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

Date of Notification (1)

Name of Building Owner/Operator (2)
SUMMIT BOARD OF EDUCATION

Agencies Notified
☐ EPA  Initial
☐ DEP  Amended
☒ DOL  Amendment #:
☐ DOH  Emergency (including justification)
☐ DCA  Cancellation

Street Address
90 MAPLE STREET

City, State, Zip Code
SUMMIT, NJ 07901

Name of Contact
MIKE KRISHER

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
FRANKLIN ELEMENTARY SCHOOL.

Street Address
136 BLACKBURN ROAD

City (5)  County (6)  County Code (7) (State use only)
SUMMIT  UNION  

Name of Monitoring Firm Hired by Bldg. Owner (8)
WESTCHESTER ENVIRONMENTAL LLC

ASCM No. 00127

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  # of Floors  Bldg. Age

Current Use (Prior if being demolished)

Start Date (10)  Sched. Completion Date (11)
04/15/14  04/20/14

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe:
☒ Other-Describe: 4:00 pm

Scope of Work (check all that apply)
☐ >3 sf or >3 ll  ☒ Renovation
☐ >160 sf or >260 ll  ☒ Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)  Remove  Repairs  Encaps

Location

ENTRANCE CANOPY

Yes  No  N/A

ASBESTOS CEILING PLASTER 140 SQ FT

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

Completed by (Print or Type)
BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 03/26/4 2014

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CARMEN CARRINO</td>
</tr>
</tbody>
</table>

Street Address

414 FAIRMOUNT AVENUE

City, State, Zip Code

JERSEY CITY, NJ 07306

Name of Contact

CARMEN CARRINO

Facility Information

Type of Facility (4)

- School (K - 12)
- Sub-chapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Name of facility where abatement is taking place (3)

CARMEN CARRINO

Street Address

414 FAIRMOUNT AVENUE

City (5)

JERSEY CITY

County (6)

HUDSON

County Code (7) (State use only)

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

License Number

01169

Phone Number

973-345-8020

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Program Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours (Describe):
- Other (Describe) - NORMAL HOURS

Scope of Work (check all that apply)

- >2 sf or >2 ll
- Renovation
- ≥160 sf or ≥280 ll
- Demolition

Location of asbestos-containing materials (acm) to be abated in facility (13)

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>85 LF</td>
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</tbody>
</table>

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 JOLDSZIC

Title

PRESIDENT

Signature

Date

04/04/14

* Do not use this form for asbestos licensure exempted activities.
**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
10/14/2014

**Name of Building Owner/Operator (2)**  
SUSAN KING

**Street Address**  
45 COOLIDGE ROAD

**City, State, Zip Code**  
MAPLEWOOD, NJ 0740

**Name of Contact**  
SUSAN KING

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
SUSAN KING

**Street Address**  
45 COOLIDGE ROAD

**City**  
MAPLEWOOD

**County**  
ESSEX

**Square Feet**

**# of Floors**

**Bldg. Age**

**Type of Facility (4)**  

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

**Name of Abatement Contractor (9)**  
D & S RESTORATION, INC.

**Street Address**  
20 California Ave.

**City, State, Zip Code**  
PATERSON, NJ 07503

**Telephone Number**  
973-345-8020

**License Number**  
01169

**Name of OSHA Monitor**  
D & S Restoration, Inc.

**Street Address**  
20 California Avenue

**City, State, Zip Code**  
PATERSON, NJ 07503

**Start Date (10)**  
04/18/14

**Sched. Completion Date (11)**  
04/30/14

**Occupancy Status During Abatement (Check only one)**

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other: Describe: NORMAL HOURS

**Scope of Work (check all that apply)**

- Renovation
- Demolition
- 1,2 2,000 sf or 2,000 sf
- 1,2 200 sf or 2,000 sf

**Location of asbestos-containing material (acm) to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Basement</th>
<th>Pipe Insulation</th>
<th>112 L FT</th>
</tr>
</thead>
</table>

**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

**Completed by (Print or Type)**  
BOGDAN JOLDZIC

**Title**  
PRESIDENT

**Signature**

**Date**  
04/04/14

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
04/14/2014

Name of Building Owner/Operator (2)  
NICK JANULIS

Agencies Notified  
☐ EPA  ☑ DEP  ☑ DOL  ☑ DOH  ☑ DCA

Type Notification  
☐ Initial  ☑ Amended  ☑ Amendment #:  

Name of Contact  
NICK JANULIS

City, State, Zip Code  
WEST CALDWELL, NJ 07006

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
NICK JANULIS

Street Address  
2 RIDGE TERRACE

City (5)  
WEST CALDWELL

County (6)  
ESSEX

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K - 12)  ☑ Subchapter 8 (Other than K-12)  ☐ Other (Private/Commercial  
Bldgs./Homes, etc.)

Current Use (Prior if being demolished)  

Square Feet  

# of Floors  

Bldg. Age

Name of Building Owner/Operator (8)  
NICK JANULIS

Street Address  
2 20 California Ave.

City, State, Zip Code  
PATerson, NJ 07503

Project Manager for Monitoring Firm  
D & S RESTORATION, INC.

Phone Number  
973-345-8020

Start Date (10)  
04/17/14

Sched. Completion Date (11)  
07/31/14

Occupancy Status During Abatement (Check only one)  
☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours- 
Describe:  
☐ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)  
☐ >3 sf or >3 ft  
☐ ≥160 sf or ≥260 ft  
☐ Demolition  
☐ Renovation

Location of asbestos-containing material (ACM) to be abated in facility (13)  

Yes  No  N/A

Description of asbestos-containing material (ACM)  
CEILING TILES  50 sq ft

Amount (Specify SF or LF)  Remov Repair Encap

Full Containment w/negative pressure  
Mini-enclosure  
Glovebag procedure  
Non-Exempted (*) and Non-triable procedure

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Avenue

City, State, Zip Code  
PATerson, NJ 07503

Name of OSHA Monitor  
D & S Restoration, Inc.

Other-Describe:

ASCM No.

Full Containment w/negative pressure  
Mini-enclosure  
Glovebag procedure  
Non-Exempted (*) and Non-triable procedure

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATerson, NJ 07503

Disposal Date  
04/17/14 - 07-- 14

Registered Waste Hauler  
D & S RESTORATION, INC.

Njdep Hauler ID#  
13506

Cubic Yards of Waste  
1 yd

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Date  
04/03/14

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
10/14/14

Name of Building Owner/Operator (2)  
INGA FOLEY

Agencies Notified (3)  
☐ EPA  ☑ DEP  ☑ DOL  ☑ DOH  ☑ DCA

Type Notification (4)  
☒ Initial  ☑ Amended

Amendment #:  
RUTHERFORD, NJ 07070

City, State, Zip Code

Name of Contact  
INGA FOLEY

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
INGA FOLEY

Street Address  
307 ORIENT WAY

City (5)  
RUTHERFORD

County (6)  
BERGEN

County Code (7)  
20 (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ASCM No.

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
01169

Occupancy Status During Abatement (Check only one)  
☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe:

Start Date (10)  
04/18/14

Scheduled Completion Date (11)  
04/30/14

Scope of Work (check all that apply)  
☒ >2 sf or >2 if  ☑ Renovation  
☒ >180 sf or >260 if  ☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>BASEMENT</td>
<td></td>
<td>X</td>
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<tr>
<td>BASEMENT CRAWL SPACE</td>
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</table>

Description of asbestos-containing material (ACM)  

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>84 LF</td>
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<tr>
<td>PIPE INSULATION</td>
<td>10 LF</td>
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</table>

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  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC  
Title  
PRESIDENT  
Signature

Disposal Date  
04/19/14

Date  
04/02/014

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
04/14/14

Name of Building Owner/Operator (2)
SUSAN TORASSO

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended

Amendment #: Emergency (including justification)
☐ Cancellation

Street Address
29 BUSCHMANN AVENUE

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

Street Address
29 BUSCHMANN AVENUE

City (5)
HALEDON

County (6)
PASSAIC

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K - 12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☒ Abatement performed outside of normal facility hours-
Describe:

Other-Describe: NORMAL HOURS

Start Date (10)
04/14/14

Sched. Completion Date (11)
04/30/14

Scope of Work (check all that apply)
☒ >8 of or 8 ft
☐ Renovation

☐ ≥180 of or ≥260 ft
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Yes
No
N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
155 L FT

Removal Repair Encap Encl.

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

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>01/14</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>LESLIE KOPF</td>
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<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td>Type Notification</td>
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<td>EPA</td>
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<td>Justification</td>
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<td>Cancellation</td>
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<tr>
<td>Street Address</td>
<td>698 GALLOS HILL ROAD</td>
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<tr>
<td>City, State, Zip Code</td>
<td>CRANFORD, NJ 07016</td>
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<tr>
<td>Name of Contact</td>
<td>LESLIE KOPF</td>
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<tr>
<td>Telephone Number</td>
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<tr>
<td>FACILITY INFORMATION</td>
<td></td>
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<tr>
<td>Name of facility where abatement is taking place (3)</td>
<td>LESLIE KOPF</td>
</tr>
<tr>
<td>Street Address</td>
<td>698 GALLOS HILL ROAD</td>
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<td>City (5)</td>
<td>CRANFORD</td>
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<td>County Code (7) (State use only)</td>
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<tr>
<td>Type of Facility (4)</td>
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<td>School (K - 12)</td>
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<td>Subchapter 8 (Other than K-12)</td>
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<td>Other (Private/Commercial Bldgs./Homes, etc.)</td>
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<tr>
<td>Square Feet</td>
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<tr>
<td># of Floors</td>
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<tr>
<td>Bldg. Age</td>
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</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
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</tr>
<tr>
<td>Name of Monitoring Firm Hired by Bldg. Owner (8)</td>
<td>ASCM No.</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
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<td>Phone Number</td>
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<tr>
<td>Start Date (10)</td>
<td>04/11/14</td>
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<td>Sched. Completion Date (11)</td>
<td>04/28/14</td>
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<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Normal Hours</td>
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<tr>
<td>Facility closed/vacated during entire period of abatement.</td>
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<tr>
<td>Abatement performed outside of normal facility hours- Describe:</td>
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<tr>
<td>Scope of Work (check all that apply)</td>
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<tr>
<td>&gt;1,200 sf or &gt;2,500 sf</td>
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<td>&gt;100 sf or &gt;200 sf</td>
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<tr>
<td>Demolition</td>
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<tr>
<td>Location of asbestos-containing material (acm) to be abated in facility (13)</td>
<td></td>
</tr>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Full Containment System/ Negative Pressure</td>
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<td>Mini-enclosure</td>
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<td>Glovebag Procedure</td>
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<td>Non-Exempted (1) and Non-Removable (1)</td>
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<tr>
<td>Registered Waste Hauler</td>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
<tr>
<td>NJ/DEP Hauler ID#</td>
<td>13506</td>
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<tr>
<td>Cubic Yards of Waste</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>TULLYTOWN, RESOURCE RECOVERY</td>
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<tr>
<td>City, State</td>
<td>PATERNSON, NJ 07503</td>
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<td>Disposal Date</td>
<td>04/12/14</td>
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<td>Name of Registered Landfill</td>
<td>TULLYTOWN, PA</td>
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<tr>
<td>City, State</td>
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<tr>
<td>Completed by (Print or Type)</td>
<td>BOGDAN JOLDZIC</td>
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<tr>
<td>Title</td>
<td>PESIDENT</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
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<tr>
<td>Date</td>
<td>04/01/14</td>
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</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
[ ] 1/1/14
[ ] 1/10/14
[ ] 1/14/14

Name of Building Owner/Operator (2)
Lillian Katz

Agencies Notified
[ ] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

Type Notification
[ ] Initial
[ ] Amended
[ ] Amendment #: 
[ ] Emergency (Including justification)
[ ] 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

Street Address
5 Bolton Place

City (5) BERGEN County (6) BERGEN County Code (7) (State use only) BERGEN

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.

Type of Facility (4)
[ ] School (K - 12)
[ ] Subchapter 8 (Other than K-12)
[ ] Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
04/16/14

Sched. Completion Date (11)
04/28/14

Occupancy Status During Abatement (Check only one)
[ ] Facility closed/vacated during entire period of abatement.
[ ] Abatement performed outside of normal facility hours-
[ ] Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
[ ] >3 sf or >3 ft
[ ] Renovation
[ ] >160 sf or >260 ft
[ ] Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13)

Yes No N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
85 LF

Location of asbestos-containing material normally used solely by maintenance/custodial staff (12)

Removal
Repair
Encapsulation

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler #
13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERNJS, NJ 07503

Disposal Date
04/17/14

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
04/01/2014

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

JERRY DE ST. PAER
Name of Building Owner/Operator (2)

AGENCIES NOTIFIED
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Street Address
99 FAIRMOUNT AVENUE
City, State, Zip Code
CHATHAM BORO, NJ 07928

Name of Contact
JERRY DE ST. PAER
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

JERRY DE ST. PAER

Street Address
99 FAIRMOUNT AVENUE
City (5) MORRIS
County (6)
County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Type of Facility (4)
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020
License Number
01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address
20 California Avenue
City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
04/12/14

Sched. Completion Date (11)
04/30/14

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
 Describe:
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- >3 sf or >3 if
- Renovation
- >160 sf or >260 if
- Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13)

Basement Boiler Rm
Basement Elec. Panel Closet
Basement Closet

Is location normally used solely by maintenance/custodial staff (12)
- Yes
- No
- N/A

Description of asbestos-containing material (ACM)
- PIPE INSULATION

Amount (Specify SF or LF)
- 22 LF FT
- 65 LF FT
- 35 LF FT

Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.

NJ DEP Hauler ID # 13506
Cubic Yards of Waste
2 YDS

Name of Registered Lender
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
04/14/14

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
President

Signature
Date
04/03/2014

* Do not use this form for asbestos license-exempted activities.
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

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

Street Address:
P.O. Box 388, U.S. Route 9

City (5):
Forked River

County (6):
Ocean

County Code (7):

Accredited Environmental Technologies

Name of Monitoring Firm Hired by Bldg. Owner (6):
ACSM No. #00021

Name of Contractor (9):
Advanced Specialty Contractors

Street Address:
28 North Pennell Road

City State, Zip Code:
Media, PA 19063

Project Manager for Monitoring Firm:
Tony Smith

Telephone Number:
610-842-0461

License Number:
#00750 Type A

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

Source of Work (Check all that apply):

Demolition

Renovation

SM Proj. (>25<160 SF or >25<260 LF ACM)

Minor Proj. (<25 SF or <10 LF ACM)

Full Containment with Negative Pressure

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):

<25 SF

Abatement Type:
Rem. Rep. Encap Endose

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:

Disp. Date:
12/31/14

City, State:
Conestoga Landfill
Morgantown, PA

Completed by (Print or Type):
Edwin O'Brien
Sr. Environmental Chemist

Signature:

Date:
4/3/14

Mail to:
NJDEP-DSHW-BRRT
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)**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/04/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Pettinaro LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Notification Type</th>
<th>Street Address</th>
<th>City, State, Zip Co</th>
</tr>
</thead>
<tbody>
<tr>
<td>X DOL</td>
<td>Initial x</td>
<td>234 North James St</td>
<td>Newport, DE 19804</td>
</tr>
</tbody>
</table>

| Name of Contact | Brian Aster |

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Eagle Plaza Shopping Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>700 Haddonfield-Berlin Rd. Unit #35</td>
</tr>
<tr>
<td>City (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>Voaries</td>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
</tr>
<tr>
<td>County Environmental</td>
<td></td>
</tr>
<tr>
<td>ASCM No.</td>
<td></td>
</tr>
<tr>
<td>Name of Contractor (9)</td>
<td>County Environmental</td>
</tr>
<tr>
<td>Street Address</td>
<td>461 New Churchmans Rd.</td>
</tr>
<tr>
<td>City State, Zip Code</td>
<td>New Castle, DE 19720</td>
</tr>
</tbody>
</table>

| Telephone Number | (302) 322-8946 |
| License Number | 00578 |
| Name of OSHA Monitor | County Environmental |
| Street Address | 461 New Churchmans Road |
| City, State, Zip Code | New Castle, DE 19720 |

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
<th>X Facility Closed/Vacated During Entire Period of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Work (Check all that apply)</td>
<td>X Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>X ≥ 3 sf or ≥ 3 If</td>
<td>X Renovation</td>
</tr>
<tr>
<td>X ≥ 160 sf or ≥ 260 If</td>
<td>X Demolition</td>
</tr>
<tr>
<td>Is Location Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rear of store</td>
<td>Floor mastic</td>
</tr>
<tr>
<td>Name of Reg. Waste Hauler Service Transport Grp</td>
<td>NJDEP Waste Hauler ID No. 20990</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>Name of Reg. Landfill Minerva</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>TBA</td>
</tr>
<tr>
<td>City, State</td>
<td>Waynesburg, OH</td>
</tr>
<tr>
<td>Completed by</td>
<td>Ban Hodgdon</td>
</tr>
<tr>
<td>Title</td>
<td>PM</td>
</tr>
<tr>
<td>Signature</td>
<td>Date 9/4/14</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1) 03/19/2014

Agencies Notified Type Notification
- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

Name of Building Owner/Operator (2) Dodge City, Inc.

Street Address 4395 Route 130 South
City, State, Zip Code Burlington, NJ 08016

Name of Contact Javier Hoz De Vila

Name of Facility Where Abatement Is Taking Place (3) Hyundai Dealership

Street Address 4395 Route 130
City (5) Burlington
County (6) Burlington

Name of Monitoring Firm Hired by Building Owner (8) RT Environmental

Name of Abatement Contractor (9) ecoservices, LLC

Street Address 407 West Lincoln Highway, Suite 500
City, State, Zip Code Exton, PA 19341

Telephone No. 856-467-2276
License No. 01161

Project Manager for Monitoring Firm Tony Alessandri

Telephone No. 484-872-6864

Start Date (10) 03/31/2014

Scheduled Completion Date (11) 04/04/2014

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 sf

Renovation
Demolition

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

Ext Soffit Face

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Transite under styrofoam 900 SF

Amount (Specify SF or LF) 900 SF

Abatement Type

Endoscope

Name of Registered Waste Hauler Waste Management

City, State Trenton, NJ

Completed by Jack Bally Title Sr. Project Manager

Signature David Bally 3/19/2014

ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.