							-		gilles Acce				
CK4571		1	NOTIFI(State of New Jo CATION OF ASBEST ursuant to NJAC 8:60	OS ARAT	FEMENT 20)	DEC						
Date of Notification (1)				ame of Building Owne		FEB 2.3 2017							
				Delah	i Operator	(2)	hel by						
Agencies Notified Type Notifi		S	treet Address			100000							
EPA Initial				Do	Box	19	ASBESTOS CONTROL &						
DEP Initial Amen			C	City, State, Zip Code									
□ □ Emore	dment # ency (inclu	iding		Schell	NT	0808	30						
Justific	ation)	5	Na	ime of Contact	, ,								
Curici				Lass									
Name of Facility Where Abatement is Ta	king Place	(3)]	FACILITY INFORM	ATION								
Lycsident	9	(-)				Type of Fac	ility (4)						
Street Address						☐ School	(K-12)						
				6		☐ Subcha	apter 8 (Other than K- i.e. private & comme	12)					
City (5)				-				iciai build	lings, hon	nes, etc.)			
County (6)						Square Feet	# of Floors		Bldg. Ag	,e			
Camber land			Cou	nty Code (7)		Current Use ((Prior if being demolis	-1-12					
Name of Monitoring Firm Hired by Buildin		(STA	TE USE ONLY)			2 rior if being demons	іпеа)						
Walle of Monitoring Firm Hired by Buildin	8)	A	SCM No.	Name	of Abatement C	Contractor (9)	-	11.					
Street Address					1 AN	1	Thistement Demonstray / Co						
						Address	()	July 1	11/271	(11			
City, State, Zip Code						2 13 LRI	notan Au						
						ate, Zip Code	J.,						
Project Manager for Monitoring Firm	Telen	hone No.	1. Delako NJ OSO)5										
			Telep	none No.	Telephone No. License No.								
Start Date (10)	Sched	uled Co	mpletion	Date (11)		ame of OSHA Monitor							
6/26/11	1	21	10/1	7	Name of	OSHA Monito	OF .						
Occupancy/Status During Abatement (Check			11		Street Ad	Idress							
Facility Closed/Vacated During Entire	Period of A	bateme	nt										
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	al Facility	Hours			e, Zip Code								
Scope of Work (Check All That Apply)													
□ ≥3 sf or ≥3 lf													
.□ ≥160 sf or ≥260 lf		Renov. Demol		3	Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr								
		Is Local	tion	1			u () and Non-Friable	AND THE RESERVE OF THE PERSON					
Lecation of Asbestos-Containing Material (ACM)	Norma sed Sole		Desc	cription of			P	Abatemen Type	ī.				
TO BE ABATED	laintena	nce/	Asbestos Contai	ning Mater	ial (ACM)	Amount			T				
In Facility (13)	Cu	stodial ((12)	Staff?	(i.e. thermal system	ns insulatio AT, or	n, surfacing,	(Specify	Rei	Enca	En			
1-2/		other m	scellaneous	s)	SF or LF)	Removal	Encapsulate Repair	Enclosure					
0.16:1	Yes	No	N/A						- date				
OG 5, 2c	O4 5, 4c						2-04	1	-				
) dlag			2.00 SF	/					

Completed by Fittle V. Rittadent.

Disposal Date City, State 10 Ulutown Page 14 Date 25 Date 25 Date 27 Date 2

NJDEP Waste Hauler ID No.

20847

Cubic Yards of Waste

Name of Registered Landfill

City, State

Name of Registered Waste Hauler

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

M.	E	C			\mathbb{V}	
		FEB	2	3	2017	

Date of Notification (1)					and 12:120)	1 1	1 1		23	201	l				
Tale of Notification (1)				Name of Building Owner		Ind bad									
Agencies Notified / Type Notification EPA				treet Address		ASBESTOS CONTRO LICENSING									
DEP E Amend	led		C	ity State Zin Code	Box 69	hor	NAME OF THE OWNER OWNER OF THE OWNER								
	lment #		_	City, State, Zip Code											
DOH Justifica	DOH Emergency (including justification)					Name of Contact NT 08080									
Ď DCA ☐ Cancell			1	7			Telephone	Num	oer						
	AND AND ADDRESS OF THE PARTY OF			LACILITY INFORM											
Name of Facility Where Abatement is Tak	ing Place	(3)		ACILITY INFORM		of Facility (4	1)								
Street Adorace Resident					1 0000		550								
Site- in-	-					School (K-12 Subchapter 8	(Other than V	12)							
City (5)		200		\$	Ø	Other (i.e. pri	ivate & comme	rcial b	uilding	zs, hom	ies				
MIIVIIZ						e Feet	# of Floors	-							
County (6)							01110013		Bi	dg. Age	2				
Co La 1			Cou	nty Code (7)	Curren	nt Use (Prior i	if being demoli	shedi		_	_				
Name of Monitoring Firm Hired by Building				TE USE ONLY)			- oenig demon.	siled)							
and the state of Building	g Owner (8)	A	SCM No.	Name of Abate	ement Contrac	tor (9)		- 1	t					
treet Address					ANI 1	10 Ahr	Tomort	/	.,.	L	100				
					ANI Joe Ahstensent Countition /										
ty, State, Zip Code					1212 6	12 Birlington Are.									
,					City, State, Zip	e, Zip Code									
oject Manager for Monitoring Firm					1-16101	The Lance MJ Ofo) 5 Telephone No. License No.									
			Telep	hone No.	Telephone No.										
rt Date (10) /	Schad	lulad C				1-346-0914 81070									
7,17,6/17	J Sched	5/1	inpletion	Date (11)	Name of OSHA	Monitor	-				-				
cuparicy Status During Abatement (Check (Only One	7++)//	1											
Facility Closed/Vacated During Entire D.	eriod of A	I .			Street Address						_				
Abatement Performed Outside of Normal Other – Describe:	I Facility I	.oatemen Hours	II.	1											
					City, State, Zip C	ode									
pe of Work (Check All That Apply)															
≥3 sf or ≥3 lf		- Renova	ition		F 5 11 6										
≥160 sf or ≥260 lf	1	Demoli		98	☐ Full Co ☐ Mini-F	ontainment wi Inclosure	ith Negative Pr	essure							
					☐ Gloveb	ag Procedure									
		Ir I cont		1	Non-E	xempted (*) ar	nd Non-Friable	Proce	dure						
Location of	Is Location Normally							Abatement Type							
Asbestos-Containing Material (ACM) TO BE ABATED	Us	sed Solel Iaintenar	y by	Asbestos Contain	Description of intaining Material (ACM) stems insulation, surfacing.		oranomento.	-	T	уре	T				
In Facility	Cu	stodial S	taff?	(i.e. thermal system			Amount (Specify		1	E	l				
	(12)				AT, or scellaneous)	SF or		Removal	Repair	Encapsulate					
(13)		(/		Other mis		1		1 5	Į Ę	ulai					
(13)	Yes	No	N/A/	other mis	ochancous)	1		=	1 3		110				
(13)	Yes	T	N/A/		ochaneous)			_	/	c					
	Yes	T	N/A/	Roof	ocharcous)	122	lon So At	_	/	c					
(13)	Yes	T	N/A/		ocinateous)	22	Poss Sight	_		0	_				
(13)	Yes	T	N/A/		ocinateods)	22	lon Sight	_		c					
Cut Side	Yes	T	N/A/		ocinateous)	22	Vors Sight			c					
Cht Side	Yes	No	/	Roof				/		С					
Cht Side	Yes	No No NJI Hau	DEP Was	Roof Ste Cubic Var		27		=		c					
Of Registered Waste Hauler	Yes	No No NJI Hau	DEP Was	Roof Ste Cubic Yard						c					
of Registered Waste Hauler If ME UC ate	Yes	No No NJI Hau	DEP Was	Ste Cubic Yard of Waste Disposal Dis	ds Nam	ne of Register				c					
Of Registered Waste Hauler I ME U C ate DE MICE. M		No No NJI Hau	DEP Was	Ste Cubic Yard of Waste Disposal Dispo	ds Nam	ne of Register	red Landfill			c					
of Registered Waste Hauler If ME UC ate	Title	No No NJI Hau	DEP Was	Ste Cubic Yard of Waste Disposal Dis	ds Nam	ne of Register	red Landfill)4-		c					

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 17-56

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

										Factoring			
Date of Notification (1)		Name of Bui	lding Own	er/Operator (2)			ASE	RESTOR OF	NITOOL]			
0 2 / 1 7 / 1 7		KAREN S	SPANGL	ER			, AGE	BESTOS CO	MIROL	&			
Agencies Notified Type Notifi	cation [Street Addre	SS					The same of the same of the same of	110				
DEP Amended													
Amendmen	t#:	City, State, Z	ip Code		-								
DOL ☐ Emergen		SO. ORA	NGE, N	J 07079									
DOH (including justification)		lame of Con	tact				Telephone	e Number					
DCA Cancellai	*	KAREN	SPANG	LER			I						
Cancella	1011			LITY INFORM	ATION								
Name of facility where abateme	nt is taking pl	ace (3)					Type of Facility (4						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,-						School	(K - 12)					
KAREN SPANGLER								apter 8 (Other					
Street Address								Private/Comm Homes, etc.	ercial				
								# of Floors	Bldg. A	ge			
City (5)	Cou	nty (6)			Соц	nty Code (7)							
Oity (0)						te use only)	Current Use (Pr	ior if being der	nolished)				
SO. ORANGE	ES	SEX				572	,		.5).				
Name of Monitoring Firm Hired I	by Bldg. Own	er (8)	I	ASCM No.		Name of Abatement	Contractor (9)						
						D & S RESTOR	ATION, INC.						
Street Address					-1	Street Address							
						20 California Ave.							
City, State, Zip Code			THE STATE OF THE S			City, State, Zip Code							
						Paterson, NJ 07	7503						
Project Manager for Monitoring Firm Phone Number						Telephone Number License Number							
						973-345-8020 01169							
Start Date (10)	Sched	d. Completio	n Date (1	1)	-1	Name of OSHA Mon							
	- 1		.75			D & S Restoration, Inc.							
02/21/17	02/2	W				Street Address							
Occupancy Status During Abater		real part of the second of	mont			20 California Avenue							
Facility closed/vacated duri Abatement performed outs						City, State, Zip Code							
Describe:		,			-	Paterson, NJ 07	7502						
Other-Describe: NORMA					- 11								
Scope of Work (check all that ap							Full Containment w	/negative pres	sure				
\boxtimes >3 sf or >3 lf	Renovati	on					Mini-enclosure Glovebag procedur	re					
≥160 sf or ≥260 lf [Demolitio	n					Non-Exempted (*)		e procedure	e			
Location of	Is location	n normally u	sed solely	/				R	RE	E			
asbestos-containing	by maint staff(12)	enance/cust	odial			sbestos-containing	Amount (Specific S	l m	e n	n			
material (acm) to be abated in facility (13)			1	material (ACM)		(Specify S LF)	0 0	a a	C			
	Yes	No	N/A					е	rp				
BASEMENT		X		PIPE INSU	LATI	ON	94 L FT						
						87							
Registered Waste Hauler		EP Hauler II	D# C	ubic Yards of V	Vaste	Name of Registered							
D & S RESTORATION, IN	C. 13.	506		yd.		The second secon	RESOURCE RE	COVERY					
City, State			Disposal D			City, State							
PATERSON, NJ 07503			02/22/1			TULLYTOWN	, PA	T.D./					
Completed by (Print or Type) BOGDAN JOLDZIC	Title	ENT		Signature				Date 02/17/17					
DOODAN JOLDZIC	PRESID	CIVI		1				1 04/1//1/					