CK. 004083

D&S Proj. #: 2015-270

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

												===						
Date of Notification		Name of Building Owner/Operator (2)  STEVE MOSCARA										10.00						
Agencies Notified   Type Notification				MOSCAR	RA						26.7.1	U. 1	5					
EPA	Initial	ion S	treet Addr	ess						0, 1, 1,		. 1 2	SU					
☐ DEP	Amended		9 LAUR	EL PLAC	CE			Ersen 1130										
	Amendment #:	0	ity, State,	Zip Code														
DOL	Emergency		WEST	CALDWE	ELL, NJ 0700	06												
☑ DOH	(including justification)	Na	ame of Co	ntact					Telephone Number									
☐ DCA	Cancellation	- 11	STEVE	MOSCA	RΔ				1									
24756	Caricellation	<u> </u>	<u> </u>		ILITY INFORM	OITAN	N											
Name of facility w	bara abatamant i	s takina nla	22 (2)					Т	Type of Facility	(4)								
Name of facility W	nere abatement i	s taking pia	ice (3)							ol (K - 12)	)							
STEVE MOSC		Subchapter 8 (Other than K-12)																
Street Address								11		(Private/C /Homes, 6		rcial						
9 LAUREL PI	LACE								Square Feet	# of Floo		BI	dg. A	ge				
City (5)		Coun	ty (6)			Cou	unty Code (7)	1										
•							ate use only)	11	Current Use (F	rior if beir	ior if being demolished)							
WEST CALD		ESS																
Name of Monitorin	ng Firm Hired by	Bldg. Owne	er (8)	(8) ASCM No. Name of Abatement Contractor (9)														
							D & S RESTO	RA	TION, INC.									
Street Address		Street Address																
			_20 California Ave.															
City, State, Zip Coo	de						City, State, Zip Co	de										
							Paterson, NJ 07503											
Project Manager for Monitoring Firm				hone Numb	per		Telephone Numbe			License		er						
													169					
Start Date (10)		Sched	. Complet	ion Date (1	1)	_	Name of OSHA M											
08/13/15		08/28	/15				D & S Restor	atio	ion, inc.									
Occupancy Status	During Abatemer					_	2007 2007 2007 2007	A										
	d/vacated during	7.	1,50	ement.			20 California City, State, Zip Co		nue				_					
Abatement p	erformed outside						City, State, Zip Co	ue										
Describe:	ibe: NORMAL H	OURS	500			-	Paterson, NJ	075	03									
Scope of Work (ch						_			ull Containment	n/nogativ	proce	uro						
>3 sf or >3 lf		Renovatio	n				'n		lini-enclosure	wilegalive	s press	uie						
									lovebag procedu	ıre								
<u></u> ≥160 sf or ≥2	260 11 🔲	Demolition						N	lon-Exempted (*)	and Non			_	-				
Location of	A.V. C.	by mainte		used solely							R e	R	E	E				
asbestos-cor material (acr		staff(12)			Descripti material		asbestos-containing	l)	Amount (Specify SF or		m o	р	С	n				
abated in fac	cility (13)	Yes	No	N/A	material	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			LF)		v	a i	a	L				
D 1 077 077 077					T DIDE DIGI	TT 4.00	Y014		00 Y F/F		e	r		-				
BASEMENT			X_	4	PIPE INSU	JLAI	ION		83 L FT			부	片	부				
				4					_		+ -	片	부	부				
											#	ᆜ	닏	부				
					-						븯	ᆜ	닏	11				
D						\17 ·	T					Ш	Ш					
Registered Waste F D & S RESTOR		NJDE 135	P Hauler 06		Cubic Yards of 1 yd.	vvaste	Name of Register			ECOVE	RY							
City, State				Disposal I			City, State											
PATERSON, N	IJ 07503			08/13/1	.5		TULLYTOW	N, I	PA									
Completed by (Prin		Title			Signature					Date								
BOGDAN JOL	DZIC	PRESID								07/30	/ 2015							
ASR-41	-	Do not use	e this form	for asbest	os licensure ex	xempte	ed activities.				C Leveline	200						

CK 006083

D&S Proj. #: 2015-267

ASB-41

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

Date of Notification (1)	Name of E	Building Owner	r/Operator (2)				2615 //	10-5	£141	0.5	2					
0 7 / 3 0 / 1 5	I IAI COUSEI								Part I		J					
Agencies Notified	Street Add	Iress			0		i di in	,			1					
DEP Amended	9 CLE	VELAND R	DAD			& E . F . S (m. S)										
Amendment	#: City, State	City, State, Zip Code														
DOL Emergend		IIT, NJ 079														
DOH (including justificatio		ontact	Telephone	ephone Number												
☐ DCA ☐ Cancellati	. II n.m.c	COUSEY														
-		FACIL	ITY INFORMA	ATION								77.101.70				
Name of facility where abatemen	nt is taking place (3)					1	Type of Facility (4	<sup>‡)</sup> (K - 12)								
PAT COUSEY							=	pter 8 (C	ther th	an K	12)					
Street Address						7	Other (I	Private/C	omme		-6					
9 CLEVELAND ROAD						11		Homes, e		Blo	da. A	ae				
City (5)	Соц	ounty Code (7)  Square Feet # of Floors Bldg. Age														
Oily (O)	Market Market Commence of the							State use only)  Current Use (Prior if being demolished)								
SUMMIT	UNION															
Name of Monitoring Firm Hired b	by Bldg. Owner (8)		ASCM No.		Name of Abatem											
				_	D & S REST	ORAT	TION, INC.									
Street Address					Street Address 20 California Ave.											
Dity, State, Zip Code		_	City, State, Zip Code													
Dity, State, Zip Gode					Paterson, N.		13									
Project Manager for Monitoring Fi	-	Telephone Numb			License	Numb	er									
		973-345-8020 01169														
Start Date (10)	Sched. Comple	etion Date (11		-	Name of OSHA Monitor											
		44.00 CF			D & S Restoration, Inc. Street Address											
08/12/15 Decupancy Status During Abatem	08/28/15			-	20 California	A										
Facility closed/vacated duri		atement.			City, State, Zip C		lue									
Abatement performed outsi					only, chare, z.p c											
Describe: NORMAI	HOURS			_	Paterson, N.	J 0750	)3									
Scope of Work (check all that ap						Fu	II Containment w	/negative	press	ure						
$\boxtimes$ >3 sf or >3 lf	Renovation					State of the last	ni-enclosure									
≥160 sf or ≥260 lf	Demolition				£	_	ovebag procedur on-Exempted (*)		friable	proc	edure	3				
Location of	Is location normal								R	R	Е	E				
asbestos-containing	by maintenance/c staff(12)	ustodiai			asbestos-containing		Amount (Specify S	For	m	р	n c	n				
material (acm) to be abated in facility (13)	Yes No	N/A	material (	ACM)			LF)	1 01	o v	a i	a	L				
	1.00						100 00 00		e	r		-				
GARAGE	X		DUCT INS	ULA	TION		90 SQ FT			부	님	111				
							-		##	片	H	井				
									묶	님	片	#				
									╬	片	片	卄				
Registered Waste Hauler	NJDEP Haule	er ID#   Cu	ubic Yards of V	Vaste					-		1					
D & S RESTORATION, IN		1	yd.		TULLYTOV		ESOURCE RE	COVE	RY							
City, State		Disposal D			City, State	171 T										
PATERSON, NJ 07503	Tialo	08/13/15	Signature		TULLYTO	WN, P	A	Date		-						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Jignature					07/30	)/15							
ASB-41	* Do not use this for	m for asbesto	s licensure ex	empte	ed activities.	2,70110		1								

014006084

D&S Proj. #: 2015-271

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

									-				
Date of Notification (1)	Name o	f Building Owne	er/Operator (2)				2615/11/9-	5 64	tris .				
0 7 / 3 0 / 1 5	ESTH	ER NETKIN			2015 AUG -5 AH 10: 63								
Agencies Notified Type Notificat													
EPA Initial Amended	994 F	DGEWOOD	ROAD			& L . ;	100	111.0					
DEP Amendment #	0 0	te, Zip Code											
☑ DOL ☐ Emergency		ABETH, NJ	07207										
DOH (including	Name of		01201			Telephon	e Numbe	r	- CIANTO	Time III (e)			
justification)		TI DDEWICT	ZD.				1						
Cancellation	n RUI	H BREWSTI						J-0008		_			
		FACII	LITY INFORMA	ATION									
Name of facility where abatement	is taking place (3)						Type of Facility (	4) I (K - 12)					
ESTHER NETKIN							=	apter 8 (0		an K	-12)		
Street Address						7	Other	(Private/C	comme		1550/8		
004 EDGEWOOD DOAD						11		Homes, e		DI	da A	70	
994 EDGEWOOD ROAD	Cour	nty Code (7)	- 1	Square Feet	# OT FIOO	ors	Di	dg. A	Je				
City (5)	County (6)			Current Use (Prior if being demolished)									
ELIZABETH	UNION		State use only) Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by	ASCM No.		Name of Abatem	ent C	ontractor (9)								
				_	D & S REST	ORA'	TION, INC.				-37.1		
Street Address				_	Street Address			27				-	
					20 California			1					
City, State, Zip Code					City, State, Zip Co	ode							
<u> </u>		Phone Numb			Paterson, N.		03						
Project Manager for Monitoring Firr		Telephone Number         License Number           973-345-8020         01169											
									)1109				
Start Date (10)	Sched. Com	oletion Date (11	1)		Name of OSHA I								
08/11/15	08/28/15				Street Address								
Occupancy Status During Abateme	ent (Check only one	e)			20 California	Ave	nue						
Facility closed/vacated during					City, State, Zip Code								
Abatement performed outside Describe:	e of normal facility	hours-			3555								
Other-Describe: NORMAL	HOURS				Paterson, N.	J 075	03				_		
Scope of Work (check all that app	ly)	ii.				Fi	ull Containment v	v/negativ	e press	ure			
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation						lini-enclosure						
≥160 sf or ≥260 lf	Demolition						lovebag procedu lon-Exempted (*)		-friable	proc	edure	3	
Location of	Is location norm		/				T		IR	R	Е	E	
asbestos-containing	by maintenance staff(12)	custodial/	Description	on of a	f asbestos-containing		Amount		e m	e p	n	n	
material (acm) to be abated in facility (13)		T	material (	ACM)		(Specify S	SF OF	0	a	a	C		
abated in facility (10)	Yes N	0 N/A							e	r	р		
BASEMENT BOILER RM			PIPE INSU	LAT	ION		14 L FT						
basement laundry rm			PIPE INSU	LATI	ION		2 L FT						
BASEMENT CRAWL SPACE			PIPE INSU	LATI	ION		14 L FT						
BASEMENT CRAWL SPACE			PIPE INSU	LATI	ION		47 l ft						
Registered Waste Hauler D & S RESTORATION, INC	NJDEP Hai 13506		Cubic Yards of V	Vaste			andfill RESOURCE R	FCOVE	RY				
Dity, State	13300	Disposal D	l yd. Date		City, State	* 1N, I	LBOURCE K	COVE		-	-		
PATERSON, NJ 07503		08/12/1			TULLYTO	WN, I	PA						
Completed by (Print or Type)	Title		Signature		1			Date					
BOGDAN JOLDZIC	PRESIDENT			£5				07/30	)/15			_	
ASB-41	* Do not use this	form for asbest	os licensure ex	empte	ed activities.								

# CK# 6447

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

Date of Notification (1)				Name of Building Owner/Operator (2)											
8/4/15				P.S.E.G.											
Agencies Notified Type Notification		Street Address 4000 HADLEY ROAD													
EPA   X Initial   Amended		С	ity, Sta	te, Zip Code											
DOL Amendment#	S	SOUTH PLAINFIELD, NJ 07080													
Emergency (in justification)	icluding	N	ame of	e of Contact Telephone Number											
DCA Cancellation		1	Ju.	S NAJ	EI	RA				- v	// 5	0			
		FACI	LITY INFORMATI	ON	T	. / 4\									
Name of Facility Where Abatement is Taking					Type of Facility (4) School (K=12)										
Street Address					Subchapt	er 8 (Oth	er than K-12	)							
17-53 NEVINS			Other (i.e. private & commercial buildings, homes, etc.)												
City (5)	RO	TL				Square Feet	# 0	f Floors	BI	dg. A	ge				
FAIRLAWN						1700									
Carrat (6)				Code (7)		Current Use (F	rior if be	ing demolish	ed)		/				
BERGEN		(5		JSE ONLY)		Sul	B STATION:								
Name of Monitoring Firm Hired by Building O' ENVIRONMENTAL TACTICS	wner (8)		ASCN 004			of Abatement C	ontractor	(9)							
Street Address			004	<u> </u>		t Address	VIO OI	/ (IVILI (IO)				_			
64 BROAD-STREET		-				WHITEHEAD	AVE:			-					
City, State, Zip Code MATAWAN, NJ 07747						State, Zip Code JTH RIVER, I	NJ 0888	32							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. Telephone No. License No. 732-292-2217 732-432-8350 01111													
Start Date (10)	Scheduled	Comp	oletion I	Date (11)	Name	of OSHA Monit						-			
Occupancy Status During Abatement (Check		1/15		UNIQUE SYSTEMS OF AMERICA Street Address											
			396 WHITEHEAD AVE												
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe: Mesessery and	al Facility H	ours	ent		City,	State, Zip Code JTH RIVER,	9								
Scope of Work (Check All That Apply)		/			300	JIII NIVEN,	45 0000	J2				-			
	☑ po.	a a v a ti	ovation Full Containment with Negativ						Draecura						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic			Ė	Mini-Enclosure									
				Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	la la	n anti a								Abatement					
Location of	No	rmally	cation mally Description of							Ту					
Asbestos-Containing Material (ACM)	Used :	Solely		Asbestos Con	taining	Material (ACM)		Amount	_		E	m			
TO BE ABATED In Facility	Custoo	dial St			cing, V	ns insulation, AT, or	(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure			
(13)		(12)				ineous)			oval	air	sula	sure			
	Yes	No	N/A								le				
STORAGE SHED		$\times$		TRANS;	TE	PANELS	3	40058	X						
BATHROOM		X		Acm D:	De 1	ENSULATIO	2	15 LF	X						
PHILIPPIN	1	•		1	1										
		- 7													
Name of Registered Waste Hauler	9.07	IDEP W		Yards	Name	of Regist	ered Landfill								
ETGI		uler ID	No. of Wa	iste 3	0 6	NE.	STOG.	A	LA	- N)	F:11				
City, State FLANDERS, N		-	Dispo	sal Date	e City, S	tate	INTou	النزا	P	A					
Completed by	Title				Signatu	re /		Da	te	1.	<u>-</u>				
CAROL RAIMO	OFFIC	EM	GR.		1/2	re de la la	em	0	te 8/	4/	15	-			