

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

Check #

Date of Notification (1)		TI	Name of	Building O	wner/C	perator	(2)			03 JI		-	- P - CO	
06/23/2015		N	/liddles	sex BOI	Ε									
Agencies Notified Type Notification			Street A	ddress					3)		2			
EDA Initial		3	300 Ke	nnedy D	rive									Ÿ
EPA Initial Amended			City, Sta	te, Zip Coo	ie									
DOL Amendment		_	/liddles	sex, NJ	07606	6								
Emergency justification)			Name of	Contact					Tel	ephone Nu	mber			
DCA Cancellation		F	Ray Mu	ulvey					1					
				LITY INFO	RMATI	ION								
Name of Facility Where Abatement is Takir	g Place (3)					Type o	of Facility ((4)					
Middlesex HighSchool								School (K-1						
Street Address								Subchapter	8 (Oth	er than K-1 & commerc	2)	dinac	homo	20
300 Kennedy Drive								otner (i.e. p etc.)	orivate	s commerc	iai Dui	uirigs	HOITE	25,
City (5) Middlesex, NJ							Squar	e Feet	# 0	Floors	E	Bldg. A	Age	
County (6)		Т	County (Code (7)			Cuiter	nt Use (Pri	or if bei	ng demolis	hed)			
Middlesex				USE ONLY)		_								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	A No.		Name	of Abat	ement Cor	ntractor	(9)				
Brigs Associates	. ,							ration L						
Street Address			1				Addres							
3 Crosswicks Street						72 Br	ooksi	de Rd						
City, State, Zip Code						A 100 CONT.	state, Zi							
Bordentown, NJ				30				NJ 078	69					
	ject Manager for Monitoring Firm						none No		-	License I	No.			
Michael Hoodak			Telepho	98-5520			33-25			01133				
Start Date (10)	Schedule		,	Date (11)		1		A Monitor						
07/09/2015	07/11/2			()		300000000000000000000000000000000000000		nmenta						
Occupancy Status During Abatement (Che							Addres							-
							RT 22							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:								p Code						
Other – Describe:					_	B 6866		07083						
Scope of Work (Check All That Apply)						1011101	,,							
≥3 sf or ≥3 lf		Renova	tion] Full	Containm	ent wit	n Negative	Pressi	ire		
≥160 sf or ≥260 lf	annum .	Demolit					Min	i-Enclosur	е	rroganto	1 1000			
							mag .	vebag Pro		d Non Eric	blo Dr	anadu.	-	
			7.55	T		E	_ Nor	n-Exempte	(*) ar	d Non-Fria	T Ible Pr	7.7.	emen	t
	1.05	Locat	30000										ype	5
Location of		Normal ed Sole		A-1		escription		(4004)	,	mount		1		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intona	nos/			ntaining N				mount Specify	l 20	1 7	Enc	g
In Facility	Cus	todial (12)	Staff?		surfa	acing, VA	T, or		s	F or LF)	Removal	Repair	aps	clos
(13)		(/	_	1	other	miscella	neous)				val	₩.	Encapsulate	Enclosure
	Yes	No	N/A									_	Ф	
Pipe Chase, Room 220	×		Elbow i	insula	ation			7LF		×				
Science Storage Room	ce Storage Room					on fria	ble		24 S	=	×			
Name of Registered Waste Hauler			JDEP V		4 - 1 - 1 - 1 - 1 - 1	Yards		Name of	Regist	ered Landf	ill			-
Nick Restoration LLC	0.022	lauler ID	No.	of Wa			G.R.O.	WS						
	3	3782		TBD								_		
City, State Randolph, NJ 07869				TBD	osal Date		City, Sta		A					
Completed by	Title				1	Signatup	8/				Date			
Elvira Mrda	Presi	dent				8	Wide	a lll	ue	0	6/23/	2015	5	

LTEEK# 11441

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 05/26/2015					Name of Building Owner/Operator (2) NJ Transit					
Agencies Notified	Type	f Notificat	ion		Street Address	V / L			. ~	-
Agencies Notified	Type 0	I INULIIICAL	1011		(1)			100 47 10 160		
(X)USEPA	(X)	nitial No	otification		1 Hudson Place					
() NJDEP		Amende			City, State, Zip Code					
(X) NJDOL		Amendr			Hoboken, NJ 07030					
() DOH			ncy (includi	ng	Name of Contact		Tel N	Jumher		
() DCA	1 300 September 1	ustificat	and the same of th		John R. Worster					,
	()(Cancella	ation		(Senior Project Manager)	1	1			1
			F	ACILIT	INFORMATION					
Name of Facility Where Abateme	ent is Takin	g Place (3	3)		Type of Facility (4)					
NJ Transit Hoboken Rai	ilroad Te	erminal			() School (K-12)					
Street Address				ĺ	() Subchapter 8 (other than K-12 (X) Other (i.e. private & commercial (X)		os of	^		
1 Hudson Place					(X) Other (i.e. private & commerci	iai biugs., nom	es, en	٠.		
City (5)	County (6)	County Code		Sq. Feet: ~5,000 # of Floo	rs 1	Blda	. Age +	100	8
	* ***		(State Use C	Only)	94.100. <u>9,000</u> 0.1. 100	· · ·	2.09			
Hoboken	Hudso	n			Current Use (if being demolished)	:				
Name of Monitoring Firm Hired b			ASCM No.		Name of Contractor (9)					
Matrix New World Enginee	ering, Inc		N/A		Industrial Safety & Environ	mental Solut	tions,	Inc.		
Street Address					Street Address					
26 Columbia Turnpike					3300 Hudson Avenue					
City, State, Zip Code	88				City State, ZipCode					
Florharm Park, NJ 0793				_	Union City, NJ 07087			arrane es		
Project Manager for Monitoring F		phone N			Telephone Number			cense N	umber	
Gavin Gilmore	31.81	240-18			(201)325-0055		0	1124		
Scheduled Start Date (10)	Sch	eduled Co	ompletion Date	e (11)	Name of OSHA Monitor					
06/10/2015		12/201			ISES, Inc.					
Occupancy Status During Abater					Street Address					
() Facility Closed/Vacated Du () Abatement Performed Outs					3300 Hudson Avenue					
(X) Other - Describe:					City, State, Zip Code					
Building is occupied during	abatement				Union City, NJ 07087					
Source of Work (Check all that a	pply)	() Demolition	1	(X) Renovation					
() Minor Project (> 25 Cl	- 0= - 10	E A C N A			() Full Containment with	Nogotivo Pros	CUTO			
() Minor Project (< 25 SF () Small Project (>25 <1					() Mini-Enclosure	ivegative ries	Suie			
(X) Large Project (>160 SF					() Glove-bag Procedure					
, , , , ,	28000 000000				(X) Non-Exempted (*) and	Non-Friable P				
Location of Asbestos-			nally Used	,,	Description of ACM	Amount	A	bateme	nt Type	
Containing Material (ACM) To be Abated in Facility (13)		by Mainte todial Sta	enance or ff? (12)	(i.e.	thermal systems insulation, surfacing, VAT, or other miscellaneous.)	(Specify SF or LF)		i		
10 De 7 Balea III 7 Bollity (10)	040	iodiai ota	(12)		VIII, or other integerialization,	0 /	R	70	Enc	Ē
					iù.		Remova	Repair	Encapsulate	Enclosure
9.5	YES	NO	N/A				val	≝.	ulate	ure
	120	110	1471			W				
Store storage area (former)	85	X		Vinyl	floor tile / underlayment	~ 650	X			
Lackawanna Liquor		*		comp	posite	Square Feet				
	100-1-00-0									
Name of Reg. Waste Hauler			Waste Haule	r ID#	Cubic Yards of Waste	Name of Reg. I			D D 11 1	
Newark Carting		0450	9		10	IESI BETHL	EHEN	A LAN	DFILL	,
City, State	1 377.0	7105		Disp.		City, State	, , D	100	1.5	
369 Raymond Blvd., New		/105		100000000000000000000000000000000000000	2/2015	BETHLEHE	M, PA	7 180.	13	
Completed by (Print or Type)	Title			Signa	ture //()	<u>Date</u>				
David Camacho	Gene	ral Ma	nager			05/26/2015	,			
David Camacilo	Joine	1414	114501			0012012010				

CX#24852

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	15/15			Name	of Buildin	g Owner/C			JUL	7.2	115		-
	15/15	1000			A A -1-1		Ir	carnation C	hurch				
Agencies Notified EPA	Type Notifica	tion		Stree	t Address		154	5 Penningto	n Ave.				
DEP DOL	Amended Amendme Emergence		-/	City,	State, Zip 0	Code	E	wing, NJ 08	3618				
M DOH □ DCA	justification Gancellation	on)		Name	of Contac	t obert M	urdza		Telephone Numb	oer			
			i	ΕΛ	CILITY INF								_
Name of Facility Where	Abatement is Ta	akino Place	(3)	- ' ^	CILITI IN	ORMATIC	714	Type of Facility	(4)				
l land of rading vinore		nation C		h				School (K-1					
Street Address								Subchapter	8 (Other than K-12 private & commerci		dinas		
	1545 P	enningt	on R	d.				homes, etc	.)				
City (5)	Ex	wing, 1	JI -					Square Feet 5000	# of Floors	В	ldg. A	\ge)+/-	
County (6)	fercer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	Cou	nty Code (7) (STATE		-	rior if being demolis	hed)		/ 1 / -	
Name of Monitoring Firm		ing Owner		ASCM	1	Name of	Abatem	ent Contractor (9	2)	_	_	_	_
1.4	MECS	ing Owner		AGGIVI	140.	I varile of		en en antigen en en fall de farm a resultible en recentration	mental Service	es. I	ıc.		
Street Address						Street A				-,-			_
City, State, Zip Code	PO Box	341					7. 0		Box 322				_
	osswicks, N	NJ 0851:	5			City, Stat	te, ZIP C		n, NJ 08501				
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephor	ne No.		License No.				
Bill We	isgarber		(60	9) 29	8-4070	(6	09) 25	9-9688	0	049	3		
Start Date (10) 6/16/15	* So	cheduled C	omple 7/2/1		ite (11)	Name of	OSHA N		IECS				
Occupancy Status Durin	g Abatement (0				_	Street Ad	ddress	117					_
☐ Facility Closed/Vacate								PO F	30x 341				
Abatement Performed Other - Describe: 4			y Hou	rs		City, Stat	te, Zip Co		wicks, NJ				4
Scope of Work (Check a								01055	Wieks, 115				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio				Mini-Enc Gloveba	g Procedure	gative Pressure on-Friable Procedur	e ·			
			ocatio							T	bate		
Location of		Used	omally Soleiy	y by			iption of			_	Тур	e -	
Asbestos-Containing N TO BE ABAT			itenan Istodia			os Contain thermal sy		erial (ACM)	Amount (Specify			En	E
IN Facility		5	Staff?		(1.0.,	surfacin	g, VAT,	or	SF or LF)	Removal	Repair	caps	Enclosure
(13)			(12)	NUA		other mise	cellaneo	ls)		oval	air	Encapsulate	sure
D	4 - D	Yes	No	N/A	Ti	1 D:	т .	1.4	(75.1f)	1.5		-	
Basement Eleve				ermal Pi ermal Pi			12	X			_		
Basement Stora Stairwell Ba	×		-	ermal P			6 lf)	×					
Stall Well Da	Sement	=	~		111	ermar F	ipe ins	ulation (011	X	-	-	
Name of Registered Was	te Hauler			JDEP V		Cubic Ya		Name of Regi	stered Landfill				
Stevens Environm	nental Servi	ces, Inc.	_ H	auler ID 182	No. 192	of Waste			GROWS Land	dfill			
City, State	A 11	277				Disposal	Date	City, State	36 1 111				
Completed By	Allentown	, NJ Fitle				7/2/1	27/10	MY /	Morrisville,	PA_			_
Mahlon E. Ste	1		oject	Man	ager	Signa			Date	6/29	/15		
							111						

ASB-41 MAR 00

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

OK #2548

JUL 2	015	N	OTFIC (Fu	ATION OF A	SBESTOS ABATI JAC 8:60 and 6:1	EMENT	DO)L -	10	D	AY
Date of Notification (1)	115/15		1	Name of Bull	ding Owner/Operat		1 1				
Agencies Notified						Incamation (Church	LN	5	224	e
	Type Notifical	Off	4 .	Street Addre	5000h		1.1			717	3
SO EPA DEP SO DOL	Initial Amended		1 L	N/ 07		545 Penning			-		
E ∞L	Amendmen	#		City, State, Z	p Code	- 1	VVAIVE	2 A	PPI	701	100
₩ DOH	Emargency justification	(Includin	-	·		Ewing NJ	08618	IM	TI	101	VFF
DOH CA	Cancellation			Name of Con			Telephone Nur	nber			
					Robert Murdz	<u>a</u> .	_				
N				FACILITY	NFORMATION				_		
Name of Facility Where	Abatement Is Tal	ding Place	a (J)			Type of Facili	Thy (4)				
Street Address	Incam	ation C	hurch	1		School (K	-12)				
Street Address	1646 D					Subohapi	er & (Other than K-	(2)	h -M		
City (5)	1545 Pe	mning	OD KO			nomes, e	ic)	NG 18K	BUIDE	Β,	
Cità (5)		de S				1. Zdatus Eser	# of Floors	T	Hg.	Age	_
County (8)	EV	vine. N	47			5000	2	_ _	90	0+/-	
	lercer			USE ONLY)	(T) (STATE	Current Use (Prior if being demo	is hed			
Name of Monitoring Firm								-			
	MECS	g Owner	A	SCM No.		ment Contractor					
Street Address	MIECS						nmental Service	68, I	DC.		
011441 VOG1829	PO Box 3	41			Street Address						
City, Stale, Zip Code	FU Bux 3	41				PO	Box 322				
	osswicks, N	108514	5		City, State, Zip		377.00.001				
Project Manager for Mon		0051.	-		-	Allento	wn, NJ 0850]				
Bill We				none No.) 298-4070	Telephone No.	50 0000	License No.				
Start Date (10)		and Hand &				59-9688		1049	3		
6/16/15	GCII			n Data (11)	Name of OSHA	10.000000000000000000000000000000000000					-
Occupancy Status During	A balamasi / Ch	0	/17/15			V	MECS			-	
☐ Facility Closed/Vacate	d Dudge Entire D	ack only	one;		Street Address	45.	1 DI			40	
Abstement Ferformed	Outside of Norm	el Fenith	Modretni u Hauro	BUI			celey Place			-	THE REAL PROPERTY.
Other - Describe: 4	om to Midni	ight	, 1104116		City, Stata, Zip (1 111 00000			20	
Scope of Work (Check al						Preenoi	d, NJ 07728	-			
f 24		0420-22376			☐ Full Co	ntainment with N	edative Pressure				
≥3 sf or ≥3 tf ≥160 sf or ≥260 if	i		novation	i	_ Min⊳≝n	closure	-3-11-2 1 1000010				-
			Memon		Non-Ex	eg Procedurs remoted (*) and N	lon-Friable Procedu	50			
			ocation				11354 1100033	_	balar	Dent	\neg
Lacation o	r		maly Solely b		Description o			1	Typ		1
Asbasios - Containing M	stadal (ACM)	Maim	teriance		tos Containing Ma	tenal (ACM)	Amount				
TO BE ABATI	"		stocial	(l.a	, thormal systems !	Insulation,	(Spenify	20	77	E PC	g
(13)			12)		surfacing, VAT,	or ous)	SF or LF)	Remova	Flepair	98	Erichsure
	!	Y06	No I	W/A				Nã.	£.	ncapsulate	ā
			110 1							•	
Basement Elever		×		T)	ermal Pine In	sulation	45 If	K			
Basement Stora	e Closet	X		T	ermal Pipe In	sulation	5 IF	×	_	\neg	7
				,				-	+	-	\dashv
									-	-	\dashv
Name of Registered Waste	Hauler			EP Waste	Cubic Yards	Name of Reg	stered Landill				\dashv
Stevens Environme	ntal Service	s. Inc.	Heut	18292	of Waste 1 CU		GROWS Land	14-19			
Cky, State		-		19676	Disposal Data	City, State	OKO W 3 Lan	11111			_
135	Allentown, I	IJ			6/18/15	1/2/	Morrisville, J	D 4			
Completed By	TAL	THE PERSON NAMED IN			Signature	1	Date	A			=
Mahlon E. Stev	ens	Pro	icct M	lanager	M			6/15	/15		
8-44					1	W			-	_	
R 00	* D	o not use	e inis for	m for esdest	icanture examp	pted activities.					

page i

CK# 24850

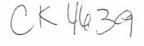
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	29/15			Name	of Building	g Owner/Operato	or (2) Christine Le	ckie	111	6	-		
Agencies Notified	Type Notifica	ation		Street	Address								
EPA DEP	Initial Amended	4			7. 0	\	41 Fogarty D	rive					
⊠ DOL	Amendm	ent #	_	City, S	state, Zip C		ercerville, NJ	08619					
⊠ DOH	☐ Emergen	ion)	9	Name	of Contac		01001 + 1110, 1 10		one Numb	er			_
□ DCA	☐ Cancellat	ion			Ch	ristine Leck	ie	_			i	1	
				FAC	CILITY INF	ORMATION							
Name of Facility Where		raking Place Residenti					Type of Facilit						
Street Address	1	CCSIGCIIII	aı				School (K-	r 8 (Other					
	41 I	Fogarty I	Drive	ř.			Other (i.e., homes, etc		commercia	l build	dings		
City (5)	3.6	:11	2.17				Square Feet	# of F		BI	dg. A		
County (6)	Me	ercerville	, NJ	I Cour	ty Code (7) (STATE	1800 Current Use (F	Prior if hair	2 demolis		/0	+/-	
	/Iercer				ONLY)	r) (OTATE	Ourient osc (i	noi ii beli	ig demons	icu)			
Name of Monitoring Firm		ding Owner		ASCM	No.		ment Contractor (722			
	MECS						evens Environ	mental	Service	s, In	C.		_
Street Address	PO Box	341				Street Address		Box 322	2				
City, State, Zip Code						City, State, Zip	Code						_
-0/	osswicks,	NJ 0851				18	Allentov						_
Project Manager for Mo	nitoring Firm eisgarber			phone	No. 8-4070	Telephone No.	259-9688	Licen	ise No.	0493	3		
Start Date (10)		Scheduled (-			Name of OSHA			- 0	J47.			_
7/13/15			7/17/				N	1ECS					
Occupancy Status Durin	177	i	90			Street Address		D or: 24	1				
☐ Facility Closed/Vacat					8	City, State, Zip		Box 34	l 				
Other - Describe:						Oity, Otato, Zip	Crosswic	ks, NJ	08515				
Scope of Work (Check	all that apply)						antainment with N	ogativo Dr	0001150				
≥3 sf or ≥3 lf			enovat			Mini-E		egative Fi	essure				
≥160 sf or ≥260 lf			emolitic	on			bag Procedure exempted (*) and N	lon-Friable	e Procedur	е			
			Location				00 00 00 00 00 00 00 00 00 00 00 00 00			Α	bate Typ	ment	
Location		Use	d Solei ntenar	y by	A = b = =	Description				-	1 7 1		
Asbestos-Containing I	TED	C	ustodia			tos Containing M thermal systems	insulation,	Amo (Spe	ecify	R	77	Enc	Ē
IN Facility (13)	y		Staff? (12)			surfacing, VA other miscellan		SF o	r LF)	Removal	Repair	Encapsulate	Enclosure
	(13) Yes No									의		late	le l
Attic E	ve	_ x				Vermicu	lite	120) sf	×			
Name of Registered Wa	ete Hauler			JDEP V	Maste	Cubic Yards	Name of Rec	iet@ad L	andfill				
					No. 292	of Waste 3 CU	Name of Reg	7	ws Lan	dfill			
City, State Allentown, NJ					-)-	Disposal Date	City, State	/		-3-00	-		
Completed By			7/17/15	1/0/	Morr	risville,	PA			_			
Mahlon E. Ste	evens	Title P	rojec	t Mar	nager	Signature	M L		Date	6/29	9/15		

CK#24851

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	of Buildin	g Owner/Operator		1111	0 A ±	\$3.		
6/29/15 Agencies Notified Type Notifie	cation	_	Stree	t Address		Wilrman	UUL I	44.4			_
☐ EPA X Initial	3411311			. Addiess		514 Essex A	ve.				
☐ DEP ☐ Amende		İ	City, S	State, Zip C	Code						
☐ Emerge	ncy (including	9				ing Lake, NJ					
DOH justifica			Name	of Contac	t om Messina		Telephone Num	per			
					ORMATION		1 — —			_	-
Name of Facility Where Abatement is	Taking Place	(3)	ГА	CILITINE	URIVIATION	Type of Facility	(4)				
	Residenti					School (K-1	2)				
Street Address						Subchapter	8 (Other than K-1) private & commerci	2)	dinaa		
	4 Essex A	lve.				homes, etc	.)		5.53		
City (5)	ring Lake	NI				Square Feet 2000	# of Floors	B	ldg. A		
County (6)	IIIIg Lake	, INJ		nty Code (7) (STATE		rior if being demoli	hed)	80	+/-	_
Monmouth				ONLY)			rior in boiling derition	silica)			
Name of Monitoring Firm Hired by Bui			ASCM	No.		nent Contractor (9	N				_
(8) DB Environmer	ntal					vens Environ	mental Service	es, Ir	ıc.		
Street Address 4 Berkele	v Place				Street Address	DO 1	30x 322				
City, State, Zip Code	y 1 lacc				City, State, Zip C		30x 322			_	_
Freehold, 1	NJ 07728						n, NJ 08501				
Project Manager for Monitoring Firm		100000000000000000000000000000000000000	phone		Telephone No.		License No.				
Bill Weisgarber	0-1-1-1-0	-		8-4070		59-9688		0493	3		
Start Date (10)- 7/9/15	Scheduled C	ompie 7/14/		ite (11)	Name of OSHA		rironmental				
Occupancy Status During Abatement			13	_	Street Address	DD EIIV	Hommentar				-
▼ Facility Closed/Vacated During Enter					0	4 Berk	eley Place				_
☐ Abatement Performed Outside of N☐ Other - Describe: 8am to 4pm		y Hou	rs		City, State, Zip C						
Scope of Work (Check all that apply)	11					Free	nold, NJ				
						ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio			Mini-En Gloveba	closure ag Procedure					
							on-Friable Procedu	re			
	0.0	_ocatio ormally	05.6					Α	bate. Typ		
Location of Asbestos-Containing Material (ACM		Solel Solel		Ashest	Description of os Containing Mat		Amount				\neg
TO BE ABATED	Cu	ustodia Staff?			thermal systems i	insulation,	(Specify	Re	ת	Enc	En
IN Facility (13)		(12)			surfacing, VAT, other miscellaned	or ous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					a	-	late	лге
Crawl Space	×			The	ermal Pipe In	sulation	15 lf	×		-	-
Crawl Space	_ ×				Pipe Debr		5 sf	×		-	
Cia Wi Space				-	1100001			^			
										-	
Name of Registered Waste Hauler	JDEP V	100 100 100 100 100 100 100 100 100 100	Cubic Yards	Name of Regi	stered Landfill						
Stevens Environmental Ser	auler ID 182		of Waste 1 CU		GROWS Lan	dfill					
City, State	, State					City, State					_
Allentov					7/14/15	1/1	Morrisville,	PA			
Completed By	Title		Man		Signature	1	Date	6/29			



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

Date of Notification (1) 06/25/2015					Building C Holly To										
Agencies Notified	Type Notification			Street A	ddress evis Drive	Э			-	JI	/		OTF.		
× DEP × DOL	Amended Amendment				te, Zip Coo Holly, N		60	8			ř				
▼ DOH	Emergency (i justification) Cancellation	ncluding		Name of Jack S	Contact					Telenhon	a Niumb	oor			
				FACI	LITY INFO	RMATI	ON								
Name of Facility Where Gertrude Folwell E		Place (3)						of Facility (4					-	
Street Address 455 Jacksonville Ro	oad .								ubchapter other (i.e. pote.)	8 (Other than rivate & com	n K-12) mercial	build	ings,	home	es,
City (5) Mount Holly								Square		# of Floor	S	В	dg. A	ge	
County (6) Burlington					Code (7) USE ONLY)			Currer		or if being der	nolishe	d)			
Name of Monitoring Firm MECS, Inc.	n Hired by Building C	Owner (8)		ASCN	No.				ement Con Dany, Inc						
Street Address Po Box 341			1					Address	s Avenue						
City, State, Zip Code Chesterfield, NJ 08	515						City, S	State, Zipon, NJ	o Code						
Project Manager for Mor William Weisgarber		3		Telepho 609-29	ne No. 98-4070		Teleph	hone No 253-88	6	Lice 007	nse No 04				
Start Date (10) 07/06/2015		Schedule		npletion	Date (11)				A Monitor Dany, Inc						
Occupancy Status Durin	g Abatement (Check	k Only Or	ne)			-		Addres				-			
Facility Closed/Vac	ated During Entire F	eriod of A	Abaten	nent				State, Zip							
Scope of Work (Check A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	и тпас Арргуу	and the same of th	Renova Demolit					Mini Glov	i-Enclosure vebag Proc					•	
	3	le le	1	Y222					i-cxempted	() and Non	-r nabit	7	2200	ement	
Locatio	n of		Locat Vormal			Do	scription	n of						ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma Cus	ed Sole iintena todial ((12)	nce/ Staff?		tos Cont thermal surfa	taining N	Material ns insula AT, or		Amoun (Specify SF or LF	y	Removal	Repair	Encapsulate	Enclosure
d - 1 - 51 1 -		Yes	No	N/A											
1st floor cla		Х		pipe/fit	1000	-		p&cut"	240 LF		X				
exteri		X			ver ca			216 LF		Х					
exteri		X		louv	er flas	hing		120 SF		X					
Name of Registered Wa	ata Havilan			UDED IA		T 0 11									
Freehold Cartage, In		IJDEP W lauler ID 5939		Cubic of Was				Registered L n Berks La							
City, State Freehold, NJ				Dispos	sal Date	9	City, State Birdsbo								
Completed by Voytek Roszkowski		Title Pres	ident			S	Signatur	P	26	h_	Dat 06/		2015		

D&S Proj. #: 2015-220

							HH				
Date of Notification (1)	Name of B	uilding Own	er/Operator (2)					É	15		
10 16 1/12 15 1/11 15	richard r	norris									
Agencies Notified Type Notification	on Street Addr	ress									
DEP Amended	49 ardsl	ey road									
Amendment #:	City, State,	Zip Code									
DOL Emergency	MONT	CLAIR, N	J 07042								
DOH (including justification)	Name of Co	ontact				Telephon	e Number				
☐ DCA ☐ Cancellation	richard	morris									
		FAC	ILITY INFORM	ATION							
Name of facility where abatement is	taking place (3)					Type of Facility (4) I (K - 12)				
richard morris							apter 8 (Oth	or th	nan K	-12\	
Street Address							Private/Cor			-12)	
49 ardsley road						Bldgs./	Homes, etc			dg. A	ne.
City (5)	County (6)			Cou	nty Code (7)	Square Feet	# 01 110015		Di	ug. r	ige
o, (o)					te use only)	Current Use (Pr	rior if being	dem	olishe	ed)	
MONTCLAIR	essex				***			000000000000000000000000000000000000000		/	
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
					D & S RESTOR	ATION, INC.					
Street Address					Street Address	\$1					
		,		.	20 California A	ve.					
City, State, Zip Code					City, State, Zip Code						
Desired Marie 1				_	Paterson, NJ 07	503					
Project Manager for Monitoring Firm	P	hone Numb	er		Telephone Number 973-345-8020		License N		er		
-		·			Name of OSHA Moni	tor		103			
Start Date (10)	Sched. Complet	ion Date (11	1)		D & S Restorati						
07/08/15	07/30/15				Street Address						
Occupancy Status During Abatemen					20 California Av	enue					
Facility closed/vacated during Abatement performed outside					City, State, Zip Code						
Describe: NORMAL HO	OURS				Paterson, NJ 07	503					
Scope of Work (check all that apply)					Full Containment w	/negative p	ress	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition					Glovebag procedu Non-Exempted (*)		able	proc	edure	е
Location of	Is location normally		y					R	R	E	E
asbestos-containing	by maintenance/custaff(12)	stodial			sbestos-containing	Amount	900	e m	е	n	n
material (acm) to be abated in facility (13)		NI/A	material (ACM)		(Specify S LF)	F or	0	a	a	C
, , ,	Yes No	N/A				35		e	r	р	
BASEMENT	X		PIPE INSU	LATI	ON	152 l ft		X			
]								
		4							Ц	닏	14
Pogiatored Wests Hauler	IN 12 TO 1		J	Ma-:	IN (5	1 - 1500			Ш	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		Subic Yards of V 2 yds.	vaste	Name of Registered TULLYTOWN,		COVERY	7			
City, State		Disposal D			City, State						
PATERSON, NJ 07503		08/08/1			TULLYTOWN,	PA					
	Title PRESIDENT		Signature				Date 06/25/2	015			
	Do not use this form	for asbesto	os licensure ex	empte	d activities.		06/25/2	.013		-	

CX WEUGS

D&S Proj. #: 2015-218

Date of Notification (1)	Name	of Building Ow	vner/Operator (2)			101	_	2.0			
0 6 / 2 5 / 1 5 Agencies Notified Type Notifica	Line -	ginia dolan										
☐ EPA Initial	Stree	t Address										
☐ DEP ☐ Amended		birchwood ro										
DOL Amendment #		State, Zip Code										
Emergency		LEN ROCK, N	NJ 07452									
DOH (including justification)	Name	of Contact					Telepho	ne Numbe	er			
☐ DCA ☐ Cancellation	n Vi	rginia dolan										
		FA	CILITY INFORM	MOITAN	N							
Name of facility where abatement	is taking place (3)				1 7	Type of Facility					
virginia dolan							=	ol (K - 12				
Street Address						-		hapter 8 (0 Private/0			-12)	
								./Homes,		iolai		
71 birchwood road						_ [Square Feet	# of Floo	rs	BI	dg. A	Age
City (5)	County (6	3).		100000000000000000000000000000000000000	inty Code (7)	_						
GLEN ROCK	BERGE	ZNI		(Sta	ite use only)		Current Use (F	Prior if being	ng dem	olish	ed)	
Name of Monitoring Firm Hired by			ASCM No.		Name of Abatem	ent Co	ntractor (9)					
generative politice in the manufacture of the second state of the second secon			7.00		D & S RESTO							
Street Address				-	Street Address	OKAI	ION, INC.			_	_	
					20 California	a Ave.						
City, State, Zip Code				_	City, State, Zip Co							,
11					Paterson, NJ	0750	3					
Project Manager for Monitoring Firm	1	Phone Num	nber		Telephone Numb	er		License	Numb	er		
					973-345-80				1169			
Start Date (10)	Sched. Co	mpletion Date (11)		Name of OSHA N							
07/06/15	07/24/15				D & S Restor	ration	, Inc.					
Occupancy Status During Abatemen				\neg	20 California	Δven	110					
Facility closed/vacated during					City, State, Zip Co		uc					
Abatement performed outside Describe:	of normal facili	ty hours-										
Other-Describe: NORMAL H	IOURS			_	Paterson, NJ	0750	3					
Scope of Work (check all that apply	y)					Full	Containment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation						ni-enclosure					
≥160 sf or ≥260 lf	Demolition						vebag procedun- Exempted (*		friable	nroc	edura	۵
Location of		mally used sole	ely				T Exempted (, απα πτοπ	IR	R	E	
asbestos-containing	by maintenand staff(12)	ce/custodial			sbestos-containing	g	Amount		e m	e p	n	E n
material (acm) to be abated in facility (13)		No N/A	material ((ACM)			(Specify :	SF or	0	a	a	C
	103	INO IN/A					· ·		v e	r	р	
BASEMENT, BOILER/storage rm			PIPE INSU				70 l ft					
basement laundry rm			PIPE INSU	LATI	ON		65 l ft		\boxtimes			
								-0	<u> </u>	Ш	Ш	111
Registered Waste Hauler	LUDED	oules ID#	Cubio Varda of V	Manta	INIama of Burklin		- 4511			Ш	Ш	
D & S RESTORATION, INC.	NJDEP H 13506	auler ID#	Cubic Yards of \ 2 yds.	vaste	Name of Registe TULLYTOW			ECOVE	RY			
City, State		Disposal	Control Section 1997		City, State	- 1, 101	O OROL R	200 111				
PATERSON, NJ 07503		07/07/	15		TULLYTOW	VN, PA	A					
Completed by (Print or Type)	Title		Signature					Date				
BOGDAN JOLDZIC	PRESIDENT				1			06/25	2015		-	
ASR-41 *	DO HOT USE THIS	iorm for aspes	stos licensure ex	empte	activities.							

D&S Proj. #: 2015-216

									1111	5/	15		
Date of Notification (1)		Name of B	uilding Own	er/Operator (2)					* * *				
0 6 / 2 5 / 1 5		wally m	cgahey										
Agencies Notified Type Not	ification	Street Addr	ess										
DEP Amende	ed	58 haas											
Amendme	nt #:	City, State,	Zip Code										
DOL ☐ Emerge	ency	basking	ridge, nj	07920									
DOH (including	ng	Name of Co		PERSONAL PROPERTY.				Telepho	ne Numb	er		-	
DCA justifica		welly m	. a ca a b a s										
Cancell	ation	wally II	ncgahey				_						
			FACI	ILITY INFORM	ATION	1		,					
Name of facility where abatem	ent is taking	place (3)						Type of Facility	(4) ol (K - 12	2)			
wally mcgahey								=	hapter 8 (han k	′_10\	
Street Address							7		(Private/			(-12)	
501								Bldgs	./Homes,	etc.			
58 haas	Lo	- 1 (0)					_	Square Feet	# of Flo	ors	В	ldg. A	\ge
City (5)		ounty (6)			69°C	inty Code (7)							
basking ridge		omerset			(Sta	te use only)		Current Use (I	Prior if be	ing den	nolish	ed)	
Name of Monitoring Firm Hired			T	ASCM No.	-	Name of Abatem	ent C	ontractor (9)					
						D & S RESTO							
Street Address					=	Street Address	<i>J</i> 10	IIIOIN, IIVC.					
						20 California	Av	e.					
City, State, Zip Code					-	City, State, Zip Co							
						Paterson, NJ	075	503					
Project Manager for Monitoring	Firm	P	hone Numb	er	_	Telephone Number			Licens	e Numi	oer	_	
						973-345-80	20			01169			
Start Date (10)	Sch	ned. Complet	ion Date (11)	-	Name of OSHA N							
07/07/15	07	120/15				D & S Restor	ratio	on, Inc.					
Occupancy Status During Abate	200000	/30/15 k only one)		West Action	_	Street Address	12						
Facility closed/vacated du		- 12 II	ement.			20 California City, State, Zip Co		enue					
Abatement performed out						City, State, Zip Ct	oue						
Describe: NORMA Other-Describe: NORMA	AL HOURS				-11	Paterson, NJ	075	503					
Scope of Work (check all that a								ull Containment	w/s costin	0 0100	uro		
M 0 1 0 11	Renova	ation						fini-enclosure	willegaliv	e press	sure		
≥160 sf or ≥260 lf							_	lovebag procedu	ure				
☐ ≥160 St 01 ≥260 II	☐ Demolif							Von-Exempted (*) and Nor	-	_	1	9
Location of asbestos-containing		tion normally ntenance/cus				N. COLUMN SE		Amount		e R	R	E n	E
material (acm) to be	staff(12			Description material (on of a	sbestos-containing	1	(Specify	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A	, material ((0111)			ĹF)		o v	l a l i	a	L
basement				DIDE DIGIT	T A CENT	ON		00 1 177		e	r	<u> </u>	-
GARAGE		X		PIPE INSU	_			90 L FT			부	屵	부
		II X		PIPE INSU				50 1 ft			닏	닏	#
basement-2 locations	-	# X	-	TRANSITE	STATE OF THE PARTY OF	THE RESERVE OF THE PARTY OF THE		32 sq ft			닏	닏	14
GARAGE		1 X		TRANSITE	PAN	ELS		190 sq ft					11
Registered Waste Hauler	INI	DED Usula-	ID# 1 C	uhio Vardo of V	Vanta	INome of Design	re al 1	andfill		_	Ш	Ш	
D & S RESTORATION, IN	IC.	IDEP Hauler 3506		ubic Yards of V YDS	vasie	Name of Registe		_andfill RESOURCE R	ECOVE	RY			
City, State			Disposal D			City, State		COLOD R					-
PATERSON, NJ 07503			07/08/15			TULLYTOW	N, 1	PA					
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC		DENT							06/25	/15			
ΔQR_//1	* Do not	use this form	for asbesto	s licensure exe	empted	d activities.							

Date

06/25/2015

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) APPROVED D&S Proj. #: 2015-219 Dept. of Hoalth & Senior Services (signature) Name of Building Owner/Operator (2) Date of Notification (1) 10 16 1/12 15 1/11 15 1 mitchele ritzer Type Notification Agencies Notified Street Address Initial EPA 17 knollwood terrace Amended DEP City, State, Zlp Code Amendment #: 図 DOL **Emergency** caldwell, nj 07006 Telephone Number (Including Name of Contact DOH DOH justification) ☐ DCA mitchele ritzer 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) mitchele ritzer Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 7 knollwood terrace County Code (7) County (8) City (5) (State use only) Current Use (Prior If being demolished) ESSEX caldwell Name of Abatement Contractor (9) ASOM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor School, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 07/06/15 06/26/15 20 California Avenue Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment winegative pressure Scope of Work (check all that apply) Mini-enclosure X >3 of or >3 if Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure E is location normally used solely E 0 I acation of ŧī by maintenance/custodial Amount Description of asbestos-containing ņ m asbestos-containing P Ü staff(12) (Specify SF or C material (acm) to be material (ACM) Ð a a abated in facility (13) ν No N/A p Yes X 1201ft PIPE INSULATION basement 55 1 ft PIPE INSULATION BASEMENT CRAWL SPACE Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 13506 D&S RESTORATION, INC. 2 yds. City, State Disposal Date City, State 07/01/15 TULLYTOWN, PA PATERSON, NJ 07503

Signaturo

Completed by (Print or Type)

ROGDAN JOLDZIC

Title

PRESIDENT

D&S Proj. #: 2015-219

Date of Notification (1)	IIN	ame of Bu	ilding Own	er/Operator (2))					_			
0 6 /12 5 /1 5		mitchele	ritzer					J.J.L	1	.5			
Agencies Notified Type Notificat	ion Si	treet Addre	ess								0 = 2/2		
DEP Amended	11/	7 knollw	ood terra	ce									
Amendment #:	c	ity, State,	Zip Code										
		caldwell	l, nj 07006	5									
DOH (including justification)	Na	ame of Co	ntact		3,750			Telephone	e Numbe	r			
DCA Cancellation		mitchele	e ritzer										
			FAC	ILITY INFORM	IOITAI	V							
Name of facility where abatement i	s taking pla	ce (3)					П	Type of Facility (4) (K - 12)				
mitchele ritzer								=	(3)		oon V	10\	
Street Address							-		apter 8 (0 Private/C			-12)	
/7								Bldgs./	Homes, e	etc.			
/7 knollwood terrace	Coun	tr (6)			L 0-		=	Square Feet	# of Floo	rs	В	dg. A	.ge
City (5)	Coun	ty (O)			1	unty Code (7) ate use only)		Current Use (Pr	ior if heir	na dem	olish	ed)	
caldwell	ESS							odrioni oce (i i	ioi ii boii	ig don	Olioni	<i>Ju)</i>	
Name of Monitoring Firm Hired by	3ldg. Owne	r (8)		ASCM No.		Name of Abaten	nent C	ontractor (9)					
						D & S REST	ORA'	TION, INC.					
Street Address						Street Address	- vv						
				_		20 Californi	_	2.					
City, State, Zip Code						City, State, Zip C							
Project Manager for Monitoring Firm		Toi	none Numb	or	_	Paterson, N Telephone Numi		03	License	Numb	or		
r roject Manager for Monitoring Film)		ione Numb	i ei		973-345-8				1169)ei		
Start Date (10)	ICohod	Completi	on Date (1	1\		Name of OSHA		or					
9-30-007 (2006), 30 (2007)		50	on Date (1	17.		D & S Resto	oration	n, Inc.					
06/26/15	07/06				_	Street Address							
Occupancy Status During Abatemen Facility closed/vacated during		, d	mont			20 California		nue					
Abatement performed outside Describe:						City, State, Zip C	ode						
Other-Describe: NORMAL H	OURS				_	Paterson, N	J 0750	03					
Scope of Work (check all that apply	/)					1 -	Fu	ull Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation	n						ini-enclosure					
≥160 sf or ≥260 lf	Demolition							lovebag procedur on-Exempted (*)		-friable	proc	edure	9
Location of	Is location by mainte		used solely	/						T R e	R	E	E
asbestos-containing material (acm) to be	staff(12)	riarice/cus	nodiai	Description material (asbestos-containin	ıg	Amount (Specify S	F or	m	р	n c	n
abated in facility (13)	Yes	No	N/A	materiar	ACIVI)			LF)		o v	a	a	L
hanamant			7	DIDE DICE	T A T	ION		112016		e	r	F-1	-
basement CDANU SPACE		\rightarrow		PIPE INSU				120 l ft 55 l ft			<u>H</u>	븜	쓔
BASEMENT CRAWL SPACE		\rightarrow		THEMSU	LAI.	LOIN		33 111			Η	片	++
						and the second second second				╁┼	Η	Η	#
			1							ዙ	+	片	卅
Registered Waste Hauler		P Hauler I	ID# C	ubic Yards of \	Vaste	Name of Regist	ered L	andfill		-1			1
D & S RESTORATION, INC.	1350	06		2 yds.		TULLYTOV		ESOURCE RE	COVE	RY			and the state of
City, State PATERSON, NJ 07503			Disposal D 07/01/1			City, State	T/NT -						
Completed by (Print or Type)	Title		0//01/1	Signature		TULLYTO	WN, F	A	Date				
BOGDAN JOLDZIC	PRESIDI	ENT		J.g. ididio					06/25/	2015			
ASB-41 *	Do not use	this form	for asbesto	os licensure ex	empte	ed activities.							

CX bblody

D&S Proj. #: 2015-172	-			ation of Ast		Abatement and 12:120)	AF	PROVED			7	
							N. Gept. of He	alth & Seni	or Se	rvice	s	
Date of Notification (1) 0 6 / 2 5 / 1 5				er/Operator (2))	i	-45/6/	ignature)	000	1	E	
Agencies Notified Type Notificat	matter Branch	COURTN	THE RESERVE OF THE PARTY OF THE	LAGHAN		1	Data 6/25	15_	72	7/	111	AND THE RESERVE
☐ EPA ☐ Initial	110			T		!	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				٦	
DEP Amended	-	ity, State, 2	OLIS AV	ENUE						- The last		Maria Company
☑ pol. ☑ Emergency	-11		IDGE, N	T ハプハウタ		į	3					
DOH (including	Na INa	ime of Cor	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	3 0 1 0 2 0			Telephor	e Number	L-S	_		*
DCA Justification)	11	COURT	NEV CÁ	LLAGHAN		•						
Carrenation		44494		LITY INFORM	ATION					_	_	
Name of facility where abatement I	s taking pla	ce (3)	rny	ACT IN OTHER	KIIVI		Type of Facility	'A\				
ε	550	00 (0)					School	(K-12)				
COURTNEY CALLAGHAN Street Address							The state of the s	apter 8 (Ot			-12)	
								Private/Co Homes, et		rcial		
345 MAOLIS AVENUE								# of Floors		BI	dg. À	ge
City (5)	Coun	ĮÀ (6)		93250 mill 178		nty Code (7) te use only)	Dunes the D		_			
GLEN RIDGE	ESS	EX			,		Current Use (P	gnied ii aoing	dem	Olish	ea)	
Name of Monitoring Firm Hired by I	ildg. Owne	r (8)		ASCM No.		Name of Abatement C	Contractor (B)		alleg and	-		
						D & S RESTORA	TION, INC.					
Street Address						Street Address						
City, State, Zip Code	or upon				_	20 California Avo City, State, Zlp Code						
					- 11	Paterson, NJ 075	:03					
Project Manager for Monitoring Firm		Ph	one Numb	61		Telephone Number	/out.	License N	lumb	۵ŕ	00 FFE BEE	*10000000
					- 11	973-345-8020		01	169			
Start Date (10)	Sched.	Completic	n Date (1)		Name of OSHA Monto D & S Restoratio						
07/01/15	07/20					Street Address	11, 1110.					
Occupancy Status During Abatemen						20 California Ave	nue					
Facility closed/vacated during Abatement performed outside	20 1000	64.4				City, State, Zip Code	0				Charles of the last	
Describe: NORMAL H					-11	Detoman NT 026	00					
Scope of Work (check all that apply					-	Paterson, NJ 075	Additional Comments of the Com					_
≥3 of or >3 if	, Renovation	1	30		- 2	provide	uli Containment w Iini-enclosure	vnegative p	reas	шe		
□ ≥160 sf or ≥260 if □	Demolition					⊠G	lovebag procedu					
Location of	is location						lon-Exempted (*)	and Non-fri	able H	Proce	dure	
asbestos-containing	by mainter staff(12)	rance/cust	odial	Description	on of as	bestos-containing	Amount	1	ė m	e	n	E
material (acm) to be abated in facility (13)	Yes	No	N/A	material ((MOA	1	(Specify S	For	0	p a	C E	¢
	, 63	ND	N/A						v e	1	ρ	-
BASEMENT		X		PIPE INSU	LATI	ON :	701ft ·		X			
		-										
							-		늬	부	부	님
		Mary and a second		1			+		뷔	井		1
legistered Waste Hauler		P Hauler II	100	ubje Yards of V	Vaste	Name of Registered L					Lul	
D& SRESTORATION, INC.	1350	277		yd.		TULLYTOWN, R	ESOURCE RE	COVERY	<u> </u>	-		
City, State PATERSON, NJ 07503			Disposal D 07/02/1			City, State TULLYTOWN, I	PA					
Completed by (Print or Type)	Title	-		Signature	-	1	1 2 1	Date	NATION AND ADDRESS OF			
BOGDAN JOLDZIC	PRESIDI	INT						06/25/2	1015			

D&S Proj. #: 2015-172

ASR-41

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

Date of Notification (1)	Name o	of Building Owr	er/Operator (2)									
0 6 / 2 5 / 1 5	COU	COURTNEY CALLAGHAN										
Agencies Notified Type Notification		Street Address										
EPA Initial Amended	345 1	345 MAOLIS AVENUE										
DEP Amended Amendment #:		City, State, Zip Code										
DOL Emergency	— GLE	GLEN RIDGE, NJ 07028										
DOH (including		Name of Contact Telephone Number								DISTRIBUTE.		
justification)	001	COURTNEY CALLAGHAN										
Cancellation	11 200			ATION								
Name of facility where abatement is	taking place (2)	10.00011110	CILITY INFORM	ATION		Type of Facility (4						
	taking place (5)					School	(K - 12)					
COURTNEY CALLAGHAN							pter 8 (Ot			12)		
Street Address						Other (F	Private/Co Homes, etc		rcial			
345 MAOLIS AVENUE							of Floors	_	Blo	lg. A	ge	
City (5)	County (6)				nty Code (7)							
				(Stat	te use only)	Current Use (Pri	or if being	dem	olishe	d)		
GLEN RIDGE	ESSEX			<u> </u>	Name of Abote with Co							
Name of Monitoring Firm Hired by B	lag. Owner (8)		ASCM No.		Name of Abatement Contractor (9)							
				_	D & S RESTORAT	rion, inc.						
Street Address					Street Address							
				_	20 California Ave. City, State, Zip Code							
City, State, Zip Code					100 T 1000							
Project Manager for Monitoring Firm Phone Number					Paterson, NJ 07503 Telephone Number License Number							
Project Manager for Monitoring Firm Ph			ber		973-345-8020 01169							
					Name of OSHA Monito	r		107				
Start Date (10)	Date (10) Sched. Completion Date (11)				D & S Restoration, Inc.							
07/01/15	07/20/15				Street Address							
Occupancy Status During Abatement (Check only one)					20 California Avenue							
Facility closed/vacated during					City, State, Zip Code							
Abatement performed outside of Describe:	of normal facility	hours-										
Other-Describe: NORMAL HO	OURS	-		=	Paterson, NJ 0750)3						
Scope of Work (check all that apply)					☐ Fu	Il Containment w	negative p	oress	ure			
	Renovation				2000	ni-enclosure						
≥160 sf or ≥260 lf	Demolition					ovebag procedure on-Exempted (*) a		riable	proce	dure	1	
Location of	Is location norm	nally used sole	ly			T Zxomptou () o		R	R	Е		
asbestos-containing	by maintenance	e/custodial	Description	on of a	sbestos-containing	Amount		e m	e p	n	E n	
material (acm) to be abated in facility (13)	staff(12)	T	material ((Specify SI	For	0	а	c	C	
abated in facility (13)	Yes N	o N/A						v e	i	р	-	
BASEMENT			PIPE INSU	LATI	ON	70 l ft		X				
			1									
			1									
Registered Waste Hauler	NJDEP Ha		Cubic Yards of	Waste	Name of Registered L							
D & S RESTORATION, INC. 13506 1 yd.				TULLYTOWN, RESOURCE RECOVERY								
City, State Disposal Date PATERSON, NJ 07503 07/02/15					City, State TULLYTOWN, PA							
	Title Signature				1		Date					
**	PRESIDENT	The second secon					06/25/	2015				

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

D&S Proj. #: 2015-172

ASB-41

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

							-					
Date of Notification (1)	Name o	of Building Owr	ner/Operator (2))								
0 6 / 2 5 / 1 5		RTNEY CAI	LLAGHAN			U9)	Trie					
Agencies Notified Type Notificati	on Street A	Street Address										
DEP Amended	345 1	345 MAOLIS AVENUE										
Amendment #:	City, St	City, State, Zip Code										
DOL Emergency	GLE	GLEN RIDGE, NJ 07028										
DOH (including justification)	Name o	Name of Contact Telephone Number										
DCA Cancellation	COT	COURTNEY CALLAGHAN										
· · · · · · · · · · · · · · · · · · ·		FAC	ILITY INFORM	IATION	V							
Name of facility where abatement is	taking place (3)	0				Type of Facility (4	1) (K - 12)					
COURTNEY CALLAGHAN							pter 8 (Oth	ner th	an K	-12)		
Street Address						Other (F	Private/Cor	nme				
345 MAOLIS AVENUE							Homes, etc	· 	Blo	dg. A	ge	
City (5)	County (6)			Cou	inty Code (7)						0	
	100000000000000000000000000000000000000			300,880	ite use only)	Current Use (Pr	ior if being	dem	olishe	ed)		
GLEN RIDGE	ESSEX			<u></u>								
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement C	Contractor (9)						
					D & S RESTORA	ATION, INC.						
Street Address					Street Address							
					20 California Ave.							
City, State, Zip Code					City, State, Zip Code							
Droinet Manager for Manitoring Firm		Phone Numl	h a r	_	Paterson, NJ 075	503	License N	lumb	or			
Project Manager for Monitoring Firm Phone			ber		Telephone Number License Number 973-345-8020 01169							
Start Date (10) Sched. Completion Date					Name of OSHA Monitor							
Start Date (10)	1)		D & S Restoration, Inc.									
07/01/15	07/20/15				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 H		()			Paterson, NJ 075					_		
Scope of Work (check all that apply)				terminal Control of the Control of t	Full Containment w	/negative p	ress	ure			
\boxtimes >3 sf or >3 lf \boxtimes Renovation						Mini-enclosure Blovebag procedur	e					
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)			proce	edure)	
Location of Is location normally used solely by maintenance/custodial								R e	Re	E n	E	
asbestos-containing material (acm) to be	staff(12)	orcusioniai			asbestos-containing	Amount (Specify S	For	m	p	C	n	
abated in facility (13)	Yes N	o N/A	- material	(ACIVI)		LF)		0 V	a i	a	L	
			The property of			7016		e	r	P	-	
BASEMENT			PIPE INSU	JLAT.	ION	70 l ft				븜	井	
			4					井	片	븜	++	
			-	on the same of the		_		屵	믐	믐	14	
			-			_		屵	片	믐	H	
Registered Waste Hauler	NJDEP Ha	uler ID# 17	Cubic Yards of	Waste	Name of Registered	Landfill			Ш			
D & S RESTORATION, INC.	13506		1 yd.	4316	TULLYTOWN,		COVERY	Y				
City, State Disposa			Date	Date City, State							management of the	
PATERSON, NJ 07503		07/02/	Signature		TULLYTOWN,	PA						
Completed by (Print or Type) BOGDAN JOLDZIC							Date	0015				
POODALI JOEDVIC	PRESIDENT		1				06/25/2	CUID	<u> </u>			

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