

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

D&S Proj. #: 2014-116

Date of Notification (1) 10/3/12/16/14		Name of Building Owner/Operator (2) SUMMIT BOARD OF EDUCATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 90 MAPLE STREET		City, State, Zip Code SUMMIT, NJ 07901	
Name of Contact MIKE KRISHER		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FRANKLIN ELEMENTARY SCHOOL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 136 BLACKBURN ROAD			Square Feet # of Floors Bldg. Age		
City (5) SUMMIT			County (6) UNION		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) WESTCHESTER ENVIRONMENTAL LLC		ASCM No. 00127		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address 307 NORTH WALNUT STREET		City, State, Zip Code WEST CHESTER, PA 19380		Street Address 20 California Ave.	
Project Manager for Monitoring Firm MATTHEW ABRAHAM		Phone Number 610-431-7545		City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 04/15/14		Sched. Completion Date (11) 04/20/14		Telephone Number 973-345-8020	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: 4:00 pm		Name of OSHA Monitor D & S Restoration, Inc.		License Number 01169	
Scope of Work (check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		Street Address 20 California Avenue	
City, State, Zip Code Paterson, NJ 07503		City, State, Zip Code Paterson, NJ 07503			

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 e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
ENTRANCE CANOPY		X		ASBESTOS CEILING PLASTER	140 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 5 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/21/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 03/26/4 2014	

OK
005631

D&S Proj. #: 2014-133

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

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2014 APR - 8 AM 9:17
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/4/10/4/14		Name of Building Owner/Operator (2) CARMEN CARRINO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 414 FAIRMOUNT AVENUE		City, State, Zip Code JERSEY CITY, NJ 07306	
Name of Contact CARMEN CARRINO		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CARMEN CARRINO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 414 FAIRMOUNT AVENUE			Square Feet		
City (5) JERSEY CITY			County (6) HUDSON		# of Floors
			County Code (7) (State use only)		Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 04/17/14		Sched. Completion Date (11) 04/30/14		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Renovation			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	85 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/18/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 04/04/14	

D&S Proj. #: 2014-132

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

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APR - 9 AM 9:46
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 04/10/14		Name of Building Owner/Operator (2) SUSAN KING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 COOLIDGE ROAD	
		City, State, Zip Code MAPLEWOOD, NJ 0740	
		Name of Contact SUSAN KING	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SUSAN KING			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address 45 COOLIDGE ROAD			
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Square Feet _____
			# of Floors _____
			Bldg. Age _____
			Current Use (Prior if being demolished) _____

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/18/14		Sched. Completion Date (11) 04/30/14		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	112 L 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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/18/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 04/04/14

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

OK
05099

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

D&S Proj. #: 2014-130

RECEIVED
2014 APR -9 AM 8:45
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/14/10 13/11/14		Name of Building Owner/Operator (2) NICK JANULIS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 RIDGE TERRACE	
	City, State, Zip Code WEST CALDWELL, NJ 07006		
	Name of Contact NICK JANULIS		
	Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) NICK JANULIS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 RIDGE TERRACE			Square Feet		
City (5) WEST CALDWELL			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			# of Floors		
			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/17/14		Sched. Completion Date (11) 07/31/14		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
First Floor BATHROOM		<input checked="" type="checkbox"/>		CEILING TILES	50 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULAITON	50 SQ 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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/17/14 - 07-- 14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 04/03/14	

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

CK 005098

D&S Proj. #: 2014-126

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

RECEIVED
2014 APR -9 AM 9:45
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/14/10 12/14/14		Name of Building Owner/Operator (2) INGA FOLEY	
Agencies Notified	Type Notification	Street Address 307 ORIENT WAY	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code RUTHERFORD, NJ 07070	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact INGA FOLEY	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<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) INGA FOLEY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 307 ORIENT WAY			Square Feet # of Floors Bldg. Age		
City (5) RUTHERFORD	County (6) BERGEN	County Code (7) (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) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/18/14	Sched. Completion Date (11) 04/30/14		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code 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 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	84 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/19/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/02/014

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

D&S Proj. #: 2014-123

Date of Notification (1) 04/10/14		Name of Building Owner/Operator (2) SUSAN TORASSO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 29 BUSCHMANN AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code HALEDON, NJ	
		Name of Contact SUSAN TORASSO	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SUSAN TORASSO			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 29 BUSCHMANN AVENUE			Square Feet		
City (5) HALEDON			# of Floors		
County (6) PASSAIC			Bldg. Age		
County Code (7) (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) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 04/14/14		Sched. Completion Date (11) 04/30/14		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	155 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/15/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 04/01/2014	

D&S Proj. #: 2014-124

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

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2014 APR 9 AM 9:43
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/14/10/1/14		Name of Building Owner/Operator (2) LESLIE KOPF	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 698 GALLOS HILL ROAD	
	City, State, Zip Code CRANFORD, NJ 07016		
	Name of Contact LESLIE KOPF	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LESLIE KOPF			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 698 GALLOS HILL ROAD			Square Feet # of Floors Bldg. Age		
City (5) CRANFORD	County (6) UNION	County Code (7) (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) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/11/14	Sched. Completion Date (11) 04/28/14		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code 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 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPE	13 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/12/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 204/01/14

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

D&S Proj. #: 2014-122

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)RECEIVED
25 APR - 9 AM 9:43
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 04/10/14		Name of Building Owner/Operator (2) Lillian Katz	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 5 bolton place		City, State, Zip Code Fair Lawn, NJ 07410	
Name of Contact Lillian Katz		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lillian Katz			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 5 bolton place			Square Feet # of Floors Bldg. Age		
City (5) Fair Lawn			County (6) BERGEN		
County Code (7) (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) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 04/16/14		Sched. Completion Date (11) 04/28/14		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code 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 e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	85 L 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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/17/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/01/2014

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/14/10 12/11/14		Name of Building Owner/Operator (2) JERRY DE ST. PAER	
Agencies Notified	Type Notification	Street Address 99 FAIRMOUNT AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code CHATHAM BORO, NJ 07928	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JERRY DE ST. PAER	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<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) JERRY DE ST. PAER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 99 FAIRMOUNT AVENUE			Square Feet		
City (5) CHATHAM BORO			County (6) MORRIS	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/12/14		Sched. Completion Date (11) 04/30/14	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT BOILER Rm		<input checked="" type="checkbox"/>		PIPE INSULATION	22 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT ELEC. PANEL CLOSET		<input checked="" type="checkbox"/>		PIPE INSULATION	65 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CLOSET		<input checked="" type="checkbox"/>		PIPE INSULATION	35 L FT	<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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/14/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/03/2014

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

Date of Notification (1) April 4, 2014		Name of Building Owner/Operator (2) Exelon Generation Company, LLC	
Agencies Notified (x) EPA (x) DEP (x) DOL (x) DOH (x) DCA	Notification Type (x) Initial Notification () Amended Certification () Cancelled	Street Address P.O. Box 388, U.S. Route 9	
		City, State, Zip Code Forked River, New Jersey 08731	
		Name of Contact Edwin O'Brien	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Oyster Creek Generating Station		Type of Facility (4) () School (K-12) () 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: <25 # of Floors: Various	
City (5) Forked River	County (6) Ocean	County Code (7) (State Use Only)	Bldg. Age Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8) Accredited Environmental Technologies		ASCM No. #00021	Name of Contractor (9) Advanced Specialty Contractors
Street Address 28 North Pennell Road		Street Address 120 North Line Street	
City, State, Zip Code Media, PA 19063		City, State, Zip Code Lancaster, PA 17602	
Project Manager for Monitoring Firm Tony Smith	Telephone Number 610-842-0461	Telephone Number 800-437-0441	License Number #00750 Type A
Scheduled Start Date (10) September 15, 2014	Scheduled Completion Date (11) December 31, 2014	Name of OSHA Monitor Edward Griffin, Jr. - Oyster Creek Generating Station	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - N/A Describe - Notification is for contingency, no planned abatement		Street Address P.O. Box 388, U.S. Route 9	
		City, State, Zip Code Forked River, New Jersey 08731	
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 () Glove bag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Abatement Type			
Site-wide (contingency)		Misc.	<25 SF
Name of Reg. Waste Hauler (PSC Industrial)	NJDEP Waste Hauler ID # DEP #SW2497	Cubic Yards of Waste 1-3	Name of Reg. Landfill Model City
City, State 2869 Sandstone Drive, Hatfield, PA 19440		Disp. Date 12/31/14	City, State Conestoga Landfill Morgantown, PA
Completed by (Print or Type) Edwin O'Brien	Title Sr. Environmental Chemist	Signature <i>Edwin O'Brien</i>	Date 4/4/14

Mail to: NJDEP-DSHW-BRRTP Telephone 609-984-6620
401 E. State St., PO 414
Trenton, NJ 08625-0414

9/18/00

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

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 NJ DEPT OF ENVIRONMENT & LICENSING

Date of Notification (1) 04/04/2014		Name of Building Owner/Operator (2) Pettinaro LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial x <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 234 North James St City, State, Zip Co Newport, DE 19804 Name of Contact Brian Aster	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Eagle Plaza Shopping Center				Type of Facility (4)	
Street Address 700 Haddonfield-Berlin Rd. Unit #35				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
				Square Feet 2500	# of Floors 1
City (5) Voorhees		County (6) Camden		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCN No.		Name of Contractor (9) County Environmental	
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.			
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720			
Project Manager for Monitoring Firm Wesley Morrison		Telephone No. (302) 326-2333		License Number 00578	
Scheduled Start Date (10)		Scheduled Completion Date		Name of OSHA Monitor County Environmental	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe:				Street Address 461 New Churchmans Road	
				City, State, Zip Code New Castle, DE 19720	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> X ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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			
						Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A							
Rear of store		x		Floor mastic	400 SF	x			

Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990		Cubic Yards of Waste		Name of Reg. Landfill Minerva	
City, State New castle DE				Disposal Date TBA		City, State Waynesburg OH	
Completed by Ben Hodgdon		Title PM		Signature 			Date 4/4/14

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

DATE extension

Date of Notification (1) 03/19/2014		Name of Building Owner/Operator (2) Dodge City, Inc.							
Agencies Notified	Type Notification	Street Address 4395 Route 130 South							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Burlington, NJ 08016							
		Name of Contact Javier Hoz De Vila	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hyundai Dealership		Type of Facility (4)							
Street Address 4395 Route 130		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Burlington		Square Feet 16,000	# of Floors 1						
County (6) Burlington		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail car sales							
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 510 Heron Drive		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Swedesboro, NJ 08085		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 856-467-2276	Telephone No. 484-872-8884						
Start Date (10) 03/31/2014		Scheduled Completion Date (11) 04/04/2014 4/7/14	License No. 01161						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Work outside in segregated area		Street Address 200 Route 130 N							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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
Ext Soffit Face			x	Transite under styrofoam	900 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 3/19/2014			