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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	N		CATION	OF ASBE	STOS				NI	nv.				
Date of Notification (1) 08/24/2013				Building (perator	(2)		100					
Agencies Notified Type Notification			Street Ad										23131	
DEP Amended Amendment #	1			e, Zip Coo							<u></u>		AUG 2	
X DOH X DCA Emergency (in justification) Cancellation	cluaing	1 3	Name of Paul G						Tele	ephone Num	ber -	Ĺ		9
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFO	RMATIC	NC	Туре	of Facility (4)			5 - T		
Wall Township High School Street Address 1630 18th Street								School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K-12 commercia) Il build	lings,		32 s,
City (5) Wall							Squa	etc.) are Feet	# 01	Floors	В	ldg. A	ge	
County (6) Ocean			County C	Code (7) ISE ONLY)			Curr	ent Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ov Omega Environmental	vner (8)		ASCM 0012					atement Cor npany, Inc		(9)				
Street Address 280 Huyler Street				118 100		Street 208		ess et Ave.		****				
City, State, Zip Code Hackensack, NJ								Zip Code J 07011		***************************************				
Project Manager for Monitoring Firm Geiser Fajardo			Telephor	ne No.		Teleph 973-	none N 253-			License No 00704	D.			
ON HOLD			npletion [Date (11)		Name VMC		HA Monitor Inc.						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ent	9		Street	Addre	ess						
Abatement Performed Outside of Norma Other – Describe: occupied	l Facility	Hours	iciit		_	City, S	State, 2	Zip Code						
Scope of Work (Check All That Apply)		-											111/2	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit					M	ull Containm ini-Enclosure lovebag Pro- on-Exempte	e cedure				0	
	0.000	Locati	350000					on Exempte	<u> </u>	a Horry Hab	10110	Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/	Asbesi (i.e.	tos Cont thermal surfac	scriptior aining i system cing, VA niscellar	viateria is insu AT, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		late	ле
Boiler Room	х			W	/ater Ta	ank In	sulat	ion	24	40 SF	х			
									-		-			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Landfill				
Freehold Cartage, Inc.		Н	auler ID	No.	of Was			GROW	S Lan					
City, State Freehold, NJ					Dispos 08/29	sal Date /13)	City, Stat Morrisv		A				
Completed by Voytek Roszkowski	Title Presi	ident			S	ignatur	e Ar	Sala	d	Da 08	te /15/2	2013	0	

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

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Date of Notification (1)		N	lame of	Building Or	wner/Operator	(2)	Q ²		Jo)	
08120113		<u> </u>	Our	Lady	of the	e Valley	Church		-	<u>></u>	
Agencies Notified Type Notification				Idress _			Ç.				
□ EPA 🖟 Initial		1	STU State	O Zin Code	ey St.						-
☑ DEP ☐ Amended ☐ Amendment	ŧ		iny, stat	6, ZIP COU	NJO	7050			¥5	Ç.	,
☐ Emergency (i		_ _N	lame of	Contact	1/0)	1000	Telephone Num	ber		7	5
☐ DOH justification) ☐ DCA ☐ Cancellation					n Grin	sell					
			FACIL	ITY INFO	RMATION						\Box
Name of Facility Where Abatement is Taking						Type of Facility					
Our Lady of Valley	Suno	ol				School (K-	12) r 8 (Other than K-12)	1			
Street Address)						Other (i.e.	private & commercia	build	ings,	home	es,
518 Valley St.						etc.) Square Feet	# of Floors	T BI	dg. A	ne.	
City (5)						30,000	_			yvs	
Ovange NJ. 0705		-10	County C	ode (7)			ior if being demolish			1.,	-
E SSCX		6	STATEU	SE ONLY)		Schoo					
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.	Name	of Abatement Co					
NIA							VICES IN				
Street Address					0	Address	\$				
					1156	MAPLE State, Zip Code	AVE.				
City, State, Zip Code								~ ~ ~	2		
		17	Falanhar	no No	Tolonk	none No.	J N J O70	<u>) S</u>			
Project Manager for Monitoring Firm			Felephor	ie No.			11 040				
Start Date (10)	Schedule	ed Com	pletion [Date (11)	Name	of OSHA Monitor	11 1040	1			
08130113	081		113	, ,	LF	SLAW N	ALODIA			- 544000	
Occupancy Status During Abatement (Chec			1								
A Facility Closed/Vacated During Entire F	Period of A	batem	ent		156	MAPLE State, Zip Code	AVE.				
☐ Abatement Performed Outside of Norm	al Facility	Hours						5 + 10 / 10 / 10 1			
					- 1WA	LLINGIC	ON, NY	77E)57		-
Scope of Work (Check All That Apply)					_						
(X) ≥3 sfor ≥3 lf □ ≥160 sfor ≥260 lf		tenovat emoliti				J Full Containin Mini-Enclosur	nent with Negative P re	ressui	e		
1 2100 St 01 2200 II					<u> </u>	Glovebag Pro	ocedure ed (*) and Non-Friæb	o Pro	radur	Δ.	
100	1					□ Noti-Exemple	a () and Non-Friab			ement	
		Locatio								ре	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by	Asbest	Description os Containing N		Amount			ш	_
TO BE ABATED	- 100 NO.	intenan todial S	TEATRICE	(i e. t	hermal system		(Specify SF or LF)	Ren	20	ncal	Enc!
In Facility (13)		(12)	1100100		surfacing, VA other miscellar		SF OI LF)	Romova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				G T LANGE BOOK	=		ate	0
0 1				10.1	Sizz II.	1:010	7 Lf.	*			
Boilervoom		*		pine	zinsula	LIGVI	1 -1.	1		_	
								-	-	-	
								-			
Name of Registered Waste Hauler			JDEP W auler ID		Cubic Yards of Waste	Name o	f Registered Landfill				
NEWARK CARTING INC.			254		1		2.0.W.S				
City, State					Disposal Date	City, Sta	ite	(72%	^	2	
NEWARK NJ.					08/311		DURISVILI	E	PA		
Completed by	Title	- C-1	□ i= .	n 1 T	Signatur	- Nalah		J 1021 VALUE	101	, 4	
LESLAU NALDINIA	ILITI	こっし	DE	· · ·	1 ~	- ! wav		8/2	U	15	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 400-13															
Date of Notification (1) Augus	+ 22 2	013				Name of Building Owner/G FAIRLEIGH DICKIN		ERSITY	2913	11/2					
	1 23, 2			-			10011 0111		منت ا	155					
Agencies Notified			tification Initial N		on	Street Address 100 UNIVERSITY PI	LAZA	Ç≤.	PING	33					
□ EPA			Amend			City, State, Zip Code			10	L. Err					
DCA		0.000				HACKENSACK, NJ	07604		C						
		X	I Emerg	ency (i	ncluding		07001	177							
⊠ DOL		110	justific	ation)		Name of Contact		Telephone N	umber	7					
☑ DEP- No Longer REQU	IRED		Cancell			MR. CRAIG GORCZ	YCA								
⊠ DOH		1 -	Cancen	eu					. 3	5					
E DON				_	FACILITY INF	OPMATION		i.							
Name of Facility Where Abate	mont in T	Takina I	Diace (3)		TACILITIM	Type of Facility (4)									
FAIRLEIGH DICKINSON	UNIVE	ERSIT	Y - DOF	RM VILL	_AGE #9	School (K-12)				1-2					
Ct						Subchapter 8 (other than	ı K-12)								
Street Address		DILBA	ADICO	NI CAR	IDILE	☒ Other (i.e. private & commercial buildings, homes, etc.)									
285 MADISON AVEN	UE - F	DU M	IADISU	N CAN	IPUS	Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years									
6: (5)	0	(0)		Country	Cada (7)	<u>04.1001.</u> 1074 <u># 01</u>	110010.	710g. 71go.	<u>j</u>	. -					
City (5)	County				Code (7)	0 /// /	!!	. ACADEMIC	DECIDE	NCE					
MADISON	IV	IORR	RIS	(State t	Jse Only)	Current Use (prior if being	g demolished)	: ACADEMIC	, KESIDE	NGE					
Name of Monitoring Firm Hire	d by Bldg	g. Owne	er (8)	ASCM	No.	Name of Contractor (9)				3 7 17					
ENVIRONMENTAL DE				0095		GREENWOOD ABAT	EMENT C	ONSIII TAN	TS INC						
Oter Address							LINILIAI C	DINGULIAN	. 0, 1140	-					
Street Address	CHITT	404				Street Address									
5434 KING AVENUE -	SUITE	101				268 MAIN STREET									
City, State, Zip Code						City State, ZipCode									
PENNSAUKEN, NJ 08	109					BUTLER, NJ 07405									
		I To	elephone N	lumbor		Telephone Number		License Num	her						
Project Manager for Monitoring	ig Firm	-				Telephone Number		LICENSE INUITI	<u>bei</u>						
JAY MURRAY		6	09-221	0073		072 402 0477		00840							
						973-492-0477		00040							
Scheduled Start Date (10)				Completio	n Date (11)	Name of OSHA Monitor									
09/04/13		09	9/05/13				4								
						ENVIROVISION, INC	3.								
Occupancy Status During A	batemer	nt (Che	ck only o	ne)		Street Address									
☐ Facility Closed/Vacated	During F	ntire P	eriod of A	hatemer	nt										
						20-21 WARGARAW	ROAD								
★ Abatement Performed Company						City, State, Zip Code									
Describe: (NOT SUB 8) Are					(Oity, Otate, Zip Gode									
□ Facility Occupied During	Entire P	eriod o	of Abatem	ent		H									
Hours MON 7AM - 7						FAIRLAWN, NJ									
						I AINLAWN, NO									
Source of Work (Check all that	at apply)						N								
							Full Contain	ment with Neg	ative Pres	ssure					
D . 0.4 0.8					■ Renovation	_	Mini-Enclose		E .						
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$							L. B. A. S. B. A. S. B.								
≥ 160 sf or ≥	260 If				Demolition		Glovebag F		2000 AND 100	765 est					
						X	Non-Exemp	ted (*) and No	n-Friable I	Procedure					
Location of Asbestos-Contain	ing Is	Location	on Norma	ly Used	Description of Asl	bestos Containing Material	Amour		ment Type	2					
Material (ACM) in Facility (13			y Maint./Ci		(ACM) (i.e. therm	nal systems insulation, surfact	ing, (Speci								
, , , , , , , , , , , , , , , , , , , ,		taff? (1			VAT, or other mis		or LF)		e Repair I	Encap Enclo					
		ES	NO	NA											
1 st Floor Kitchen &			X		VAT & MAST	TIC	400 5	F 🗵							
[3										
Kitchenette	_		-					-+-							
							!			1511					
Name of Reg. Waste Hauler			JDEP Was		· ID #	Cubic Yards of Waste:	5 CY	Name of Reg							
Newark Carting, Inc.		N	J DEP	# 4509				G.R.O.W.S	. North	Landfill					
Newark, NJ 04509															
INEWARK, INJ U45U9							Disposal Da	te T	City, Stat	e					
NI-4 NI							09/05/13			≝ Ford Mill R					
Notes: None							03/03/13	1		e, Pa 19067					
						215-736-1700									
Completed by (Print or Type)															
Completed by (Print or Type)		Title		00 150	~~										
RAYMOND C. PEDAI	LINO	1 8850WBES	NIOR P		ا ر	Raymend C. Pedalino August 23, 2013									
		MA	NAGER	2		,									

(CNECK #/ 2889)

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

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0€P	Amendment #		\ \cdot \(\cdot \)	. 30 A	0 Code 16-61-15	LD . 1	N, J, C	18 23	50			
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		72.1				Type	of Facility (4	1		4		
ame of Faculty Where	Abatement is Taking	Place (3)				m se	2000l (K-12)					
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ounty (6)			U	SE ONLY)								
1 115	1929		TACI	CAL No.	Name of Abati	ment Co	virador (3)	<i>.</i> ,				
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reet Aggress	1	6			369	5.5	SPRUC	JE A	00.		=	
Leer Moneas	1/27/2012/2012	100			City. State, Zin	Code				/	1	2220
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NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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

Date of Noticetion (1)			Name of E	Juliding Owner/Operator							
8.	-26-13			GUR	00			٠.			
Agency Notified	Type Notification		Street Add	H985		10 7		<u></u>			
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D DCA	Q Cancellation		RI	Ch						-	
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blaces of Equilibria 16th as	e Abstement is Taking Place	Ct (3)			Type of Facility	(4)			5	-	
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6'086	0				O School (K-12	(Other than K-12)		~			
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ASB-41	· Do n	ot use this t	for for ast	estos licensore exemp	ted activities.		× 8				

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

Date of Notification (Name	of Building Owner/Operat	or (2)					
8-26					Address 78 2 Nrp, State, Zip Code Naphwe 6.1 of Contact	euskin	C2 - C1 18A				
Agency Notified	Type Notification			Street	Address		4/11/11/11/11/2/				
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D DCA	☐ Cancellation				Rich		- Total Maria	Manager 1	-	-	
	· · · · · · · · · · · · · · · · · · ·			EAC	LITY INFORMATION		1	18		_	-
Name of Facility Whe	re Abatement is Taking	Place (3)			LIT INFORMATION	7 - 68					
	/					Type of Facilit	y (4)				30.000
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Ollegi Address	11 11	/		0.21		Subchapter	8 (Other than K-1)	2)	201		
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City, State, Zip Code					City, State, Zip	Code		.			
a a											
Project Manager for N	lentering Firm	Te	ienh	ie No.	Telephone No.		T:				
	THE THE PERSON NAMED IN COLUMN	1.0	- POPIT		reseptione No.		License No.				
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9 10	3 Scheduled	Complete	ion U.	239 (11)	Name of OSHA	Monitor					
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occupancy States Du	ring Abatement (Check t	only one)			Street Address					-	
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lace	ation of		orms		-		•		_	Ty	pe
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Date of Notification (1)					Name of Bui	ilding Ow	ner/Operator (2)	AUG	PERM		_	T
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Street Address							CK FOREST R	MAD				
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City, State, Zip Code						8735						-
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ROD MORRIS	a.g	1	564-77			609-89	0-7110		0067	6		
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Jack Robinso	n Wast	ce I	Disp	osa		04	1 YDS	GROWS				_
							Disposal Data	City, State				
Bellmawr, NJ	20						8/26/2013	MORRISVILLE, PA				
completed By		Title				Signatur	27-Mer 0	112	Date	1	r	
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AVID D'ANDREA	1	PICES	PHENE IA	1	and the second	K	VUULU 77	. 10				

On not use this form for asbestos licensure exampled arthities

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7 Name of Building Owner/Operator Date of Notification 11 Merck Sharp & Dohme Corp. 0 8 Street Address Agencies Notified Type of Notification Initial 556 MORRIS AVENUE USEPA DEP Notification X DCA/DOL Amended City, State, Zip Code Summit, NJ 07901 Cancellation DOH Name of Contact Telephone Number Kevin Ruta FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility) School (K-12)) Sub-Chapter 8 (Other than K-12) MERCK - Building S 3 X) Other (I.e. private & Commercial Street Address buildings, homes, etc.) 556 MORRIS AVENUE SF of Bldg. # Floor Age of Bldg. 10000 County Code 50+ City County State use Only Current Use (prior if being demolished) UNION ASCM No. Name of Abatment Contractor Name of Monitoring Firm Hired by Building Owner ACM CONSULTING CORP. AERO ENVIRONMENTAL Street Address Street Address 2150 STANLEY TERRACE 275 ROUTE 10 E. SUITE 220-306 City, State, Zip Code City, State, Zip Code SUCCASUNNA, NJ 07876 UNION, NJ 07083 Telephone Number License Number Project Manager for Monitoring Firm Telephone No. TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Name of OSHA Monitor Scheduled Start Date Scheduled Completion Date 2013 EMSL ANALYTICAL 31 2013 Year Month Day Year Street Address Month Day Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 4:00PM TO 4:00AM X Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Full Containment with Negative Pressure Demolition Mini-Enclosure X >3sf or >3lf > 160sf or > 260lf X Glovebag Procedure Non-Friable Procedure Renovation Amount to be Abatement Type Is Location Normally Describtion of Used by Custodial Staff ACM to be Removed Location of ACM Facility (Specify SF/LF) Rem. Rep. Enc. Removed Encl. Yes 30LF Pipe Insulation Attic Area Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste **NJDEPE 16666** 5 Clean Harbors Lone Mountain, LLC Clean Harbors Env. Services, Inc. Disposal Date City, State of Registered Landfill City, State Waynoka, Oklahoma TBD Norwell, MA Completed By (Print or Type) Signature Date 8/21/2013

GENERAL MANAGER

TIMOTHY RYAN

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	8/22/2013				Name o	of Building	Owner/O	perat ZS	or (2) ite Contractors, I	nc. U	23	3	16	
Agencies Notified [X] EPA	1 5 5 5	l Notific			Street A	Address			Avenue	:32				
[] DEP [x] DOL	Amer	ndment#	tification ncluding		City, Si	tate, Zip Co		ewoo	od, New Jersey 0	8701				
[x] DOH [] DCA	justif	ication) ellation			Name o	of Contact Irving	Perlste	in	Те	elephone Number		_		
				FAC	ILITY	INFORM	ATION	J						*
Name of Facility Where A	Abatement is Taking sidence	g Place ((3)						Type of Facility (4)	School (k-12)				
Street Address	5-177 4 th Street								[x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			ial buil	dings,
City	3.00.00.00	Count	ty (6)			Code (7) USE ONL	Y)	1	Square feet 3500 sf	# of Floors	Bldg	g. Age	i0	
Lakewood		Ocea	200.5		1000				Current Use (Prior if Residen	ce)			
Name of Monitoring Firm		Owner	(8)		ASCM 1	No.	Name	of Al	oatement Contractor	(9) n Contracting,	Tno			
Street Address	A						Street .	Addr		ii Contracting,	mc.			-
										oute 9, Unit 61				
City, State, Zip Code							City, S	tate,	Zip Code Toms R	iver, New Jers	ev 08	755-1	271	
Project Manager for Moni	itoring Firm		Telephone	Number			Teleph 732-3		Number	License N 00624				1 7
Scheduled Start Date (10) 8/23/13	E-004		8/27/	l Completi 13	ion Date	(11)	SSERVICE CONT			Analytical				
	ility Closed/Vacate	d During	g Entire Pe				Street	Addr		elton Road				
192 121	atement Performed her – Describe	Outside	of Normal	Facility H	ours		City, S	state,	Zip Code Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all	l that apply)						[]	Full Containment	with Negative Pre	ssure		105	
[] >2.	sf or ≥3 lf		г 1	Renova	tion		l r]	Mini-Enclosure Glovebag Procedu	va.				
	si of ≥5 ii 60 sf or ≥260 lf		[x]	Demoli			[x]	Non-Exempted (*)		Proced	ure		
					T						Abat	ement	Type	
			Is Locati	on			Descript	ion	of		R	R	Е	Е
Location		N	Normally 1				estos-C			Amount	E	E	N	N
Asbestos-Containing N TO BE ABA		Main	Solely batenance/C				Aaterial ., therma			(Specify SF or LF)	М	P A	C	C
in facilit			Staff				ulation,	surfa			O V	I	P	0
(13)			(12)			oth	VAT er misce		eous)		A	R	S U	S U
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Exterior			X	T	Asbe	estos sidir	ıg			4000 sf	Х		L	
Name of Registered Waste		1	NJDEP Wa	ste Hauler 20223	ID No.	Cubic Ya	ards of W	aste	Name of Register T.R.R.F.	ed Landfill				
City, State	ontracting, Inc.			Dispos	al Date	1 ,	City,			n				
Completed by (Print or Ty	, New Jersey	Title		8/28/	15 Signa	ture	Tully	L	n, Pennsylvania	<i>V</i>	Date			
Nicholas Fer		Proje	ct Manag			Mez	150	1	He		8/22	2/2013	3	
		*1	Do not use	this form	for ast	estos licer	ısurè exe	mpt	ed activities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

2

8/22/2013 A to Z Site Contractors, Inc. 4 3/5 Agencies Notified Type of Notification Street Address										3.7	تت		24	
Agencies Notification [] Intal Notification [] Amended Notification [] Advanced During Notification [] Advanced Potential [] Advanced During Enter Period of Abstement [] Advanced Potential [] Abstement Potential (Check only one) [] Amended Notification [] Amount [] Amended Notification [] Amount [] Amo	Date of Notification (1)	8/22/2013				Name of Buildin				Ew	NO.	2	3/5	>
X DOH Substitution	Control Contro	[] Initial	Notific ded No	tification			Code		ov 08701	-	Š Al			
Type of Facility (4)	[x] DOH	[X] Emerg	gency (i cation)											
Street Address		<u> </u>			FAC	CILITY INFOR	MATION	1.00	1000					
County (6)	Re Street Address	esidence	Place	(3)				[School Subchap Other (i	pter 8 (othe .e., private			ial buil	dings,
Carrent Use (Prior if beingdemolished Carrent Use (Prior if beingdemolished Residence Residenc		1	Coun	tv (6)		County Code (7)		Square feet			Bldg.	Age		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ni/A	City		Coun	.j (o)			LY)	2000 sf		2			i0	
Street Address				2006		11		Res	sidence	molished)				
Street Address	[] [] [] [] [] [] [] [] [] []		Owner	(8)		ASCM No.	Name o			racting I	nc			
City, State, Zip Code		A					Street A	ddress		COS W COSCO				
Telephone Number	City, State, Zip Code						City, St	ate, Zip Code			v 087	55-1	271	
Scheduled Start Date (10)	Project Manager for Mor	nitoring Firm	Telephone	Number	ſ		ne Number		License Nu					
Street Address 1056 Stelton Road 1056 Stellon Road 1056 S						tion Date (11)		f OSHA Monitor	A.S.L. Anal	vtical				
Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) (13) Normally used Solely by Material (ACM) Mainternance/Custodial Staff (i.e., thermal systems in sulation, surfacing, (12) VAT, or other miscellaneous) VAT, or other miscellaneous (i.e., thermal systems in facility (12) VAT, or other miscellaneous (i.e., thermal systems in facility (12) VAT, or other miscellaneous (i.e., thermal systems in facility (12) VAT, or other miscellaneous (i.e., thermal systems in sulation, surfacing, (i.e., thermal systems in facility (i.e., thermal systems in facility (i.e., thermal systems in sulation, surfacing, (i.e., thermal systems in sulation, surfacing, (i.e., thermal systems in facility (i.e., thermal systems in sulation, surfacing, (i.e., thermal systems in facility (i.e., thermal systems in facility (i.e., thermal systems in sulation, surfacing, (i.e.,	Occupancy Status During [X] Fa [] Ab	8/23/13 8/27/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility						105 ate, Zip Code	-		/ 088:	54		
$ \begin{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	Soone of Work (Check a	Il that apply)					1 [
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) YES NO N/A Asbestos siding X Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) YES NO N/A Asbestos siding Amount (Specify SF Or LF) A A C O I P O A A A L O I P O A A A L C U U U C R E E E E E E N N N A L O O I P O A A C O I P O I B C O I P O I C O I P O I I P O I I I I I I I I I I I I	[] >3	sfor≥3 lf		[]			[[[x	Mini-Enclos Glovebag Pr	ure ocedure			re		
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Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State Disposal Date City, State	Asbestos-Containing TO BE AB. in facili	Material (ACM) ATED	Mai	Normally u Solely by ntenance/Cu Staff (12)	sed / istodial	· (i	Sbestos-Co Material (.e., thermal sulation, so VAT,	ntaining ACM) systems urfacing, or	(Spec	cify SF	R E M O V	R E P A I	E N C A P S U L	N C L O S U R
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State Disposal Date City, State	Exterior			X	T	Asbestos sid	ling		2000	sf	Х			
Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Disposal Date City, State														0
Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Disposal Date City, State				1										
Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Disposal Date City, State														
City, State Disposal Date City, State						AND AND COMMENCES.	Yards of Wa			lfill				
Toms River, New Jersey 8/28/13 Tullytown, Pennsylvania	City, State				Dispo	osal Date		tate	30-1984					
Completed by (Print or Type) Nicholas Fernicola Project Manager Date 8/22/2013	Completed by (Print or T	ype)	400000000000000000000000000000000000000	oot Mana-			Tully	town, Pennsylv	vania		1000 TO CO.	/201	3	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	August 22, 201			Name o	of Building	Owner/Ope Advan		or (2) ge Site Work	U-	. 7	3 2	94	.	
Agencies Notified [X] EPA [] DEP	[] Amer	ntion I Notificate Inded Not Indent#	ification		Street A	Address	od:		ertown Drive	\$1.		د <u>=</u> 	A+-	
[x] DOL [x] DOH [] DCA	[X] Emer	gency (ir ication)	11010		Name o	of Contact		Egg	g Harbor, NJ 0	8087 Telephone Numb		ンの ご		
	[] Canc	ellation				John '					7	7.7	7	
Name of Facility Where A	batement is Takin	g Place (3	3)	FAC	ILITY	INFORM	IATION	T	ype of Facility (4)	-	(N)		
[-] 가장하고 있는 경기에 가지를 입고 있다고 있다면 하면 하면 하는 것이다. 다른 경기에 다른	idence	,							[]	School (k-12)	; (-4141-	- 1-12)		
Street Address 7 E	. 86 th Street								[x]	Subchapter 8 Other (i.e., pr homes, etc.)	ivate & c	ommer	cial buil	dings,
City		County	y (6)			Code (7) USE ONL	Y)	So	quare feet 2000 sf	# of Floors	Blo	g. Age	50	
Long Beach		Ocea	n					Cı	urrent Use (Prior Reside		ed)			
Name of Monitoring Firm	257	Owner (8)		ASCM N	No.	Name of	Aba	atement Contracto	or (9) ian Contractin	g Inc			
Street Address	1						Street Ac	ddres	SS	Route 9, Unit				
City, State, Zip Code							City, Sta	ite, Z	Zip Code	River, New Je		755-1	271	
Project Manager for Monit							Telephor 732-34		lumber		e Numbe			
Scheduled Start Date (10) 8/22/13	cheduled Start Date (10) Sch 8/22/13					(11)	Name of	OSI	HA Monitor E.M.S	.L. Analytical				
[X] Faci [] Aba	8/22/13						Street Ac		1056 \$	Stelton Road				
[] Othe	er – Describe								Piscata	away, New Jer	sey 08	854		
Scope of Work (Check all	that apply)						[]		Mini-Enclosure	nt with Negative	Pressure			ĺ
			[] [x]	Renovat Demolit			[] [x]		Glovebag Proce Non-Exempted (dure (*) and Non-Friab	le Proced	lure		
					I						Aba	tement	Туре	
Asbestos-Containing M TO BE ABA	Location of Norma Asbestos-Containing Material (ACM) TO BE ABATED in facility Is Lo Norma Sole Maintenance Sole Sole Maintenance Sole Sole Maintenance Sole Sole Maintenance Maintenanc					As (i.e ins	Description Destros-Conversation (A Material (A Materi	ntain CM syste rfac	ning I) eems ing,	Amount (Specify SI or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	ENCLOSURE
Exterior			X		Asbe	stos sidir	ıg			1850 sf	X			
				-	-						-	-		
			-	-	-			-			+-	-		
	ame of Registered Waste Hauler Guardian Contracting, Inc.					Cubic Ya	ards of Wast	te	Name of Regist T.R.R.F.	tered Landfill		1		
City, State Toms River,				Dispos: 8/26/1			City, Sta		n, Pennsylvani	a				
Completed by (Print or Typ Nicholas Ferr	oe)	Title Projec	et Manag	· .	Signat	nure \	chol	V	te	I	Date 8/2	2/201	3	
		* 7		Alain Comm	for al	Ì:			d activities					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		11-11-11-1		Name of	Building C	wner/Oper		(2) Construction	15-		3		
8/22/2013						Semmo	ole (Construction	45	7 20	9 9	13	
[] DEP [] Amen [x] DOL Amen	Notifica ded Not dment #	ification	-	Street Ad	dress e, Zip Cod	le		ett Avenue			MID: 32	15.1	
[x] DOH justifi	gency (in cation) ellation	iciuding		Name of	Contact Joyce			Te	elephone Number	*			
			FACI	LITY I	VFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3	3)					Ту	pe of Facility (4)	School (k-12)				-
Street Address 124 S. Binnacle Dr	rive							[] [x]	Subchapter 8 (of Other (i.e., prival homes, etc.)	te & co	mmerc	ial build	dings.
City	County	y (6)		County Co	ode (7) JSE ONLY	2	Sq	uare feet 1200 sf	# of Floors	Bldg	. Age	0	
Little Egg Harbor	Ocean	n		(BIMIL C	OL ONE			rrent Use (Prior if Residen	ce			<u> </u>	
Name of Monitoring Firm Hired by Building N/A	Owner ((8)		ASCM No).	Name of	Aba	tement Contractor	(9) n Contracting,	Inc			
Street Address						Street Ad	dres	S		me.			
City, State, Zip Code			-			City, State	e, Z		oute 9, Unit 61			Automo co	
Project Manager for Monitoring Firm	Number			Telephon	e Nı		License N		755-12	271			
				732-349	9-99	932	00624						
Scheduled Start Date (10) 8/22/13				on Date (1	1)	Name of	OSE	IA Monitor E.M.S.L	. Analytical				
[X] Facility Closed/Vacate	Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of						dres	1056 Ste	elton Road way, New Jerse	y 088	54		
Scope of Work (Check all that apply)					I	[]		Full Containment	with Negative Pre	ssure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[] [x]	Renovat Demolit			[] [x]		Mini-Enclosure Glovebag Procedu Non-Exempted (*)		Procedi	ıre		
										Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	N	Is Location formally us Solely by tenance/Cus Staff (12)	ed		Asb M (i.e., insu	Description estos-Contraction (aterial (A) thermal s lation, sur VAT, or or miscella	tain CM yste faci	ing c) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbes	tos sidinį	g			1100 sf	X			
						8							
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	IJDEP Waste)223		Cubic Yar	ds of Waste		Name of Register T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey			Disposa 8/26/1			City, Sta Tullyto		, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Projec	ct Manage		Signatu	re	net -	4,	al		Date 8/22	2/2013	3	

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

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

Date of Notification (1) 8/22/2013			1	Name of US DE	Building C PT. OF	owner/Op THE IN	erator TERI	(2) OR - I	NATIONA 2013 OX 2528	L PA	RK SER\	/ICE		5500	
Agencies Notified	Type Notification			Street Ad DENVE	idress ER SVC	CENTE	ER - F	P.O. B	OX 2528	AUG 7	28 AM	10: 3	2		
EPA DEP DOL	Initial Amended Amendment				te, Zip Coo ER, CO		0287		Ċŧ	1 11	7 L		<u>.</u>		
DOH DCA	Emergency (justification) Cancellation				Contact LOONA	N				Tele	enhone Nun	iher		Æ.	
			-	FACIL	ITY INFO	RMATIO	N				-				
Name of Facility Where A GATEWAY NATION Street Address	Abatement is Takin NAL RECREAT	g Place (3) ION ARI) EA - (SANDY	' HOOK	UNIT			of Facility (4 School (K-12 Subchapter (2) B (Othe	er than K-12	2)			
BLDG 73A&B - ME	RCER ROAD							E 6	Other (i.e. pretc.)						s,
City (5) HIGHLANDS									e Feet	1000000000	Floors		dg. A	ge 	
County (6) MONMOUTH				County C (STATE L	Code (7) ISE ONLY)		_	Curre	nt Use (Prio	r if bei	ng demolish	ied)			
Name of Monitoring Firm WHITMAN COMPA		Owner (8)		ASCN	l No.				tement Cont THERS (G, IN	C.		
Street Address 7 PLEASANT HILL	ROAD							Addres	ss HERFORD	D BL\	/D.				
City, State, Zip Code CRANBURY, NJ 08									ip Code , NJ 0701	4					
Project Manager for Mor	roject Manager for Monitoring Firm KEVIN LOVELY						Teleph	none No	0.		License N	0.			
Start Date (10)	EVIN LOVELY sart Date (10) Schedul						Name	of OSH	HA Monitor (9) ABO	/F					
	EVIN LOVELY							Addres		-					-
Facility Closed/Vac	ated During Entire ned Outside of Norn	Period of A	Abatem	nent					ip Code	-					
Other - Describe:		10.00	-			_									
Scope of Work (Check A	All That Apply)						(5)	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Pemolit				×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				۵	
		1						1101	II-Exempted	() ()	a rvon i nac	T	Abate		
			Locati Normal			-							Ту	ре	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma Cust	d Sole intena todial S (12)	ly by nce/ Staff?		tos Conta thermal s surfaci other m	system ing, VA	/laterial s insula \T, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	0511.15	10 TD 1	NOIT	E/DI	AOTED	4.	24.05	1			
BASEM	ENT	-	X		CEILIN	NG TRA	NSII	E/PL/	ASTER	41	64 SF	X			
		-							-				_		
	A													-	
Name of Registered Wa	ame of Registered Waste Hauler					Cubic Y	Yards		Name of F	Registe	ered Landfil				
TWO BROTHERS		3	100	lauler ID 8743	No.	of Was			101000000000000000000000000000000000000		NAGEME	NT C	3.R.C).W.	S.
City, State CLIFTON, NJ						Disposi 9/24/2		è	City, State		LE, PA				
Completed by VIVECA RAMOS		Title PRO	JECT	COOL	RDINAT	\ /	gnatur	e Lea	J Ku	in		ate 22/20	013		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

NOCK 1500

Revision

Date of Notification (1)	, 2				Building (5	=1==0		1
8-19-						AND L	AM CH	iun (CHENG			2			
Agencies Notified	Type Notification X initial		34 8	Street Ad 621 SH	dress ILOH A	VE						1.7			2
DEP DOL	Amended Amendment	#			e, Zip Coo ETON,		202								of the Post of
	Emergency					142 00	302			·-·					
DOH DCA	justification) Canceliation		- 3	Name of (WILLIA	Contact M PAT	TERS(ON			I ele	phone Nur	nder	Ä		can represent
_	l 		-	FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A		g Place (3)) stigger a sego		of Facility (School (K-1	0)F					A COLUMN THE COLUMN TH
Street Address 3397 SOUTH DELS	SEA DRIVE						A Department of the		Subchapter Other (i.e. p	8 (Othe			ings, i	nome	S.
City (5) VINELAND							Percentage of Pe		e Feet	# of 1	Floors	B⊪ 50	dg. Ag	je -	THE COMPANY OF THE
County (6) CUMBERLAND				County C	ode (7) SE ONLY)			Curre	nt Use (Pric	or if bein	ig demolist	red)			-
Name of Monitoring Firm		Owner (8)	L'	ASCM	5).			of Abat	tement Con						
STRATEGIC ENVII	RONMENTAL				7.1		ASSI Street		ENVIRO	ONME	NTAL SE	ERVIC	ES	NC.	
1634 SOUTH DELA	AWARE STREE	ĒΤ					570 C	CLEM	IS RUN						
City. State. Zip Code PAULSBORO, NJ (08066								p Cade HILL, NJ	08062	2				B. Out and the
Project Manager for Mor ED KEEGAN	nitoring Firm		1 0	Telephon 856-42			Teleph 610-3			a. n.a. júnicipand la	License N 01145	o.			
Start Date (10) 08/19/2013		Schedule 08/28/2		pietion D	ate (11)		Name (IA Monitor						A consistency of
Occupancy Status Durin							Street		ss 30 NORT	Н					
Facility Closed/Vac	ated During Entire ned Outside of Nor	Period of A nal Facility	batem Hours	ent					p Code	• •					
Other - Describe:					Ø 11 E-12 E-12 E-12 E-12 E-12 E-12 E-12 E				VSON, N	J 0807					
Scope of Work (Check A	All That Apply)							ā							1000
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emoliti	707700			2	Mir	ii Containm ni-Endosum ovebag Pro	e cedure					
								1 No	n-Exempte	d (*) and	i Non-Friat	1		ment	
	-		Locati			1			i i			4	Ту		
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) BATED lility	Use Mai	d Sole ntenar odial S (12)	ly by		tes Con therma surfa	escription Itaining N Il systema Icing, VA miscellar	llateria s insula .T. or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				2004				the state of the s		0	
BUILDING MA	AIN FLOOR			Х		BLAC	CK MAS	STIC		32	30 SF	X			
												PTO AND			
				L				,				appropriet as the			
Name of Registered Wa ASSURED ENVIRO		RVICES	H	JDEP W lauler ID 034895	No.	Cubic of Wa 15	Yards este		2	70.00	red Landfil STE IMPI		. LAI	NDF	LL
City, State MULLICA HILL, NJ	08062	2.50	1				sal Date 9/20/13		City. Sta		Ą				
Completed by RON SWANSON		Title PRO.	JECT	COOF	RDINAT		Signature	206	Mere	(M)	W.	8-	19	-/_	3
ASB-41 (R-05-08)						U	* Do no	ot use	this form fo	r asbest	tos licensu	re exem	npted	activi	ties.

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

NOCK Check# 1500

Original		(F		t to NJAC 8:60 ar		$20)$ α	eck# 150	0			
Date of Notification (1) 08/02/2013			Name of	of Building Owner/ I WANG AND	Operato	or (2) 20/3 AV	520 .				
Agencies Notified Type Notification EPA initial			Street A			- K	28 AM 10: 32	2			
□ DEP □ Amended Amendment:				ate, Zip Code GETON, NJ 08	3302	- 4 ,46	Arna Trait				
□ DOH	nduding			of Contact AM PATTERS	ON		Telephone Nu	mber			
		1		ILITY INFORMAT							
Name of Facility Where Abatement is Taking COMMERCIAL BUILDING	Place (3)		Carrier Ordania	ioit .	Type of Facility School (K-					
Street Address 3397 SOUTH DELSEA DRIVE						Subchapte Subchapte Other (i.e.	r 8 (Other than K-1) private & commerci		dings.	hom	es.
City (5) VINELAND			-			etc.) Square Feet 5000	# of Floors	- 21 83	Bldg. A	\ge	
County (6) CUMBERLAND			County (STATE)	Code (7) USE ONLY)		Current Use (Pr	ior if being demolish	ned)			
Name of Monitoring Firm Hired by Building C STRATEGIC ENVIRONMENTAL	wner (8))	ASCN	/i No.		of Abatement Co SURED ENVIR	ntractor (9) ONMENTAL SE	RVI	CES	INC	
Street Address 1634 SOUTH DELAWARE STREE	 Г		.1			Address CLEMS RUN	······································				
City. State. Zip Code PAULSBORO, NJ 08066					City, S	State, Zip Code LICA HILL, N.	J 08062	-			
Project Manager for Monitoring Firm ED KEEGAN			Telepho	ne No. 23-5711	Telepl	hone No. 304-4676	License N 01145	D.			
	Schedul 08/28/	ed Con		Date (11)		of OSHA Monitor					
Occupancy Status During Abatement (Check						Address					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of	Abaten	nent			RT. 130 NOR	ТН				
Other – Describe:		, , , , , , , , , , , , , , , , , , , ,			1	NAMINSON, N	IJ 08077				
Scope of Work (Check All That Apply)		******			_	-					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				Mini-Endosur Glovebag Pro				2	
	le	Locati	nn			1 (von Exchipie		1	Abate		
Location of	1	Normal	ly	De	scription	of			Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Com (i.e. thermal surfa	taining N	Material (ACM) s insulation, NT. or	Amount (Specify SF or LF)	Removal	Ropair	Encapsulate	Enclosure
	Yes	No	N/A							G	
BUILDING MAIN FLOOR			X	BLAC	CK MA	STIC	3230 SF	X			
								-			
Name of Registered Waste Hauler		271778	JDEP W		Yards	Name of	Registered Landfill	٠			
ASSURED ENVIRONMENTAL SER	VICES	100000	auier ID)34895	15			WASTE IMPE	RIAL	LAN.	IDFI	Щ
City, State MULLICA HILL, NJ 08062				08/29	sal Date 1/2013	IMPER	IAL PA				
Completed by RON SWANSON	Title PRO	JECT	COOF	RDINATOR	M	Olle	WW 08	te /02/2	2013		

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2013-295

(Pursuant to NJAC 8:60 and 12:120) つからいり

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Date of Notification					er/Operator (2)		2413	AUG 28 AM	0:32				
Agencies Notified	Type Notificati	ion		FRANK									
☐ EPA	☐ Initial ☐ Amended		6 KFA	ress FS ROAD				& _11.51 11					
☐ DEP		1		, Zip Code									
Ø DOL	Amendment #:	11	Augustian Company										
<u> </u>	Emergency			THILLS, N	NJ 07078								
□ DOH	(including justification)	N	ame of C	ontact				Telepho	ne Numbe	r i			
☐ DCA			DAI DI	H FRANK				1		7			
	☐ Cancellation	ш	ICALI				tories are	F_		-		_	
			(0)	FAC	LITY INFORM	ATION	ļ	T=	(1)				
Name of facility wh	iere abatement i	s taking pla	ace (3)				1	Type of Facility	(4) ool (K - 12)				
RALPH FRAN	K						8	Subo	hapter 8 (C	ther th	nan K	-12)	
Street Address								☐ Other	r (Private/C	omme	rcial		
6 KEATS ROA	AD .	variation of the						Square Feet	# of Floo		ВІ	dg. A	ge
City (5)	30	Cou	nty (6)				inty Code (7)						
SHORT HILLS	9	FS	SEX			(Sta	te use only)	Current Use (Prior if bein	g dem	olish	ed)	
Name of Monitoring					ASCM No.	Т	Name of Abatement	Contractor (9)					
			7557 C.Ros #		6		D & S RESTOR	20 Mars 12 Mars 20 Mars 12 Mar					174
Street Address					-	-	Street Address	1111011, 1110.					2
							20 California A	ve					
City, State, Zip Cod	Α						City, State, Zip Code	VC.			100		
Oky, Oldie, Elp Ood													
Decine Manager	M 2 - Fi			SI NI I		_	Paterson, NJ 07	503					
Project Manager for	r Monitoring Firm	1		Phone Numb	er		Telephone Number		License		er		
							973-345-8020			1169			
Start Date (10)		Sched	d. Comple	tion Date (1	1)		Name of OSHA Mon D & S Restorati						
08/28/13		09/1	2/13	85			Street Address	on, me.					
Occupancy Status I	During Abatemer	nt (Check o	only one)				20 California Av	/eniie					
Facility closed	d/vacated during	entire per	iod of aba	tement.			City, State, Zip Code						
	erformed outside	of normal	facility ho	urs-			,,,						
Describe: Other-Describe:	ne NORMAL H	IOURS	-				Paterson, NJ 07	503					
											11100 W		
Scope of Work (ch								Full Containment	w/negative	press	ure		
N >2 81 01 >2 11	\boxtimes	Renovation	on					Mini-enclosure Glovebag proced	luro				
≥160 sf or ≥2	60 If	Demolitio	n					Non-Exempted (friable	proc	edure	e
Location of				y used solely	/					R	R	Е	E
asbestos-con			enance/cu	ustodial	Descripti	on of a	sbestos-containing	Amount		e m	e	n	n
material (acm		staff(12)			material			(Specify	SF or	0	p a	c	С
abated in faci	ility (13)	Yes	No	N/A				LF)		V	i	p	L
GARAGE				_	DUCT INS	TIT A	TION	85 SQ FT		e	<u></u>		+
GARAGE					DUCT INS			55 SQ FT			H	믐	+
UARAGE					DOCT INS	OLA	11014	33 3Q FI		+=	는	片	+=
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Registered Waste H D & S RESTOR			EP Haule 506	0.0111100000	ubic Yards of 2 YDS	Waste	Name of Registered TULLYTOWN,		FCOVE	v -			and the second
	TATION, INC.		300	Disposal D			City, State	AUSOURCE P	ECO VEI	(1			
City, State PATERSON, N	I 07503			08/29/1			TULLYTOWN	РΔ					
		T:41-		- - 00/29/1	Signature		TOLLTIOWN	, , , ,	Date				
Completed by (Print BOGDAN JOLI		Title PRESID	ENT		Signature				08/14	/2013	į.		
ASB-41	DEIC			m for ashest	os licensure ex	emote	d activities		06/14	72013			
ADD=41													

State of NJ

D&S Proj. #: 2013-313

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

		75 00		10 10	L_{II}	UUCKY THE	/ i 	-				
Date of Notification (1) $\lfloor \frac{0}{8} \rfloor / \lfloor \frac{2}{3} \rfloor / \lfloor \frac{1}{3} \rfloor$				r/Operator (2) arol di tarant	to	4810	AUG 28 AM I	0: 32				
Agencies Notified Type Notificati		Address	iary c	aroi di taran								
☐ EPA ☐ Initial	11						& LiCERTIN					
DEP Amended		airmount		1e								
DOL Amendment #:	— City, S	state, Zip Co	oae									
Emergency		isey, nj 0	7446									
DOH (including justification)	Name	of Contact					Telephone					
	dea	nna o'han	lon									
Cancellation	<u>ucc</u>	illia o lian		ITY INFORM	ATION	<i>ii.</i>						
Name of facility where abatement is	taking place (3	3)	FACIL	LITY INFORM	ATION	<u> </u>	Type of Facility (4	1)				
Name of lacinty where abatement is	taking place (c	2)						(K - 12)				
deanna o'hanlon							Subcha	apter 8 (C	ther th	an K	-12)	
Street Address								Private/C			/	
estate and the second s								Homes, e		071980		
260 airmount avenue							Square Feet	# of Floo	rs	Blo	dg. Ag	је
City (5)	County (6	i)			Cour	nty Code (7)						
					(Stat	te use only)	Current Use (Pr	ior if bein	g dem	olishe	ed)	
ramsey	BERGE	EN									W	
Name of Monitoring Firm Hired by I	3ldg. Owner (8)		T	ASCM No.		Name of Abatement	Contractor (9)					
					Ш	D & S RESTOR	ATION, INC.					
Street Address						Street Address						
000.7.100.700						20 California A	ve					50
City, State, Zip Code						City, State, Zip Code	VC.				7.	1
City, State, Zip Code						7 500 10 50						
		12.				Paterson, NJ 07	/503				-	
Project Manager for Monitoring Firm	56	Phone	Numbe	er		Telephone Number		License		er		
a s Agent				1.8		973-345-8020		1	1169			(8)
Start Date (10)	Sched. Co	mpletion Da	ate (11)		Name of OSHA Mon						
09/04/13	09/20/13					D & S Restorat: Street Address	ion, Inc.					
Occupancy Status During Abatemer	nt (Check only c	ne)				20 California A	venue					
Facility closed/vacated during	entire period of	abatement	t.			City, State, Zip Code						
Abatement performed outside						Oity, Glato, Lip Godo						
Describe: NORMAL H	OLIBS					Paterson, NJ 07	7503					
Scope of Work (check all that apply	/)						Full Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					H	Mini-enclosure					
☐ >160 sf or >260 lf	Demolition					H	Glovebag procedur Non-Exempted (*)		friable	nroc	edure	r :
	Is location no	mally used	solely	,			Exempled ()	ana (101)	R	R	E	T
Location of asbestos-containing	by maintenan				on of o	sbestos-containing	Amount		e	е	n	E n
material (acm) to be	staff(12)			material		spesios-containing	(Specify S	F or	m	p a	С	C
abated in facility (13)	Yes	No	N/A				LF)		v	i	a	L
							6010		e	-	_	_
BASEMENT		X		PIPE INSU			60 l ft			닏	닏	부
BASEMENT		X		BARE HE	ATIN(G PIPES	30 1 ft		\perp	Ш	\boxtimes	\sqcup
the team of the sales of			153									
								1300				
as modern to a secret									П			
Registered Waste Hauler	NJDEP H	lauler ID#	TC	ubic Yards of	Waste	Name of Registered						
D & S RESTORATION, INC.	13506			yd			RESOURCE RE	COVE	RY	77-23	ld-galaise	
City, State		Disp	osal D			City, State						
PATERSON, NJ 07503			/05/1			TULLYTOWN	, PA					
Completed by (Print or Type)	Title			Signature	100100000000000000000000000000000000000	1		Date				
BOGDAN JOLDZIC	PRESIDEN'	Т		-				08/23	/ 2013	3		
	* Do not use thi		sbesto	os licensure ex	cempte	d activities.		.1				
A00-41												

State of NJ

D&S Proj. #: 2013-310

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

					(1)/#	00	5236	= =101.7-	30				
Date of Notification	1 (1)	Na	ame of I	Building Owr	ner/Operator (2))	Z213 F	W6 20 AM 10:	32			-	
10 8 / 2 2			WILLI	AM ZELL	ER				B 12				
Agencies Notified EPA	Type Notificat Initial	tion Sti	reet Add	dress		- Alice and		& Licéntino					
☐ DEP	Amended	- 11 3	8 STA	NLEY OV	AL			de Liverine					
	Amendment #:	Ci	ty, State	e, Zip Code									
	Emergency		WEST	FIELD, N.	J 07090								
□ DOH	(including justification)	Na	me of C	Contact				Telephor	e Number				
DCA	Cancellation	n	WILL	IAM ZELI	LER				STORE				
				FAC	ILITY INFORM	IATION	l						
Name of facility w	here abatement i	is taking plac	ce (3)					Type of Facility					
WILLIAM ZE	LLER								I (K - 12)		1000	1 0000	
Street Address									apter 8 (O (Private/Co			12)	
0.0004377.004.6									Homes, e		IGIAI		
8 STANLEY C	OVAL	Count	(C)					Square Feet	# of Floor	s	BI	ldg. A	.ge
City (5)		Count	y (6)			I	nty Code (7) te use only)						
WESTFIELD		UNI	ON			, ota	te use omy)	Current Use (P	rior if being	g den	olish	ed)	
Name of Monitorin	ng Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatemen	t Contractor (9)		_			
							D & S RESTOR	RATION, INC.					
Street Address					4	_	Street Address						
							20 California A						
City, State, Zip Coo	le						City, State, Zip Code		E				1
Project Manager fo	- Maritaria - Firm						Paterson, NJ 0	7503					
Project Manager 10	r wontoning Firm	1		Phone Numl	oer		Telephone Number 973-345-8020)	License	Numb 1169	er		
Start Date (10)		Cahad	Carrel	tion Date (4			Name of OSHA Mo		1	1107	_		
S &		Scried.	Comple	etion Date (1	1)		D & S Restorat	tion, Inc.					
09/03/13		09/20/					Street Address						
Occupancy Status			0.0000000000000000000000000000000000000				20 California A						
	d/vacated during erformed outside						City, State, Zip Code	9					
Describe:						_	Pataron NI O	7502					
Scope of Work (ch						-	Paterson, NJ 0						
>3 sf or >3 If	500000	Renovation					H	Full Containment w Mini-enclosure	//negative	press	ure		
≥160 sf or ≥2		Demolition	5					Glovebag procedu					
	.00 11		normal	ly used solel	J			Non-Exempted (*)	and Non-f			_	1
Location of asbestos-cor	ntaining	by mainter			1			Amount		R	R	E	Е
material (acn	n) to be	staff(12)			material (sbestos-containing	(Specify S	For	m	p a	С	n
abated in fac	ality (13)	Yes	No	N/A				LF)		v	i	a p	L
BASEMENT			X		PIPE INSU	ILATI	ON	20 L FT		e	ń		\Box
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W									1				
112 112								. T					
]								
Registered Waste F D & S RESTOR		NJDE 1350	P Haule		Cubic Yards of \ 1 YD	Waste	Name of Registere		COVED	v			
City, State			,,,	Disposal I	a venezaki		City, State	, RESOURCE RE	COVER	I			
PATERSON, N	J 07503			09/04/1			TULLYTOWN	I, PA					
Completed by (Prin		Title		1	Signature		I de la constant de l		Date				
BOGDAN JOL		PRESIDE		aran da plantania	<u> </u>				08/22/	2013			
ASB-41	127	Do not use	this for	in for asbest	os licensure ex	empted	activities.						

Notification of Asbestos Abatement D&S Proj. #: 2013-312 (Pursuant to NJAC 8:60 and 12:120) APPROVIED NADept of Health & Senior Services Date of Notification (1) Name of Building Owner/Operator (2) 10 18 1/12 12 1/11 13 THOMAS BUBRYBKIE Agencies Notified Type Notification Street Address EPA Initial Amended 1209 SALEM AVENUE DEP Amendment #: City, State, Zlp Code DOL M Emergency HILLSIDE, NJ 07205 (including DOH Name of Contact Justification) Telephone Number DCA Cancellation THOMAS BUBRYBKIE **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) THOMAS BUBRYBKIE Street Address Subchapter 8 (Other than K-12) Other (Private/Commercial 1209 SALEM AVENUE Bldgs./Homes, etc. Clty (6) Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) HILLSIDE Current Use (Prior if being demolished) UNION Name of Monitoring Firm Hired by Bidg. 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 Project Manager for Monitoring Firm Paterson, NJ 07503 Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Schod. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 08/24/13 09/12/13 Occupancy Status During Abatement (Check only one) Street Address Facility closed/vacated during entire period of abatement. 20 California Avenue Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) >3 sf or >3 If Full Containment w/negative pressure Renovation Mini-enclosure 2160 af or ≥260 If Demolition Glovebag procedure Non-Exempted (*) and Non-friable procedure is location normally used solely Location of asbestos-containing by maintenance/custodial staff(12) Description of asbestos-containing material (acm) to be Amount ø h abated in facility (13) material (ACM) m п p (Specify SF or ¢ Yes No N/A O C a a p BASEMENT PIPE INSULATION 90 L FT BASEMENT X BOILER INSULATION 38 SO FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste D& S RESTORATION, INC. Name of Registered Landfill 13506 2 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/26/13 TULLYTOWN, PA Completed by (Print or Type) Title Slonature BOGDAN JOLDZIC Date PRESIDENT 08/22/2013 Do not use this form for asbestos licansure exempted activities. A\$B-41

D&S Proj. #: 2013-312

2						(11/4005	724	38 g	50 E			
Date of Notification	1/13		ame of Bui		er/Operator (2) BKIE		1(4005)	ers AUS 28	Aifle:	52			
Agencies Notified EPA DEP	Type Notification		treet Addre 1209 SAI ity, State, Z	LEM AV	ENUE			& Design		1.			
□ DOH	Amendment #: _ Emergency (including			DE, NJ 07	7205			Telephone	Number	-			
☐ DCA	justification) Cancellation			S BUBR	YBKIE			1 eleptione	Number				**
				FACI	LITY INFORM	ATION	*****	8.40		8			
Name of facility w		taking pla	ace (3)					Type of Facility (4	(K - 12)				
THOMAS BU	BRYBKIE						*	Other (I	pter 8 (Othe Private/Comi Homes, etc.			12)	
1209 SALEM	AVENUE				nievē:				# of Floors	T	Bio	lg. Aç	ge
City (5)		Cour	nty (6)		97		nty Code (7) e use only)	Current Use (Pr	ior if being d	emo	olishe	:d)	
HILLSIDE			ION				No.	0 t (0)					
Name of Monitoria	ng Firm Hired by E	Bldg. Own	er (8)		ASCM No.		Name of Abatement						
Street Address						-1	D & S RESTOR Street Address	ATION, INC.	-	_			
Street Address							20 California A	ve					
City, State, Zip Co	de						City, State, Zip Code						
							Paterson, NJ 07	7503					
Project Manager fo	or Monitoring Firm		Ph	one Numb	er		Telephone Number		License Nu		er		
							973-345-8020		0110	69		_	
Start Date (10)	4**************************************	Sched	d. Completi	on Date (1	1)		Name of OSHA Mon						
08/24/13		09/1	2/13			-	D & S Restorat:	ion, inc.		_			
Occupancy Status	During Abatemer					-	20 California A	venue					
Abatement p	ed/vacated during performed outside	of normal					City, State, Zip Code						
Other-Descr	ribe: NORMAL H	IOURS				- 11	Paterson, NJ 07	7503		_			
Scope of Work (c	f 🗵	() Renovati Demolitio						Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re			edure	ı
Location of asbestos-co material (ac abated in fa	m) to be		on normally enance/cus				sbestos-containing	Amount (Specify S LF)	6	8 1	Repai	Encap	E n c L
			1	1,1,7,	T PYDE DIGY	II A TY	OM	90 L FT	- E	3	<u></u>		
BASEMENT			X	-	PIPE INSU			38 SQ FT		3	片	H	卄
BASEMENT			I X		DOILER	NOUL	ATION	363Q11		븪	片	H	卄
				-				_		Ħ	Ī	ī	盲
		-			1					5			
Registered Waste D & S RESTO			DEP Hauler 506		Cubic Yards of 2 YD	Waste	Name of Registered TULLYTOWN	d Landfill , RESOURCE RE	ECOVERY				
City, State PATERSON,				Disposal 1	Date		City, State TULLYTOWN	I, PA					
Completed by (Pri	int or Type) LDZIC	Title PRESII			Signature				Date 08/22/ 2	013			
ASB-41		* Do not u	se this form	for asbes	tos licensure e	xempte	d activities.						

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2013-304		(Pursi	uani io	(JN 4F	00523	1	28 55	- +					
	I Name o	f Building Ow	ner/Ope		LT	2	813 AI	IG 28	AH (0:	2.0		2700127		
Date of Notification (1) 0 8 / 2 0 / 1 3		fer & Guido			BANK BANK BANK				MIT IU	32	_	_		-
Agencies Notified Type Notification	Street A							1		Ų į.				
☐ EPA ☐ Initial ☐ Amended	144	LAKESIDE	DRIV	E			Ćĸ	Links	711/4					-
DEP Amendment #:	City, St	ate, Zip Code												
		TLEY, NJ						Telephon	ne Number	r				-
DOH (including justification)	11	of Contact					1	700 A		_		20-02-03-0		-
DCA Cancellation	Jen	nifer & Gui					}		-					=======================================
		F	ACILITY	INFORMA'	TION		Type	of Facility	(4)					-
Name of facility where abatement is taki	ng place (3	3)				7.	Type	Scho	ol (K - 12					
									hapter 8 (0 (Private/0	Other t	nan K ercial	(-12)		
Jennifer & Guido Perez Street Address								Other Bldgs	./Homes,	etc.				_
(IT							Squa	re Feet	# of Floo	ors	B	Bldg. /	Age	
144 LAKESIDE DRIVE	County (6	3)			County C		-	ent Use /	Prior if be	ina der	nolish	ned)		-
City (5)	ALTER SERVICE STATE AND ADDRESS OF THE PARTY				(State us	se only)	Curr	ent ose (1 1101 11 20					_
NUTLEY	ESSEX		TA	SCM No.	Nar	me of Abatement	Contrac	ctor (9)						
Name of Monitoring Firm Hired by Bldg	, Owner (c					& S RESTOR	ATIO	N, INC.						_
Street Address					2000	eet Address								
Street Address						20 California A								
City, State, Zip Code					100000	Paterson, NJ 0								_
		Phone	Number		Te	lephone Number			Licen	se Nur 0116				
Project Manager for Monitoring Firm		1 110110				973-345-8020 ame of OSHA Mo				0110	_			_
10 + (10)	Sched. C	Completion Da	ate (11)		Na	D & S Restora		1C.						
Start Date (10)	08/30/1					reet Address								
08/22/13 Occupancy Status During Abatement (Check onl	y one)			1 1	20 California A								=
I . If reported during et	tire period	of abatement	ıt.		Ci	ty, State, Zip Cod	ie							
Abatement performed outside of	Hommaria	Cility Hours-			-11	Paterson, NJ	07503							=
Other-Describe: NORMAL HO	URS						Full C	Containme	ent w/nega	ative pr	essu	re		
Scope of Work (check all that apply)	Renovation						J Clave	enclosure ebag prod	redure					
	Demolition					Ĺ	Non-	-Exempte	d (*) and I	Non-fria	able p	R	dure	_
	Is location	normally use	d solely					Amo	unt	- 1	e m	e p	n c	E n
asbestos-containing	by mainter staff(12)	nance/custod	ial	Descri	ption of asl al (ACM)	bestos-containing	'	(Spe LF)	cify SF or	- 1	0	a	а	C
material (acm) to be abated in facility (13)	Yes	No	N/A	materi	ar (r total)			LF)	In cavena mana		v e	_	р	
				PIPE IN	SULATIO	ON		10 L FT	Γ			片	ዙ	#
BASEMENT ABOVE DROP											爿	片	片	忙
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			<u> </u>	Cubic Yards	of Waste	Name of Registe	ered La	ndfill	an proc	WED	v			
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler ID:		1 YD		TULLYTOV	VN, RE	ESOUR	LE RECC	JVER	1			
City, State			isposal			City, State TULLYTO	WN, P.	A						
PATERSON, NJ 07503			08/23/	Signatu	re	1				Date 08/20	/201	3		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESII	DENT								00/20	201			_
ASB-41	* Do not u	se this form for	or asbes	tos licensu	re exempte	ed activities.								

Aug 21 2013 02:17pm Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) APPROVED D&S Proj. #: 2013-304 MPept(of Health & Senior Services (signature) Name of Building Owner/Operator (2) Date of Notification (1) 0 18 1/12 10 1/11 13 Jennifer & Guido Perez Type Notification Agencies Notified Street Address Initial EPA 144 LAKESIDE DRIVE Amended DEP City, State, Zlp Code Amendment #: DOL 図 **Emergency** NUTLEY, NJ (Including Telephone Number DOH Name of Contact justification) DCA Jennifer & Guido Perez Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Jennifer & Guido Percz Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors 144 LAKESIDE DRIVE Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) NUTLEY ESSEX Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State! Zip Code City, State, Zlp Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Telephone Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/22/13 08/30/13 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zio Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure is location normally used solely E Location of E by maintenance/custodial 0 ħ asbestos-containing Amount Description of asbestos-containing n m staff(12) (Specify SF or LF) þ C material (acm) to be material (ACM) C Ô 8 a abated in facility (13) YAS No N/A þ e BASEMENT ABOVE DROP PIPE INSULATION 10 L FT X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/23/13 TULLYTOWN, PA

Title

PRESIDENT

Completed by (Print or Type)

BOGDAN JOLDZIC

ASB-41

Signature

Do not use this form for asbestos licensure exempted activities.

Date

08/20/2013

D&S Prc, #: 2013-306

District 41 2013-500	_				N	# 005	208	/ }	5.17		4 .		
Date of Notification (1)	Name	of Building Ow	ner/O	perator (2)		2813 AL	JG ZO	AIT IU	₹=				
0 8 / 2 0 / 1 3	IRV	ING TAX											
Agencies Notified Type Notification	Street	Address				4 .4 .		CHAINE	ì				
☐ EPA ☐ Initial ☐ Amended	0.000	NOWDEN P	LAC	CE			Ç 1 1 °						_
Amendment #:	City, S	tate, Zip Code		==X									
☐ Emergency	1 (V) (V)	EN ROCK, N	JJ 07	7028				Telephon	e Number			_	_
DOH (including justification)	Name	of Contact				\$P		1 Cicpina		\rightarrow			
☐ DCA ☐ Cancellation	IR	VING TAX							_				_
		FA	CILIT	Y INFORMA	TION			· 		in the second			
Name of facility where abatement is	taking place (3)					Туре	of Facility ((4) ol (K - 12)				
							'	Subch	apter 8 (C	Other tha		2)	
IRVING TAX Street Address									(Private/C /Homes, 6		ial		
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18 SNOWDEN PLACE	County (6)	_	 T	County	Code (7)							
City (5)	County	0)		1	And the second second	ise only)	Cur	rent Use (F	rior if bei	ng demo	lished	1)	
GLEN ROCK	ESSEX				-110	ame of Abatement	Contro	ctor (9)					_
Name of Monitoring Firm Hired by B	ldg. Owner (8	3)	1	ASCM No.	1.1								
						D & S RESTOR reet Address	AHO	N, INC.					
Street Address					"	20 California A	ve.						
City, State, Zip Code					Cit	y, State, Zip Code						3/0	
City, State, Zip Code						Paterson, NJ 0	7503						
Project Manager for Monitoring Firm		Phone Nu	ımbe	r	Te	973-345 - 8020	`		71	e Numb 01169	er		
7 To 1998				700		ame of OSHA Mor							
Start Date (10)	Sched. C	ompletion Date	(11)			D & S Restorat		nc					
09/23/13	09/30/1	3			S	treet Address							
Occupancy Status During Abatemer	nt (Check only	one)				20 California A					_		_
Facility closed/vacated during Abatement performed outside Describe:	of normal fac	of abatement. cility hours-			_ c	ity, State, Zip Code Paterson, NJ 0							
Other-Describe: NORMAL H	IOURS		_		- 1	Paterson, NJ 0		ontainmen	t w/negati	ve press	ure		
Scope of Work (check all that appl								enclosure	· m.ioga				
	Renovation					P	Glove	ebag proce Exempted	dure (*) and No	n-friable	proc	edure	ı
≥160 sf or ≥260 lf	Demolition	normally used s	olely			<u></u>] Non-	Exempled	() and re	R	R	E	E
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material (acm) to be	staff(12)			materia				LF)	y 31 01	o v	i	a	L
abated in facility (13)	Yes	No N	I/A					100 L FT		e	1		+
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BASEMENT		X	_	PIPE INS	ULATIC	JN		110 211		一百		同	1
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			===	1									
Registered Waste Hauler	NJDE	P Hauler ID#		ubic Yards o	f Waste	Name of Register	red Lan	dfill	PECOV.	FRY			
D & S RESTORATION, INC	1350			2 YDS		TULLYTOW:	N, KE	SOURCE	KECO V	LICI			
City, State	7/	Dispo	osai i /23/1			TULLYTOW	/N, PA						
PATERSON, NJ 07503 Completed by (Print or Type)	Title			Signature					Da		12		
BOGDAN JOLDZIC	PRESIDI	ENT				1 - 45 48			09	/23/201	.3	-	
ASB-41	* Do not use	this form for a	sbes	tos licensure	exempted	d activities.							

D&S Proj. #: 2013-307

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

Date of Notification	(1)	Nan	ne of Bu	ilding Owne	r/Operator (2)			0810 8110 00	RM II	: 37	2				
Date of Notification $\frac{0}{10}$	1/13			A CARBII			2013 AUG 28 AM (0: 32								
Agencies Notified	Type Notification	_	et Addre												
☐ EPA	Initial Amended		15 CEN	JTENNIA	L AVENUE		& LICENSIE 6								
☐ DEP	Amendment #:		215 CENTENNIAL AVENUE City, State, Zip Code												
DOL	Emergency	-	CRANFORD, NJ 07016												
□ DOH	(including		Name of Contact Telephone Number												
☐ DCA	justification)		ומחוא	EA CARB	INTE	-									
	Cancellation				1										
N	here abatement is t	oking place	a (3)	FACI	LITY INFORM	ATION		Type of Facility (4)			-				
Name of facility w	nere apatement is t	aking place	e (3)	,			1	School (K - 12)						
ANDREA CA	RBINE				Subchapter 8 (Other than K-12)										
Street Address								Other (Pr Bldgs./Ho	rivate/Con omes, etc.		cial				
215 CENTEN	NIAL AVENUE								of Floors		Bld	g. Ag	е		
City (5)		County	y (6)				y Code (7)				. Land				
an Almann		UNIC	ON			State	use only)	Current Use (Prio	r if being	aemo	usne	1)			
CRANFORD Name of Monitori	ng Firm Hired by Bl	225000000000000000000000000000000000000			ASCM No.		Name of Abatement	Contractor (9)							
Name of Monton	ng (-31	D & S RESTORATION, INC.												
Street Address							Street Address					177-			
Street Address				20 California Ave.											
City, State, Zip Co	ode			City, State, Zip Code											
							Paterson, NJ 07								
Project Manager f	or Monitoring Firm		F	Phone Numl	per	_ 1	Telephone Number License Number 973-345-8020 01169								
					11.	973-345-8020	715 515 6626								
Start Date (10)		Sched.	Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc.												
09/04/13		09/20	9/20/13 Street Address												
	s During Abatement	_		venue											
Facility clos	ed/vacated during e	entire perio	d of aba	itement.		1	City, State, Zip Code	e				340			
Deparibat	performed outside		acility ho	ours-	4										
Other-Desc	cribe: NORMAL HO	OURS				=	Paterson, NJ 0				_				
	check all that apply							Full Containment w/	negative	oress	ure				
\boxtimes >3 sf or >3	If 🛛	Renovatio	n				· X	Mini-enclosure Glovebag procedure	a.						
2160 sf or	≥260 lf	Demolition	É				Ê	Non-Exempted (*) a			proce	edure			
Location of				ly used sole	ely					R	R e	E n	E		
asbestos-c	ontaining	by mainte staff(12)	nance/c	ustodial			sbestos-containing	Amount (Specify SI	= or	m	р	c	n		
material (a abated in fa		Yes	No	N/A	- materia	I (ACM)		LF)		0	a i	a p	L		
abatoa iii ii	20y (10)	162	NO	IN/A				24510		e	-		 		
BASEMENT			$\square X$		PIPE INS		ON		245 l ft			片	ዙ		
BASEMENT			$\square X$		chimney p	backing		6 sq 1t	6 sq ft				뷰		
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										片	片	H	늄		
					Cubic Yards o	£\Manta	Name of Register	ad Landfill		Ш.	ш				
Registered Waste	e Hauler ORATION, INC.	NJDI 135	EP Haul 506	er ID#	3 yds	i vvaste	TULLYTOWN	N, RESOURCE RE	COVER	Y					
City, State	220111011, 1110.			Disposa			City, State								
PATERSON,	NJ 07503			09/05	/13		TULLYTOW	N, PA					_		
Completed by (P		Title	SS CONSTRUCTION	11 (00)	Signature				Date 08/21/	2012					
BOGDAN JO	DLDZIC	PRESID					d a athritica		08/21/	2013			_		
ASB-41	,	Do not us	se this fo	rm for asbe	stos licensure	exempte	u activities.								

D&S Proj. #: 2013-308

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Date of Notification (1)	Name of Bu	Name of Building Owner/Operator (2) 2013 AUG 28 ATT 10: 32											
0 8 / 2 1 / 1 3	HUGO P	HUGO PALACIOS											
Agencies Notified Type Notification	on Street Addre	ess											
☐ EPA ☐ Initial ☐ Amended	14 MILI	STREET			& LIDER 18-G								
DEP Amendment #:	City, State,												
DOL Emergency	- WESTY	VOOD, NJ	07475										
☑ DOH (including	Name of Co		07175			Telephone	Number		-				
justification)													
DCA Cancellation	HUGO	PALACIO	S										
		FACIL	ITY INFORMA	TION									
Name of facility where abatement is	s taking place (3)					Type of Facility (4							
						1 =	(K - 12)		1.2	40)			
HUGO PALACIOS							pter 8 (Otl Private/Co			12)			
Street Address						Other (F Bldgs./F	lomes, etc	mmer S.	Ciai				
14 MILL STREET							of Floors	_	Bld	g. Ag	е		
City (5)	County (6)			Coun	ty Code (7)								
	40,000,000				e use only)	Current Use (Pri	or if being	demo	olishe	d)			
WESTWOOD	BERGEN							16 38 200 - 1					
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No. Name of Abatement Contractor (9)										
					D & S RESTOR	ATION, INC.							
Street Address				-11	Street Address								
					20 California A	ve.			100				
City, State, Zip Code				_	City, State, Zip Code								
					Paterson, NJ 0'	7503							
Project Manager for Monitoring Firm	1 F	Phone Number	er	— h	Telephone Number	100	License		er				
					973-345-8020 01169								
Start Date (10)	Sched. Comple	tion Date (11)	-	Name of OSHA Mor								
* 10 m			å		D & S Restorat	ion, Inc.							
09/07/13	09/20/13				Street Address								
Occupancy Status During Abateme		tomont			20 California Avenue City, State, Zip Code								
Facility closed/vacated during Abatement performed outside					City, State, Zip Code								
Describe:				_	Paterson, NJ 0	7502							
Other-Describe: NORMAL F				- Ц	Paterson, NJ 0						_		
Scope of Work (check all that appl	y)			☐ Full Containment w/negative pressure ☑ Mini-enclosure									
\boxtimes >3 sf or >3 lf	Renovation				P	Glovebag procedur	e						
≥160 sf or ≥260 lf □	Demolition					Non-Exempted (*)				dure			
Location of	Is location normall		1	7.5		Market and the second s		R	R	E	E		
asbestos-containing	by maintenance/cu staff(12)	istodiai			sbestos-containing	Amount (Specify S	F or	m	p	C	n		
material (acm) to be abated in facility (13)	1 1000	NI/A	material ((ACM)		LF)	1 01	O V	a	a	L		
oma man fully officially \$1,000	Yes No	N/A						е	r	р	-		
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Registered Waste Hauler	NJDEP Haule		ubic Yards of	Waste	Name of Registere		2001727		0.01-0.050				
D & S RESTORATION, INC.	13506		1 YD			, RESOURCE RE	COVER	Y					
City, State		Disposal I 09/09/1			City, State TULLYTOWN	ΙDΔ							
PATERSON, NJ 07503	T=:::	_ 09/.09/1	Signature		TOLLITOWI	, 1A	Date						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Oignature				08/21	/2013	3				
	* Do not use this for	m for asbest	os licensure ex	empte	d activities.								
ASB-41													

D&S Proj. #: 2013-303

Name of Building Owner/Operator (2) Date of Notification (1) 0 8 / 2 0 / 1 3 FRANK FONTAINE Agencies Notified Type Notification Street Address ☐ EPA | Initial & LICER ITAG 65 MARLBORO ROAD Amended DEP City, State, Zip Code Amendment #: DOL CLIFTON, NJ Emergency (including □ DOH Name of Contact Telephone Number justification) ☐ DCA FRANK FONTAINE Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) FRANK FONTAINE Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 65 MARLBORO ROAD Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) CLIFTON **PASSAIC** 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 Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 09/06/13 09/20/13 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely R E Location of E by maintenance/custodial е asbestos-containing п Amount Description of asbestos-containing staff(12) m n p C material (acm) to be (Specify SF or material (ACM) C 0 a abated in facility (13) а Yes No N/A BASEMENT PIPE INSULATION 95 L FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 09/07/13 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date **BOGDAN JOLDZIC** PRESIDENT 08/20/2013 Do not use this form for asbestos licensure exempted activities. ASB-41

D&S Proj. #: 2013-270	1		Notific (Pursu	cation of Asbe	stos Abar	ement	1727							
OV#	005	222	Ç		J.OU LING	12.120)	6	Mont o	APPRO		0		1	
Date of Notification (1)			uliding Own	ter/Operator (2)	-	NDept. of Health & Senior Services								
0 8 / 2 0 / 1 3 Agencies Notifical Type Notifical	Man	JACK F	Accessed to the second			1'	81.	(signatu	re)		DAA	h		
EPA Initial	mon	Street Add	885			ne. O	11117	Time:		200	-			
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DOH Emergency	1 1	MONT lame of Co	CLAIR, N	IJ 07042			;	G 50						
DCA Justification) []"					Telepho	ne Numbe	r C	J	-	2000			
Cancellatio	n .	JACK I	100			-	<u> </u>	-				····		
Name of facility when a bud			FAC	ILITY INFORMA	TION	: '			57.5	Č				
Name of facility where abstement	is taking pi	āce (3)				İ	Туре о	Facility	(4) ol (K - 12		×.5	7		
JACK FINN									hapter 8 (65 I	- 40V	or.	
Street Address								Other	(Private/C	omm	ujun r ercial	(-12)		
465 PARK STREET			:		(a		Sauce	Bldgs Feet	Homes, # of Floo	etc.			í. A – i	
City (5)	Cou	nty (6)	i		County Cor	- Square	3 LOGI	# 01 1-100	irs	"	ldg.7	Age		
MONTCLAIR	ES	SEX	ì		(State use d	only)	Curre	it Use (F	rior If bei	ng der	nolish	ed)		
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	Name	of Abateme	ent Contracto	r (Q)						
					11 3	1	RATION,							
Street Address			 		Stroet	Address	AGALLOIN,	1140.		- Apple				
City, State, Zip Code	-	a litalysups	: '-			California								
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Project Manager for Monitoring Fire	n	I P	hone Numb	Turker in the		erson, NJ one Numbe				-			- I made	
19				, ,		3-345-803			License	Num 11169				
Start Date (10)	Sched	. Complet	on Date (1	1)	- PH-	of OSHA M				71102				
08/21/13	09/12	2/13					ation, Inc.							
Occupancy Status During Abateme	nt (Check o	nly one)	-			t Address California Avenue								
Facility closed/vacated during Abatement performed outside	entire peri	od of abate	ment.		do									
Describe: NORMAL I		racinty nou	18-											
Scope of Work (check all that apply				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Pate	rson, NJ	07503							
⊠ >3 af or >3 if ⊠	Renovatio	n					Full Conta	inment v	v/negative	press	ure			
2160 sf or ≥260 lf	Demolition		2	Mini-enclosure Glovebag procèdure										
Location of	ts location	normaliv	used solely				Non-Exempted (*) and Non-friable procedure							
asbestos-containing material (acm) to be	by mainte staff(12)	nancè/cus	todial	Description	of sehected	containing	Δ	mount		e	R	E	E	
abated in facility (13)	Yes	No	- NUA	material (AC	M)	j.	(\$	Spealfy S	F or	m	þ	C	n	
kichen		r into	N/A				1 -	F)		v e	Ĭ.	b	L	
BASEMENT		X		PIPE INSULA			10 L			X				
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Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler I	100	ibic Yards of Was		of Registers	ed Landfill					Ц		
City, State	اردا		Disposal Da	yd da	TUL	LYTOWN	, resour	CE RE	COVER	Y				
PATERSON, NJ 07503	· ·		08/22/13		City, 8	itata LYTOWI	V PA		3.0			3572	***	
Completed by (Print or Type) BOGDAN JOLDZIC	Title			Signature		1 1 1 1 1 1	TIONAL TO THE		Date					
THE PARTY OF THE P	ENT					08/20/2013								

D&S Proj. #: 2013-270

NV H- MP	<u> </u>)	(Fuls	dant to NJAC	0.0 ر	0 aliu 12.120)	16 F 18									
Date of Notification (1)		Name of	f Building Ow	ner/Operator (2))	2013 AUG 28 AM IU: 52										
10 8 / 2 0 / 1 3		JACK	JACK FINN													
Agencies Notified Type Noti	ification	Street A	Street Address													
DEP Amende	ed	465 P	ARK STRE	LICERTING												
Amendme	nt #:	City, Sta	te, Zip Code													
DOL Emerge		MON	MONTCLAIR, NJ 07042													
DOH (includir justificat		Name of	Contact	e Numbe	r											
DCA Cancella	1.50	JACI	JACK FINN													
			FAC	CILITY INFORM	IATIO	N										
Name of facility where abatem	ent is takir	ng place (3)				T	Type of Facility (4)				100 E				
JACK FINN							Schoo	I (K - 12))							
Street Address								apter 8 (C			(-12)					
								(Private/C 'Homes, e	e/Commercial s, etc.							
465 PARK STREET								# of Floo	_	В	ldg. A	ge				
City (5)		County (6)			17/05/149	unty Code (7) ate use only)										
MONTCLAIR		ESSEX			rior if beir	being demolished)										
Name of Monitoring Firm Hired	by Bldg. (Owner (8)		ASCM No.		Name of Abatement	Contractor (9)									
0					_	D & S RESTORA	ATION, INC.									
Street Address																
City, State, Zip Code			20 California Ave.													
Oity, State, Zip Code						City, State, Zip Code										
Project Manager for Monitoring	Firm		Phone Num	hor	_	Paterson, NJ 07:	503	TY	N							
		Filone Number			973-345-8020			License Number 01169								
Start Date (10)	ched Comp	letion Date (1	(1)		Name of OSHA Monitor											
manage and come described and come and	Ti a		ielion Dale (1	11)		D & S Restoration	S Restoration, Inc.									
08/21/13		9/12/13				Street Address										
Occupancy Status During Abate Facility closed/vacated du		- 73	55			20 California Avenue										
Abatement performed outs						City, State, Zip Code										
Describe: NORMA Other-Describe: NORMA			28(20)20)			Paterson, NJ 07503										
Scope of Work (check all that a					-											
N	Reno	vation					ull Containment w fini-enclosure	/negative	press	ure						
≥160 sf or ≥260 lf	☐ Demo			☐ Glovebag procèdure												
			illy used solel	ivl		1	Non-Exempted (*)	and Non-	friable	_	T	-				
Location of asbestos-containing	by m	aintenance/		2000	e f	asbestos-containing	Amount		e	R	E n	E				
material (acm) to be	staff(12)		material ((Specify S	F or	m o	p a	С	n				
abated in facility (13)	Yes	s No	N/A				LF)		V	i	a p	L				
kichen				PIPE INSU	LAT	ION	10 L FT	700	e		П	\vdash				
BASEMENT				DUCT INS	ULA'	TION	15 sq ft									
Registered Waste Hauler D & S RESTORATION, IN	IC.	NJDEP Haul 13506		Cubic Yards of V 1 yd	Vaste	Name of Registered I TULLYTOWN, I		COVER	Υ	-						
City, State			Disposal [Date		City, State										
PATERSON, NJ 07503			08/22/1			TULLYTOWN,	PA									
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRE	SIDENT		Signature				Date 08/20	/2013			10				
ASB-41			rm for asbest	os licensure exe	empte	d activities.										