephone Number			License	Numb	er		
						973-345-802			0	1169			
Start Date (10)	Sch	ed. Comp	letion Date (11)		Name of OSHA M							
04/14/14	04/	30/14				D & S Restor	ation	, Inc.					
Occupancy Status During Abatemen)			20 California	Aven	ue					
☐ Facility closed/vacated during ☐ Abatement performed outside Describe:	of norma					City, State, Zip Co	de						
Other-Describe: NORMAL F					- 1	Paterson, NJ							
Scope of Work (check all that applications) >3 sf or >3 lf >160 sf or >260 lf	y) Renova Demoliti						Mir Glo	I Containment w ni-enclosure ovebag procedu n-Exempted (*)	re			adure	
Location of			lly used sole	ely				II Exempted ()	and mon	R	R	E	E
asbestos-containing	by mair staff(12	ntenance/ ?)	custodial			sbestos-containing		Amount (Specify S	Eor	e m	e p	n c	n
material (acm) to be abated in facility (13)	Yes	No	N/A	- material	(ACM)			LF)	or Oi	0	a i	a	L
D 4 CON CONTO				DIDE DIO	TT A TOT	OM		165 T ET		e IXI	<u></u>		
BASEMENT		₩ 	4	PIPE INS	ULAII	ON	-	155 L FT			무	片	ዙ
	=	-	#	-						片	금	片	卅
	==	1-	-	-			***************************************			片	Ħ	H	旨
		╁═		1			-		HANNEY TO COURT	盲	一	宣	
Registered Waste Hauler D & S RESTORATION, INC.		DEP Haul 3506	er ID#	Cubic Yards of 2 YDS	Waste	Name of Register TULLYTOWN			COVER	RY			
City, State			Disposal			City, State							
PATERSON, NJ 07503 Completed by (Print or Type)	Title		04/15/	Signature		TULLYTOW	N, P	A	Date				
BOGDAN JOLDZIC	Title PRESI								04/01	/2014			
AOD 44	Do not	ice this fo	rm for achae	tos licensure e	vemnter	activities :							

									47	Solow Constitution	19	1	A .	
Date of Notification (1)		lame of Bu	ilding Own	er/Operator (2)			7.5	So.	- O		1)
0 4 / 0 1			LESLIE	KOPF					Ę.	7/00	14	0	2	
	Type Notificati Initial	ion S	treet Addr	ess						CA.	0/		٠,٦	
	Amended				LL ROAD					(?	14/1	<u> </u>		
M DOI I—	Amendment #:	— °	CD AND		07016							•		
☑ DOH	Emergency (including	N	ame of Co	ORD, NJ	07016			7	Telepho	ne Numbe	er		- According	
☐ DCA ☐	justification)		LESLIE	KOPE					ı		129			
	Cancellation		LESEII		ILITY INFORM	MATION					<u>_</u>			
Name of facility when	e abatement is	e taking pla			ILIT INFORM	MATION		ТТ	Type of Facility	(4)		-		
	e abatement i	s taking pic	100 (3)						Scho	ol (K - 12)			
LESLIE KOPF								41		hapter 8 (-12)	
Street Address										(Private/0 ./Homes,		rcial		
698 GALLOS HI	LL ROAD								Square Feet	# of Floo	ors	BI	dg. A	ge
City (5)		Cour	nty (6)			100000000000000000000000000000000000000	nty Code (7) te use only)	1	Current Use (I	Prior if hoi	na dom	olich	od)	
CRANFORD		UN	ION			Join	to doc only)		Current Use (I	-nor ii bei	ig dem	Olisi ie	eu)	
Name of Monitoring F	irm Hired by E	Bldg. Owne	er (8)		ASCM No.	"	Name of Abateme	ent Co	ontractor (9)					
							D & S RESTO)RA	ΓΙΟΝ, INC.					
Street Address							Street Address 20 California	A 110						
City, State, Zip Code				-			City, State, Zip Co	_						
							Paterson, NJ	0750)3					
Project Manager for M	onitoring Firm		PI	none Numb	er		Telephone Number			License		er		
<u> </u>							973-345-803 Name of OSHA M		r)1169			
Start Date (10)		Sched	. Completi	on Date (1	1)		D & S Restor							
04/11/14		04/28					Street Address							
Occupancy Status Du		and the second second	11 10 00 10 10 10 10 10 10 10 10 10 10 1	mont			20 California		nue					
Abatement perfo							City, State, Zip Co	de						
Describe:	NORMAL H	OURS				-11	Paterson, NJ	0750)3					
Scope of Work (chec								Fu	Il Containment	w/negativ	e press	ure		
≥ 3 sf or >3 If		Renovatio	n						ni-enclosure ovebag proced	uro				
≥160 sf or ≥260	If 🔲	Demolition	1				į		on-Exempted (*			proc	edure	
Location of			n normally enance/cus	used solely			5) 79.5		A		Re	Re	E	Е
asbestos-contai material (acm) t	o be	staff(12)			Descripti material		sbestos-containing	ľ	Amount (Specify	SF or	m o	p a	С	n
abated in facility	/ (13)	Yes	No	N/A					LF)		v e	i	a p	L
BASEMENT			X	1	PIPE INSU	JLATI	ON		60 L FT		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
BASEMENT			\square X		BARE HE	ATING	G PIPE		13 L FT				X	
												무		
			-	-					-		+	片	片	片
Registered Waste Hau			EP Hauler	ID# C	Subic Yards of	Waste	Name of Registe				_[]	<u> </u>	ш	
D & S RESTORAT	ΓΙΟΝ, INC.	135	06		l yd		TULLYTOW			ECOVE.	RY			
City, State PATERSON, NJ	07503			Disposal D 04/12/1			City, State TULLYTOW	N. F	A					
Completed by (Print or	r Type)	Title		L	Signature		1			Date				
BOGDAN JOLDZ	ZIC	PRESID		(as liconauro o		d a set del a			204/0	01/14			

CK 605500

D&S Proj. #: 2014-122

					7000	γ,	0	من	(O)
Date of Notification (1)	Name of Building Ow	vner/Operator (2			@)J	ිතු. ``	1	i.	\
Agencies Notified L. Type Notification	Lillian Katz				1	<u> </u>	- /	ું.	
Agencies Notified Type Notificatio	Street Address		=			10%	1/2.	7	G.
DEP Amended	5 bolton place					10	2 9	2/	
DOL	City, State, Zip Code							•	
Emergency	Fair Lawn, NJ 0	7410							
DOH (including justification)	Name of Contact			Tele	phone Numi	ber			
☐ DCA ☐ Cancellation	Lillian Katz			t			_		
	FA	CILITY INFORM	ATION						
Name of facility where abatement is	taking place (3)			Type of Fac		۵۱			
Lillian Katz					School (K - 1	520	14	40)	
Street Address		-			Subchapter 8 other (Private			-12)	
				В	ldgs./Homes	s, etc.			
5 bolton place	County (C)		r	Square Fe	et # of Flo	oors	В	dg. A	ge
City (5)	County (6)		County Code (7) (State use only)	Current II	se (Prior if be	oina don	oliob	od/	
Fair Lawn	BERGEN		(Otato doc omy)	Current os	se (Filor ii be	eing den	1011511	eu)	
Name of Monitoring Firm Hired by Bl	dg. Owner (8)	ASCM No.	Name of Abate	ement Contractor (9))				
		-	D & S RES	STORATION, INC	Z.				
Street Address		-1	Street Address	3					
			20 Californ						
City, State, Zip Code			City, State, Zip						
Desired Manager (C. Marie in E.			Paterson,		11.2				
Project Manager for Monitoring Firm	Phone Num	nber	Telephone Nur 973-345-		Licen	se Numb 01169	oer		
			Name of OSH		——	01107			
Start Date (10)	Sched. Completion Date (11)		storation, Inc.					
04/16/14	04/28/14		Street Address	;					
Occupancy Status During Abatement			20 Californ						
Facility closed/vacated during e Abatement performed outside o			City, State, Zip	Code					
Describe:NORMAL HO	URS		Paterson,	NJ 07503					
Scope of Work (check all that apply)				Full Containm	ent w/negati	ive press	ure		
	Renovation			Mini-enclosur	70 L				
≥160 sf or ≥260 lf D	Demolition	£31		Glovebag pro		n-friable	proc	edure	e
	Is location normally used sole	ely				IR	R	Е	E
	by maintenance/custodial staff(12)		on of asbestos-contain	ning Amor	unt cify SF or	e m	e p	n	n
abated in facility (13)	Yes No N/A	material ((ACM)	LF)	DITY SIT OF	o v	a	а	C L
	110					e	r	р	-
BASEMENT		PIPE INSU	LATION	85 L FT			부	닏	부
		4				ᆛ片	屵	님	井
		4				ᆛ片	片	H	#
		-				- -	片	片	#
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of \	Waste Name of Regi	istered Landfill		_ ⊔	ш	Ш	1
D & S RESTORATION, INC.	13506	1 yd	TULLYTO	WN, RESOURCE	E RECOVI	ERY			
City, State	Disposal 04/17/		City, State	OMDI DA					
PATERSON, NJ 07503 Completed by (Print or Type)		Signature	TULLYTO	JWN, PA	Date				
- TO 2011 1.17 1.19 1.20 2.17 1.17 1.17 1.17 1.17 1.17 1.17 1.17	PRESIDENT	- Signature				01/2014			
	Do not use this form for asbes	stos licensure ex	empted activities.						_

State of NJ

50					0.000							77.50	1/2	<u> </u>		1
Date of Notification							r/Operator (2)					ر در می	Ď. 7	10		1/2/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/
Agencies Notified	ports (APA - APA Marginal transporting)	ion	_		DE ST. P.	A)	ER					*/	<u>^</u>		_	<u>(,</u>
EPA	Initial		Sti	reet Add	ress							(0.0	,	, S.	
□ DEP	Amended		_		RMOUNT	ſ A	AVENUE						700	4.		2
☐ DOL	Amendment #:		Ci	ty, State	Zip Code								-	56	2	U"
	Emergency					R	O, NJ 07928	3					- Laurentee		<u> </u>	
☑ DOH	(including justification)		Na	me of Co	ontact						Telephor	e Numbe	er			
☐ DCA	☐ Cancellation			JERRY	DE ST. I	PA	AER						.			
ts	Š.				FAC	CIL	ITY INFORMA	ATION	ı				_			
Name of facility w	here abatement i	s taking	plac	ce (3)		- 93				П	Type of Facility					
JERRY DE ST	. PAER				7						=	ol (K - 12 apter 8 (nan K	-12)	
Street Address												(Private/0			-,	
00 E4 E01	N									L		Homes,	_			
99 FAIRMOU	NIAVENUE		`a	(6)		_				П	Square Feet	# of Floo	ors	Bio	dg. A	ge
City (5)		1	ouni	y (6)					nty Code (7) te use only)	ŀ	Current Use (P	rior if boi		aliaha	١,٢/	
CHATHAM E	BORO	1	MOI	RRIS				(Old	ite use only)	П	Current Use (P	rior if bei	ig den	IOIISHE	ea)	
Name of Monitorin						T	ASCM No.	1	Name of Abatemer	nt Co	ontractor (9)			-	-	
									D & S RESTO	RA'	TION, INC.					
Street Address			-			١.		-	Street Address		11011, 1110.		WW			
									20 California	Ave						
City, State, Zip Coo	de					_		_	City, State, Zip Cod	е						
									Paterson, NJ ()750	03					
Project Manager fo	r Monitoring Firm			F	hone Numl	be	r		Telephone Number			License		oer		
									973-345-802	_		()1169			
Start Date (10)		Sc	hed.	Comple	tion Date (1	11)			Name of OSHA Mo							
04/12/14		04	1/30/	14					D & S Restora	11101	n, Inc.					
Occupancy Status	During Abatemer					-			20 California A	Ve.	nue					
	d/vacated during	6545 - Y2650			ement.				City, State, Zip Coo		nde					
Abatement p Describe:	erformed outside	of norn	nal fa	acility ho	urs-											
Other-Descri	ibe: NORMAL H	OURS						-	Paterson, NJ ()75(03					
Scope of Work (ch	average way a contract of the]Fi	ıll Containment v	v/negativ	e press	ure		
\boxtimes >3 sf or >3 lf	\boxtimes	Renov	ation	í] м	ini-enclosure	9. 52	321			
≥160 sf or ≥2	<u> </u>	Demol	ition						₽		lovebag procedu		ا ما ما ندگ			
Location of				normally	used sole	ly				7 14	on-Exempted (*)	and NO	R	R	E	
asbestos-co	ntaining	by ma	inter	nance/cu			Descriptio	n of a	sbestos-containing		Amount		e m	е	n	E n
material (acr abated in fac		staff(1	T	930		-	material (A		3		(Specify S	SF or	0	p a	a	С
abated in lac	mity (13)	Yes		No	N/A	1							v e	į.	р	L
BASEMENT BO	OILER Rm		7	X		٦	PIPE INSU	LAT	ION		22 L FT		Ť			
BASEMENT ELEC. PA			T	X		Ħ	PIPE INSUI	LAT	ON		65 L FT					
BASEMENT CI	LOSET			X		٦	PIPE INSUI	LATI	ON		35 L FT					
			Ħ			7										
			T			7		-								
Registered Waste				P Hauler			ibic Yards of W	/aste	Name of Register			200177	037			-
D & S RESTOR	CATION, INC.		1350	Ю	Disposal	-	YDS		TULLYTOWN	ı, K	ESOURCE RI	COVE	KY			
City, State PATERSON, N	U 07503				04/14/2				City, State TULLYTOW	V F	PA					
Completed by (Prin		Title			·1	T	Signature		1 22221011	.,,1		Date				
BOGDAN JOL	75.00	PRES	SIDE	ENT			5					04/03	/2014			
ASB-41		Do not	t use	this form	n for asbes	tos	s licensure exe	empte	d activities.							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

STOS ABATEMENT

.C. 7:26-2.12)

Name of Building Owner/Operator (2)

Exelon Generation Company, LLC

Adress

IS Route 9 Date of Notification (1) April 4, 2014 Agencies Notified Notification Type (x) EPA (x) Initial Notification (x) DEP () Amended Certification (x) DOL () Cancelled (x) DOH (x) DCA Name of Contact Edwin O'Brien **FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) Oyster Creek Generating Station () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc. Street Address P.O. Box 388, U.S. Route 9 Sq. Feet: # of Floors: Various <25 City (5) County (6) County Code (7) Blda. Age Forked River Ocean (State Use Only) Current Use (prior if being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Accredited Environmental Technologies #00021 Advanced Specialty Contractors Street Address Street Address 28 North Pennell Road 120 North Line Street City, State, Zip Code City State, Zip, Code Media, PA 19063 Lancaster, PA 17602 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tony Smith 610-842-0461 800-437-0441 #00750 Type A Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor September 15, 2014 December 31, 2014 Edward Griffin, Jr. - Oyster Creek Generating Station Occupancy Status During Abatement (Check only one) Street Address) Facility Closed/Vacated During Entire Period of Abatement P.O. Box 388, U.S. Route 9 () Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Forked River, New Jersey 08731 Other - N/A Describe - Notification is for contingency, no planned abatement Source of Work (Check all that apply)) Demolition (x) Renovation) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) (x) Minor Proj. (<25 SF or <10 LF ACM)) Full Containment with Negative Pressure () Mini-Enclosure ocation of Asbestos- Is Location Normally Used De () Glove bag Procedure Location of Asbestos-Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation. Facility (13) Staff? (12) surfacing, VAT, or other YES NO NA misc.) Rem. Rep. Encap Enclose Site-wide (contingency) X Misc. <25 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill (PSC Industrial) **DEP #SW2497** 1-3 Model City Disp. Date 2869 Sandstone Drive, Hatfield, PA 19440 12/31/14 Conestoga Landfill Morgantown, PA Signature Completed by (Print or Type) Date Edwin O'Brien Sr. Environmental Chemist

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

9/18/00

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

Date of Notification (1) 04/04/2014			of Buildi aro LLC	ing Owne	er/Operator (2)		10p				
Agencies Notified Notification Type EPA Initial x			Address orth Jam			4	20.	9	,		
☐ DEP ☐ Amended			tate, Zip				600		Q.		
X DOL Amendment #			ort, DE 1				59/7	6_	1	20	
□ DOH Justification) □ DCA □ Cancellation	3	A PARTICIPATION OF THE PROPERTY OF THE PROPERT	of Conta Aster	act		1	1			_	
		FA	CILITY I	NFORM	ATION						
200 200 100 100 100 100 100 100	1222			W 823		Type of Facilit	ty (4)			-	
Name of Facility Where Abatement is Taking	Place (3) E	Eagle Pla	aza Shor	oping Ce	nter	School (K-	12)				
Street Address 700 Haddonfield-Berlin Rd. Unit #35					181	Subchapte Other (i.e. homes, etc	er 8 (other than private & com			ildin	ıgs,
City (5) Voorhees						Square Feet 2500	# of Floors	S	Blo 65		Age
County (6) Camden		12		ounty Co SE ONL	de (7) (STATE Y)	Current Use () Commercial	prior if being d	emoli	shed)	
Name of Monitoring Firm Hired by Bldg. Own	er (8)	ASCM	No.		of Contractor (9)		XIB				
Harvard Environmental Inc. Street Address					ty Environmer Address	ntai				-	
760 Pulaski Highway				461 N	New Churchma	ans Rd.					
City, State, Zip Code New Castle, DE 19720					tate, Zip Code Castle, DE 19	720					
Project Manager for Monitoring Firm		none No		Teleph	none Number		License N	umbe	r		
Wesley Morrison Scheduled Start Date (10) Scheduled	(302) Completio) 326-2 in Date	333		322-8946 of OSHA Monitor		00578				
				Coun	ity Environmer						
Occupancy Status During Abatement (Check					Address New Churchma	ans Road					
 ☑ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal ☑ Other – Describe: 					tate, Zip Code Castle, DE 19	720					
Scope of Work (Check all that apply)				INCW	Castle, DL 19	120					
$X \ge 3$ sf or ≥ 3 If $\triangle \ge 160$ sf or ≥ 260 If		-		ovation	☐ Mini-Enclo	nment with Nega osure Glove npted (*) and No	bag Procedur	e	e		
		Is Loca	tion	T					Ab	ate	ment
		Norma	ally		Description					- IV	
Location of		lsed Soli Maintena			stos Containing M thermal systems		Amount (Specify		_		Ţ
Asbestos-Containing Material (ACM) TO BE ABATED		Custoo			surfacing, VA	T, or	SF or LF)	Removal	Repair	nclo
IN Facility (13)		(12)			other miscellan	leous)			oval)air	Enclosure
	Yes	s No	N/A	-							Ď
Rear of store		x		Floor	mastic		400 SF		х		
				1						\Box	
Name of Reg. Waste Hauler Service Transport Grp		JDEP W No.209	Vaste Ha	uler	Cubic Yards of Waste	Name of Re Minerva	eg. Landfill				0
City, State New castle DE					Disposal Date TBA	City, State Waynesburg	g OH				
Completed by Title Ben Hodgdon PM					Signature			Date	1/4	//	1,4

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

· No che ch	_	ПОЛ	(Pursua	ON OF A	ASBESTO AC 8:60 a	SARATI	MENT ()	ATE	ente.	251	m/1	Managara and a second	
Date of Notification (1) 03/19/2014			Name	of Build	ling Owner	/Operato	r (2)	1.7	7 7 10 7	7 [1	_
Agencies Notified Type Not			Stree	t Addres		uth		APR	9 20	1 <u>A</u>		, í , !	
DOL Ame	ended endment # ergency (includ	ina	Burli		NJ 080	16			- 20			•	
justi	fication) cellation	9	Javie		De Vila			9	elenhone N	umbei		1	
Name of Facility Where Abatement Hyundai Dealership	is Taking Place	e (3)	FA	CILITY	NFORMAT	ION	Type of Facili	y (4)					
Street Address 4395 Route 130							School (I Subchap Other (i.e	ter 8 (O	ther than K-	12) cial bu	iildina	s hor	
City (5) Burlington							etc.) Square Feet 16,000		of Floors		Bldg.		nes,
County (6) Burlington			County (STATE	Code (7	(h)		Current Use (F Retail car s	Prior if b	eing demolis		50+		
Name of Monitoring Firm Hired by Bit RT Environmental Street Address	uilding Owner ((8)	ASC	M No.		Name ecos	of Abatement C ervices, LLC	ontracto	or (9)			-7-35	
510 Heron Drive City, State, Zip Code						Street	Address Vest Lincoln	-	vay, Suite	500			
Swedesboro, NJ 08085 Project Manager for Monitoring Firm						City, S	ate, Zip Code , PA 19341			- 110H			
Tony Alessandrini Start Date (10)				67-227			one No. 72-8884		License 1	No.	-8%-345		
03/31/2014 Occupancy Status During Abatement	04/04	/2014	mpletion		1)	Name of	of OSHA Monito	r	1				
Facility Closed/Vacated During E	ntire Period of	Abater	ment	В			Address Soute 130 N	1					
Other – Describe: Work outside is Scope of Work (Check All That Apply)	n segregated a	rea	s 				ate, Zip Code minson, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit		2		×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					
Location of		S Locati Normall					Non-Exemple	u () ai	u Non-Friac	le Pro	Abat	emen	t
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	(I) Use	ed Solel aintenar todial S (12)	ly by nce/	Asbe: (i.e	stos Conta . thermal s	ystems i	terial (ACM) nsulation, or	(mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Ext Soffit Face	Yes	No	N/A	T					36	/al	-	ulate	ure
			X	118	ansite un	der sty	rofoam	90	00 SF	x			
Name of Registered Waste Hauler Vaste Management			DEP Wa		Cubic Yaste	ards	Name of GROW		red Landfill	l	L		
ity, State renton, NJ					Disposal TBD	Date	City, State	9	^				-
completed by ack Bally	Title Sr. Pr	oject l	Manage	er		nature	Morrisv	(I)	Dat	e 19/20	114		
SB-41 (R-06-08)					J.	Do not u	se this form for	asbest				activit	ios