Check # 9013

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

Agencies Notified Type Notification Street Address Type Notification Street Address Type Notification Street Address Type Notification Street Address Type Notification Type Notification Type Notification Type Notification City, State, Zip Code Reen Brook, NJ 08812 Name of Contact Name of Contact Name of Facility Where Abatement is Taking Place (3) Single family Shore Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Or tey Beach County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
EPA Amended City, State, Zip Code Contact City, State, Zip Code Contact City, State, Zip Code Contact Contact City, State, Zip Code Contact Contact Contact City, State, Zip Code Contact
DEP Amended City, State, Zip Code County Code County Code County Code City, State, Zip Code County Code County Code City, State, Zip Code Telephone Number Telepho
Emergency (including justification)
DOH Justification Name of Cancellation Name of Facility Where Abatement is Taking Place (3) Single family Shore House Street Address Street Address City (5) City (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9)
Name of Facility Where Abatement is Taking Place (3) Single family Shoke House Street Address Street Address Other (i.e. private & commercial buildings, homes, etc.) City (5) OR fley Beach County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County (6) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9)
Single family Shore House Street Address Street Address B35 Wishington City (5) ORTley Beach County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Solt— County (6) Current Use (Prior if being demolished) Shore House Name of Abatement Contractor (9)
Street Address 835 Wishington City (5) ORTICL Beach County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 250 t - County (6) County (6) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9)
City (5) ORtley Beach NJ County (6) Ocan Name of Monitoring Firm Hired by Building Owner (8) County (8) ASCM No. Name of Abatement Contractor (9) Name of Abatement Contractor (9)
County (6) Ocan County (6) Ocan County (7) Current Use (Prior if being demolished) Shore House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) Name of Abatement Contractor (9)
Maile of World Thirt lifed by Ballotag Office (6)
EPC Technologies N/A EPC Technologies Inc
Street Address Street Address
City, State, Zip Code City, State, Zip Code
Project Manager for Most Prig Firm Telephone No. Telephone No. Telephone No. Telephone No. 201
Steve Schenker 609 758-3365 609 758-3365 00 377
Start Date (10) 8-7-14 Scheduled Completion Date (11) Name of OSHA Monitor EPC Technologies. Exc
Occupancy Status During Abatement (Check Only One) Street Address
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code
Other - Describe: New Egypt NJF 08533
Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 lf □ Renovation □ Full Containment with Negative Pressure > 160 sf or ≥260 lf □ Demolition □ Mini-Enclosure
≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exampted (*) and Non-Friable Procedure
Abatement
l ocation of Normally Description of
Asbestos-Containing Material (ACM) TO BE ABATED "Used Solely by Maintenance/ Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, (Specify December 1)
In Facility (12) Surfacing, VAT, or SF or LF)
Yes No N/A
City Shipples 2000 cs.
exterior X Siding Shingles 2000 St K
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
FPC Technologies Hauler ID No. of Waste /2 Waste Management of PA
Name of Registered Waste Hauler Hauler ID No. of Waste / O DIA

Jul.18.2014 09:43 AM

0

CK 1447

6094812123

PAGE. 2/ 4

4 JUL 30 P			NO	TIFIC	CATIC	N ASSE	w Jersey 19708 ABATE 9:80 and 12:1	MENT 20)		CV	村	8 8	N.	7	
Des el Newicelles (7/18	NG	7 .		T		el Buildin	g Dwner/Operet	or (2)		- 1	ر و دسته	1	į.į.	J	7
Agencias Hotified	Control of the last of the las	idation		\dashv	5500	Address	if igit		1	17/	WI TH		7		ᅱ
BEPA DEP	So initial Amond	lod		1	Distance of the last	Oak	200		++	WAT	FAR		-		F
NO.	Amend Emerge Justific	ment R	Valled	- 1			NI 08057		L_	16751		1 / 1			_
DCA DCA	Cancel	aten) lation			-	e of Con				Telap	hone Num	ber			
			-		-	American	GRMATION			<u> </u>		5	Panis		
Name of Facility Who Rosidence Street Address	re Absternant i	a Yaking	Place	(3)				- Hau	hool (K-	12) r B (Olhq	ir then K-1	2)	la sa		
50 B. Oak								N N	mer (ile., mer et	privete s	Floors	Mi Careno	da. A	-	_
ony (a) Moorestown, NJ (8057							3200		2		8:	yrs	Bá	
Sounty (B) Builington					Cou	ONLY)	T) (STATE	Resid		Prior If be	ing demoli	shipd)	Se	清	
sme of Montoning P	ism Hired by Bu	mang Q	Print	T	ASCH	No.	Name of Abat AE12, LLC		hiracion ((B)		1	10	: -:37	
Street Address				ىلىد		- MARCO	Street Address 300 S. Long	4					75	9	
City, State, Zip Gode	- k						City, Stale,	Zip Code			dament della		72	Z	_
roject Wareger le	r Wantering !	Irin .	_	Tels	phone	No.	Maple Shad Telephone No.		032		msa No. 689		19	8	_
Start Date (10)		School	las Co	- Inne	Ann "Li	to /111	609-481-2 Name of OBH		===	00	999		Cha.		_
7/20/14		7/25/1	4		MRIT PAR	100 (110	AEI2, LLC								_
Occupancy Status Di Padlity Glosed/Ve Abstement Perform Other - Describs:	cated During E mod Outside of	Intire Pe	ried of	Abal	tement rs		300 Lengta 300 Lengta Cig. State, 29 Maple Sha	Road	8032						
Scaps of Work (Chec >3 of or >3 ll)		Poyali ma lilic	ion in		Mith.	Onclaeure ebad Proc	edure		Pressure				
			No	nonti emely	/							1	hotor Typ		
Location-Containing TO BE A TO Fee THE Fee	<u>RATED</u>	AI)	Cu S	solo Itonea Iton	ice/		Description tos Containing R , thermal system surfacing, V/ ather miscelles	Amberiel (A No insulation AT, or		7.00	nount poolfy or LF)	10 10 0 10 m	a reasts		
Ninia - Pasm		_	Yes	No	N/A	Ashact	os pipe wmp		_	3 of		x	-	8	•
Dining Room						75008					or —	1			-
					-					1		+	-	-	
Name of Registered	rosto Houler			T	ADEP	Weste D No.	Cubic Yards of Waste			Stared	Langrei		-	ia-rejoint fil	
ABI2, LLC					1376		Crapter Date	-	J. State	-		***************************************			
CIG. BONG							TED		3D □	1					
City, space Maple Shade, NI Completed by		Pith					- American			7/	Tools	-			

043474

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	(2)			-		_		
	9 /	14	_	Bank of America											
	ype Notific	cation	5		Stree	t Address			****	Market Co.		-			
	Initial				112	28 Walnu	t Street	J	UL 3 0 20	14					
] Amende				City,	State, Zip	Code				-	-			
□ DHSS	Amendn						a, PA 19107								
(NJAC 5:23-8)	Emerge justificat		ciuding	3		of Contac			Telephone Nu	mhor					
The state of the s] Cancella				110000000000000000000000000000000000000	n Luxfo	1.70		relephone Nu	niper					
			700												
Name of Facility Where Aba	tement is	Taking	Dlaca	(2)	FA	CILITY	FORMATION	I =							
Bank of America	terrierit is	Taking	Flace	: (3)				Type of Facility (
Street Address								☐ School (K-12) ☐ Subchapter 8	(Other than K-	12)					
25 Cooke Avenue								Other (i.e., pr	ivate and comm	ercial b	uilding	js,			
City (5)				_		- Tours F.C. II.		Square Feet	# of Floors	Гр	Ida A				
Carteret, NJ 07008								10.000	1		ldg. A 30	ge			
County (6)					Сош	nty Code (7)(STATE USE ONLY)	Current Use (Prid		lichod)					
Middlesex						, 0000 (HOME OUT ONE	Ourient Ose (Fin	or it being demo	ilistied)					
Name of Monitoring Firm Hir	ed by Bui	Iding C)wner ((8)	ASCM	No.	Name of Abateme	patement Contractor (9)							
New York Environmet	al						JVN Restora	orange and a second control of the second co							
Street Address							Street Address								
88 Harbor Road							47 Foster Ro	ad							
City, State, Zip Code		-		-			City, State, Zip Co	ode							
Port Washington, NY							Staten Island	NY 10309							
Project Manager for Monitori	ng Firm			Te	lephone	No.	Telephone No.		License No.						
Mike Baudo					16-944	-9500	718-605-6256		00774						
Start Date (10)	manus III	Sched	uled C	ompl	etion Da	ite (11)	Name of OSHA N	lonitor	1						
08/09/	14	_0	8 /	_1	7_/	_14	Testor Tech								
Occupancy Status During At	patement	(Check	only o	one)			Street Address	<u> </u>							
☐ Facility Closed/Vacated □	Ouring Ent	ire Per	iod of	Abat	ement		10 59 Jackso	n Avenue							
Abatement Performed Ou	itside of N	lormal	Facility	у Ног	ırş - Des	scribe	City, State, Zip Co	ode							
Time of Abatement:	AM- <u>1:0</u>	00 PM	9:00P	M	AN	ı	LIC, NY 1110								
Scope of Work (Check all that	at apply)														
≥3 sf or ≥3 If			⊠ Re	nova	tion		☐ Full Cont	ainment with Nega	ative Pressure						
☐ ≥160 sf or ≥260 lf			☐ De					Procedure							
				-		_	Non-Exe	mpted (*) and Non	-Friable Proced	lure					
1 1 1			10170	Loca						Ab	atem	ent T	уре		
Location of Asbestos-Containing Mat	erial (ACN	A)			lely by	Asho	Description o stos Containing Ma		Amount	_Z	Z.	ū	Щ		
TO BE ABATE		,			ance/		., thermal systems		(Specify	Remova	Repair	car	ıclo		
IN Facility (13)			Cust	odia (12	Staff?		surfacing, VAT		SF or LF)	val.	-	Encapsulate	Enclosure		
(13)			Yes	No			other miscellane	ous)				ate			
Exterior Windows			\boxtimes			Caulkir	ng		20						
											П	П	П		
			П					-			=	$\overline{\Box}$			
] [+=-					$\dashv \vdash$]			
Name of Registered Waste H	laulor	1	Ш	Щ	LIDEBY	Monte	Cubic Venda of	Nome			Ш	Ш			
Newark Carting	iaulei			174 13	NJDEP \ Hauler I[Cubic Yards of Waste	Name of Registe	ered Landfill						
					NJ-56		15	IESI							
City, State							Disposal Date	City, State							
Newark, NJ			AL_				08/17/14	Bethelhem,	PA						
Completed By (Print or Type)		Title					Signature			ate	100120				
Ralph Barnhardt		P	roject	: Ma	nager		illin1	in ?		22.	29-	14			
CD 44					-		1 11/1/	- //	and the state of t						

ASB-41 MAY 11

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

Jul 28 2014 12:31PM HP Fex

page 2

AND DESCRIPTION OF THE PERSON State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8: 60 and 12:126) Name of Building Owner/Operator (2) State of NJ (DPMC) Type Notification Street Address 33 West State Street JUL inBlai City, State, Zip Code Trenton, NJ 08625 DEP Amended DOL Amendment #. Emergency (Including Name of Contact DOH Just Mcation) Walter Fernandez Cancelledon DCA FACILITY INFORMATION Name of Fedilly Where Abstement is Taking Piece (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-Street Address buildings, homes, Other (I.e. private & comment 98 Causeway Street etc. # of Floors SOMETE FE Bidg. Age City (8) South River 30+ 30000 County Code (7) Ourent Use (Prior if being demokated) County (6) Midziasax Name of Monitoring Firm Whee by Building Own (3) Health and Smiety ASCM No. Name of Absternant Contractor (8) Bite Enterprises, Inc. Birest Address Street Address 815 12th Street 318 12th Street City, State, Zip Code City, Stets, Zip Code Hammonton, NJ 08037 Hammonton, NJ 06037 Telephone No. 609-567-1250 License No. Telephone No. Project Manager for Monitoring Firm 01172 809-704-8850 James Proclor Name of OSHA Monitor duled Completion Date (11) Health & Safety Services, Inc. 128 12 Street Address Occupancy Status During Abatement (Check Only 318 12th Street Facility Closed/Vecated During Entire Period of Abatement Absternent Performed Outside of Normal Facility Hours Other – Deserte: Chy, State, Zip Code Hammonton, NJ 08037 Scope of Work (Check All That Apply) Put Containment with Negetive Presure Renovation 23 of or 23 ff Mini-Enciosure Demolition 160 of or 2250 F Glowsbeg Procedure Non-Exercited (*) and Non-Frieble Procedure Abstement is Location TYPE Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbeatos-Containing Material (ACM) Maintenance! (Specify SF or LF) G.e. theresal systems insulation, TO BE ABATED Custodial Blaff? BURBOIRS, VAT, or In Facility (12) other miscellansous) (13) N/A Yes Na 1 LF Ploe Inquietion X X Basement 4000s1 Plaster X X Wall & Cellings 168 Flashing K X Chimney 2100a1 X Shingles/tar/paper Roof Name of Registered Landfill NJDEP Wasts Cublo Yarda Hame of Registered Weste Hauer

of Wmite 40cy

Disposal Date

UPE LIFE

Hauter ID No. 0035220

PM

GROWS Landfill

Morrisylle, PA 19067

City, State

Completed by Thomas Rock

Site Enterprises inc.

815 12th Street, Hammonton NJ 05037

^{*} Do not use this form for subsects licensure exempted activities.

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 2182

			(FUNSUAIN)				. (0)		-	THE RESIDENCE OF THE PARTY OF T				
Date of Notifica	ation (1)				uilding Owr	ier / Opera	ator (2)							
07 / 3	29 / 14			irst Energy										
/				Street Add										
Agencies Notif	ied Type of No	tification		76 South St				70.110						
	PA 🗌 1	nitial			Zip Code		JUL 3 U	ZW14						
		Amended		Akron, Ohio				- 1 1	. Normalia					
✓ D		Amendment #_		Name of C				lelenhor	ne Numbe	r				
☑ D	OOL 🗹 🗆	Emergency w/	justification	Jim Halsey										
П		Cancellation							_					
			FA	CILITY INF	ORMATION	1								
		200				7.5								
Name of Facili	ty Where Abateme	ent is Taking P	lace (3)	1	Type of Fac	cility (4)								
				- 1			40)							
_						School (K								
Street Address	3					Subchapte	er 8 (Other t	nan K-14	:)					
520 MAIN STR	EET			- 1			private & c	ommerc	iai					
							mes, etc.)		Dullding					
City (5)	County (6)		County Code (7	7)	Square Fee	t	# Of Floors	•	Building	Age				
ALLENHURST	MONMOUT	Ή					1		1	F0.				
					Current Use		being demo	olished)		50+				
					SUB-STATI	ON								
Name of Monit	toring Firm Hired	by Bldg. Owne	r (8)	ASCM NO										
						05 WEST AND A 1	Tels 20000							
Environmental	Health Investigation	ns			LVI Demolit	ion Service	es Inc.							
Street Address					Street Add									
655 West Shore	e Trail													
City, State, Zip					32 Williams	Parkway								
Sparta, NJ 078				1	City, State,									
	For Monitoring Fi	rm	Telephone Nur	nber		100								
Dino Nappi	roi wontoning ri		212-682-9271		East Hanov	er. NJ 070	36							
	4 Data (10)		etetion Date (1	1)	Telephone			License	nse Number					
Sheduled Star	','		31 /	14	. cropc.									
07 // -	30 / 14	_07/	/		973-884	1-8682	00860							
ć	atus During Abate	mant (Chack)	Only 1)		Name of O		tor							
	atus During Abate ility Closed/Vacat	and During Ent	ire Period of		LVI Demolit									
		ed During Lin	ire i errou or		Street Add									
	atement atement Performe	d Outside of N	ormal Facility		Oli Cot Add									
	urs - Describe:				32 Williams	Parkway								
(6=05	50.00				City, State,									
☑ Oth	er - Describe:				East Hanov									
	LOL LAUTE-A	A 1.4\												
Scope of Worl	k (Check All That	Apply)												
			Renovation	П	Full Contai	inment wi	th Negative	Pressur	e					
-	nolition	✓	Reliovation	H	Mini - Encl		un moguere							
	f or >3lf				Glovebag I		•							
□ ≥16	60 sf or ≥260 If			H	Non-Exem	nted (*) ar	nd Non-Fria	ble Proc	edure					
1					NON EXON	p ()								
	tion of	le le		Descripti	ion of			Abatem	ent Type					
	ation of	ls Location	٨٥	bestos - C				R		E	E			
Aspestos	s Containing	Normally	^3	Material (Amount	E	R	N	N			
TO 05	ADATED	Used	п	e., thermal	2018 C. S.		(Specify	M	E	С	C			
	ABATED	Solely			facing, VAT		SF or LF)	0	P	Α	L			
1.0000000	Facility	by Main-			ellaneous)	2:	/	V	A	Р	0			
	(13)	tenance/		Juici iiiioo	onanocac			Α	1 1	s	s			
	l.	Custodial						L	R	U	U			
		Staff (12)	1							L	R			
-		YES NO N/A												
OUD OTATION		TES NO NA	PIPE INSULAT	ION			5 LF	V	TIT					
SUB-STATION	1		I I L INSOLAT	1014					1 7					
							-		1 7	T				
							-	H	1 7	一一				
		NUDED W	Cubia	Name of R	enieterad	Landfill			-					
Name of Regi	stered Waste Hau	NJDEP Waste		I.E.S.I.	egistered	Lanunill								
NEWARK CAF	RTING	Hauler ID No.		I.E.S.I.										
			4509	of Waste	O:6: Ot-1									
City, State				Disposal	City. State		105							
NEWARK, NJ		Date	BETHLEH	EIVI, PA 18	100									
			1=:::			Cimpoter				Date				
Completed by	(Print or Type)		Title		<	Signatur		0		Date				
				07					7/29/14					
Steven Stiles			Project Manag	er ·		1	1100	The state of the s			1120117			

		NOTIFICAT		SBESTOS	EY ABATEMEN ND 12:120-7	T O	lock	3	1	_)	183
Date of Notification (1) 07 / 29 / 14		(I OKSOAI	Name of		wner / Oper		Tim Mi	- Y			1
Agencies Notified Type of No	otification		Street Ad	idress HINGTON	STREET			Т	·		ř
EPA	Initial		City, Stat	e, Zip Cod	е			_			
□ DOH □	Amended Amendment	#	NEWARK Name of	Contact		,1111	O ∩			r	
DOL 0		v/ justification		CKNIGHT			I			:	
		F	ACILITY IN	FORMATI	ON						
Name of Facility Where Abatem PRUDENTIAL	ent is Taking	Place (3)		_	acility (4)	40)		Ť			
Street Address 751 BROAD STREET		-			Other (I.e. bldgs., ho	er 8 (Other , private &					
City (5) County (6) NEWARK ESSEX		County Code	(7)	Square F	eet 0,000	# Of Floor		Bu	ilding	Age 45	+
				Current L	lse (Prior if						7#*()
Name of Monitoring Firm Hired	by Bldg. Own	ner (8)	IASCM NO	OFFICE Name of	Abatement	Contractor	(9)	_			
AET		- 32.5			lition Service						2
Street Address				Street Ad		03 HiQ.		_			
907 DOOLITTLE DRIVE City, State, Zip Code			32 Williams Parkway								
BRIDGEWATER, NJ 08807			City, State, Zip Code						501-00-1	V50(-10)	
Project Mngr. For Monitoring Fi ERIC HOUSEKNECHT	rm	Telephone Nu 908-218-1108	mber	East Hand	anover, NJ 07936						
Sheduled Start Date (10)	5 2001 2 30	letetion Date (1		Telephon		License I					
$\frac{-08}{-02} / \frac{-02}{-14}$		04/	14_	973-8	84-8682	41 T-12 -42 BURGUET -52 - 152			00	860	uses of the
Occupancy Status During Abate Facility Closed/Vacate	ement (Check	Only 1)		The state of the s	OSHA Moni			Т			
Abatement	-			Street Ad		20 1110.		7			
Abatement Performe Hours - Describe:	d Outside of N	Normal Facility		32 William	s Parkway						
Other - Describe:	3:00PM-1:00A	M			e, Zip Code			Т		V	
Scope of Work (Check All That	Apply)				, , , , ,						
 Demolition ≥3sf or ≥3lf ≥160 sf or ≥260 lf 	V	Renovation		Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
Location of			5								
Asbestos Containing	ls Location	As	Descript bestos - C	ontaining			Abateme R	nt I		E	 E
TO BE ABATED	Normally Used	η.	Material e., therma			Amount (Specify	E M	R E		N C	N C
in Facility	Solely	insu	lation, sur	facing, VA		SF or LF)	0	P		Α	L
(13)	by Main- tenance/	or	other misc	ellaneous)			V A	A		P S	o s
	Custodial						L	R		U	U
	Staff (12) YES NO N/A		-							L	R
24TH FLOOR `		VAT & MASTIC				130 SF	V	П			
								\vdash			1 -
Name of Registered Waste Haul		NJDEP Waste	Cubia	INome of F	Registered L	andfill		П			
NEWARK CARTING						_anunn					
City, State NEWARK, NJ			Disposal Date	City. State BETHLEH	e EM, PA 181	05					
Completed by (Print or Type) STEVEN STILES		Title PROJECT MAN	NAGER	1	Signature	200	7			Date	

08/29/14

12 hook

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1) 07 / 15 / 1	4		Name of First Ener	Building Owner / Ope	erator (2)						
- / - / - / - / - / - / - / - / - / - 			Street Ac					7			
	of Notification		76 South	ACT PAST TO A C	<u> </u>	0.0014					
DEP	-re Malesare saelifement ***	2	Akron, Ol		001	U 2019		s.l			
☑ DOH ☑ DOL ☐	Amendment Emergency	# w/ justification	Name of Jim Hals			Telenho	ne Numh	ner:			
	Cancellation										
		F	ACILITY II	NFORMATION							
Name of Facility Where Ab	atement is Taking	Place (3)		Type of Facility (4)							
	-	• • • • • • • • • • • • • • • • • • • •									
Street Address				School (I	<-12) ter 8 (Other	than K 1	2)				
6 LADY BESS DRIVE					e., private &						
01/ (5)		7		bldgs., h	omes, etc.)						
City (5) Coun	ity (6)	County Code	(7)	Square Feet	# Of Floo	rs	Buildin	g Age			
				Current Use (Prior i	f being den	nolished)	†				
				Telephone Pole							
Name of Monitoring Firm I	fired by Bldg. Owi	ner (8)	ASCM NO								
Environmental Health Invest	igations			LVI Demolition Service	ces Inc.						
Street Address				Street Address							
655 West Shore Trail City, State, Zip Code				22 Williams Darkway							
Sparta, NJ 07871				32 Williams Parkway City, State, Zip Cod							
Project Mngr. For Monitori	ng Firm	Telephone Nu	mber	1, ,							
Dino Nappi	<u> </u>	212-682-9271		East Hanover, NJ 07	036						
Sheduled Start Date (10)07		oletetion Date (1	1) 14	Telephone Number	Number						
	/	//		973-884-8682			(00860			
Occupancy Status During				Name of OSHA Mon							
Facility Closed/\ Abatement	Vacated During En	itire Period of		LVI Demolition Service Street Address	ces Inc.						
MEN NOT THE PROPERTY AND	ormed Outside of	Normal Facility		Street Address							
	e: Friday 8:30 a			32 Williams Parkway							
Other - Describe	i:			City, State, Zip Code East Hanover, NJ 07							
Scope of Work (Check All	That Apply)			Last Hanover, 140 or		-	LICENTES CHILD				
☐ Demolition				5 " O		_					
>3sf or >3lf	7	Renovation	H	Full Containment wi Mini - Enclosure	th Negative	Pressure	•				
☐ ≥160 sf or ≥260 l	ıf			Glovebag Procedure							
			V	Non-Exempted (*) ar	nd Non-Fria	ble Proce	dure				
Location of	Is		Descript	ion of	T	Abateme	nt Type				
Asbestos Containing	Location	As	bestos - C	ontaining		R		E	ĮΕ		
TO BE ABATED	Normally Used		Material		Amount	E	R	N	N		
in Facility	Solely		e., therma lation. sur	facing, VAT,	(Specify SF or LF)	M	E P	C	C L		
(13)	by Main-			ellaneous)	/	v	A	P	0		
73 - 17	tenance/					A	1	s	s		
	Custodial Staff (12)					L	R	U	U R		
	YES NO N/A				 			+	1,		
Exterior Telephone Pole		Transite Condu	it		20 LF	V					
		 			-			1			
		1			 	H		1 1	1 1		
Name of Registered Waste	Hauler	NJDEP Waste		Name of Registered	Landfill						
NEWARK CARTING		Hauler ID No.	Yards of Waste	I.E.S.I.							
City, State			Disposal	City. State			_				
NEWARK, NJ			Date	BETHLEHEM, PA 18	105						
Completed by (Delet and	-1	IT:41-		450				In.			
Completed by (Print or Typ	e)	Title		Signature				Date			
Steven Stiles		Project Manage	r		lu			0	7/29/14		
ASB-41				The same of the sa			-				

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

	114		<u> </u>		d ·		
Date of Notification (1)	Name of Building Own	er/Operator (2)					
	shannon masternak	<u> </u>	N Chant &	APPROVED	1111	اُم مب	ansa
Agencies Notified Type Notifica	Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Poul	C- World Services	1		
D DEP Amended	169 e. short trail			(signature)			
Amendment #	City, State, Zip Code		Date://&	5114 Time: 10-56)	MA	11127	- Property and the Paris
DOL Emergency			. 1		11		-
DOH (Including	Name of Contact	The state of the s	- 個	/ Telephone	Number		
DCA Justification) []						
Canoellatio	n sparta, nj 07871		197				MCATTAL TOTAL
		LITY INFORM	ATION	li i			
Name of facility where abatement	is taking place (3)			Type of Facility (4	(K - 12)		
sparta, nj 07871				1 Interest	pter 8 (Other th	on K-12	
Street Address	ish hade	-40-1		and the second s	Private/Commer		
	ed ve				lomes, etc.		
169 e. short trail			8	Square Feet	of Floors	Bldg.	Age
City (5)	County (6)	Philippin .	County Code (7)				
			(State use only)	Current Use (Pri	or if being demi	ollshed)	
sparta	WARREN						
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCM No.	Name of Abat	ement Contractor (9)		-	:
	- i i i i i i i i i i i i i i i i i i i		D&SRES	TORATION, INC.		- 1	
Street Address			Street Address				
			20 Calient	nia Ave.	3		
City, State, Zip Code			City, State, Zip				
	~ [Paterson,	NI 07503			
Project Manager for Monitoring Fire	m Phone Numb	er	Telephone Nu	Management of the Control of the Con	License Numb	er	
35			973-345	The state of the s	01169		27)
Start Date (10)	Sched. Completion Date (1)		Name of OSH				
	Guilea. Completion Date (1)	ı)	D&SRe	storation, Inc.			
07/28/14	08/20/14 ,		Street Address	3			
Occupancy Status During Abateme			20 Califori	nia Avenue			
Facility closed/vacated during	g antire period of abatement.		City, State, Zip	Code			
Abatement performed outside Describe:	- L		4 12	!			
Other-Describe: NORMAL	HOURS		Paterson,	NJ 07503			
Scope of Work (check all that app	ly)			Full Containment w/	nagetive proces	11/0	
≥ sf or >3 lf	Renovation			Mini-enclosure	Holland bidge		
≥160 of or ≥260 if	Demolition :			Glovebag procedure			
- bank				Non-Exempted (*) a	The second secon	procedu	re
Location of asbestos-containing	Is location normally used solely by maintenance/custodial	1			H	RE	E
material (acm) to be	staff(12)	Description material (n of asbestos-contail	ing Amount (Specify SF	or m	PC	n
abated in facility (13)	Yes No N/A	Tributorium (LF)	°	a a	1
BASEMENT	11 2 1 1 1				e	rlp	
BASEMENT	X	PIPE INSU	TOTAL DE LA COMPANION DE LA CO	AND DESCRIPTION OF THE PERSON			
			! 展	The state of the s			
	1	al decision of				DIE	
							III
Hegistered Waste Hauter D & S RESTORATION, INC.		ubic Yards of V	11. 1 10. 10.	stered Landfill	1		
City, State		yds	THE RESERVE OF THE PERSON NAMED IN	WN, RESOURCE RE	COVERY		
PATERSON, NJ 07503	Disposal D		City, State				
Completed by (Print or Type)	07/29/14	THE STATE OF THE S	TULLYT	OWN, PA	STATE AND DESCRIPTION OF THE PARTY OF THE PA		
BOGDAN JOLDZIC	Titto PRESIDENT	Signature			Date		
ASB-41	Do not use this form for asbesto	A lingman of	- 1 W		07/23/2014		
	UL. 24. 2014 (THÙ) 10:21		NICATION No. 1	1 PAGE. I			
-		304410	1 1 1	I FAGE I			

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

D&S Proj. #: 2014-300

Date of Notification (1)	Name o	f Building Own	er/Operator (2))								
0 7 /2 3 /1 4		on masternal	C .			11	111 00					
Agencies Notified Type Notificati	on Street A	ddress				- 0	UL 0 0 1	3014				
DEP Amended	169 e	. short trail			3							
Amendment #:	City, Sta	te, Zip Code										
DOL Emergency		a, nj 07871			16			10.66	د			
DOH (including justification)	Name of	Contact					Telepho	ne Numbe	r			
DCA Cancellation	spart	a, nj 07871	1 P									
		FAC	ILITY INFORM	ATION	1							
Name of facility where abatement is	s taking place (3)					Ту	pe of Facility Scho	(4) ol (K - 12)				
sparta, nj 07871							=	napter 8 (0		nan K	-12)	
Street Address						-11	Other	(Private/C	omme		50	
169 e. short trail						S	Bldgs guare Feet	./Homes, e		BI	dg. A	ae
City (5)	County (6)			Cou	inty Code (7)	= "	quare r out	# Of 1 100	.	50.0	-9	.3-
\$1.50% 					te use only)	0	urrent Use (F	rior if beir	ng dem	olish	ed)	
sparta	WARRE	1										
Name of Monitoring Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatem	ent Cont	ractor (9)					
					D & S RESTO	ORATIO	ON, INC.					
Street Address					Street Address	20.774.000000						
City, State, Zip Code				_	20 California City, State, Zip Co	Control of the Control of the Control	Maria de la comp					
Oity, Otate, Zip Gode					(F 45/1) (V 52							
Project Manager for Monitoring Firm		Phone Numb	er	-	Paterson, NJ Telephone Numb			License	Numb	er		
					973-345-80				1169			
Start Date (10)	ISched Comr	letion Date (1	1)	_	Name of OSHA N	Monitor						
- C			7		D & S Resto	ration, I	inc.					
07/28/14 Occupancy Status During Abatemen	08/20/14			_	Street Address							
Facility closed/vacated during		·*			20 California		e					
Abatement performed outside Describe:					City, State, Zip Co	ode						
Other-Describe: NORMAL Ho	OURS			_	Paterson, NJ	07503						
Scope of Work (check all that apply)					Full C	Containment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation				-		enclosure					
≥160 sf or ≥260 lf	Demolition						ebag procedu Exempted (*		friable	proc	edure	Э
Location of	Is location norma		/			T			R	R	Е	E
asbestos-containing material (acm) to be	by maintenance/ staff(12)	custodiai			sbestos-containing	g	Amount (Specify:	SE or	m	e p	n	n
abated in facility (13)	Yes No	N/A	material (ACM)		1	LF)	31 01	o v	a	a	L
		1071							е	r	р	-
BASEMENT	X		PIPE INSU	LATI	ON		180 l ft			닏	닏	1-
									+#-		닏	#
				C IA COLOR		-			+	님	片	11
									븜	片	片	1
Registered Waste Hauler	NJDEP Hau	ler ID# I C	ubic Yards of V	Waste	Name of Registe	ered Land	Afill		.	Ш	Ш	
D & S RESTORATION, INC.	13506	Section 1997	2 yds	. 4010	TULLYTOW			ECOVE	RY			
City, State		Disposal D		S. P. STANCE	City, State							- Control of the Cont
PATERSON, NJ 07503		07/29/1			TULLYTOW	VN, PA						
	Title PRESIDENT		Signature					Date	/2014			
	Do not use this for	orm for asbesto	os licensure ex	empte	d activities.			07/23	12014			MANUS DE TOUR

. 40

nt 20)

D&S Proj. #: 2014-303	State of NJ Notification of Asbestos Abateme (Pursuant to NJAC 8:60 and 12:12
Date of Notification (1)	Name of Building Owner/Operator (2)
0 7 /2 4 / 1 4	Virginia Clark
Agencies Notified Type Notification	Street Address

0 7 /2 4	/14		Virginia	Clark	1	,		JUL 30	2014				
	Type Notifica Initial	tion	Street Add								- ;		
30000 N	Amended		8 highv	iew terrace	e					Ö	:		
	— Amendment #	: ि		Zip Code							J		
☑ DOL □	Emergency		madiso	n, nj 0794	0								
DOH ■	(including justification)		ame of Co	ontact	a de la companiona de l			Telephor	ne Number				and the second
☐ DCA	Cancellation		Virgini	a Clark									
				FAC	ILITY INFORM	ATION	٧						
Name of facility whe	re abatement	is taking pla	ace (3)					Type of Facility	(4)				
W Cl. 1									ol (K - 12)				
Virginia Clark Street Address									napter 8 (O			(-12)	
Street Address									(Private/Co /Homes, et		ercial		
8 highview terrac	ce							Square Feet	# of Floors		В	ldg. A	ge
City (5)		Cour	nty (6)				inty Code (7)						
madison		MC	RRIS			(Sta	ite use only)	Current Use (P	rior if being	dem	olish	ed)	
Name of Monitoring	Firm Hired by			-	ASCM No.	\vdash	Name of Abatement	Contractor (9)					
							D & S RESTOR	ATION, INC.					
Street Address						_	Street Address			_			
							20 California Av	ve.					
City, State, Zip Code							City, State, Zip Code						
							Paterson, NJ 07	503					
Project Manager for M	Nonitoring Firm	1	P	hone Numb	er		Telephone Number 973-345-8020		License I		er		
							Name of OSHA Moni	tor	01	169			
Start Date (10)		Sched	. Complet	ion Date (1	1)		D & S Restoration	200					
08/05/14		08/29	200310000				Street Address		-				
Occupancy Status Du			150				20 California Av	enue					
Facility closed/v Abatement performance Describe:							City, State, Zip Code						
Other-Describe:	NORMAL H	IOURS				-	Paterson, NJ 07	503					
Scope of Work (chec	k all that apply	y)					П	ull Containment v	v/negative	oress	ure		
\boxtimes >3 sf or >3 lf	\boxtimes	Renovatio	n					Mini-enclosure					
≥160 sf or ≥260	If	Demolition	ı				Simon	Glovebag procedu Non-Exempted (*)		iahla	nroc	adurc	y
Location of				used solely	1		<u>L</u>	Lxempted ()	and Non-ii	R	R	E	T
asbestos-contai material (acm) t		by mainte staff(12)	nance/cus	stodial			sbestos-containing	Amount	_	e m	e	n	E n
abated in facility		Yes	No	N/A	material (ACM)		(Specify S	SF or	0	a	a	C
				1100						e	r	р	L
BASEMENT/STORAGE/CRAV			X		PIPE INSU			190 L FT			브	Щ	닏
BASEMENT CRAWL SPA	CE #1		\rightarrow		BARE HEA	TIME	FIPES	25 1 ft		님	屵		ዙ
				+		A				屵	片	片	H
					-					붜	片	片	#
Registered Waste Hau		NJDE	P Hauler	ID# C	ubic Yards of V	Vaste	Name of Registered	Landfill				Ш	1-
D & S RESTORAT	TION, INC.	135		2	yds		TULLYTOWN,		COVER	Y			
City, State PATERSON, NJ	07503			Disposal D 08/06/14			City, State	DA					
Completed by (Print or		Title		00/00/14	Signature		TULLYTOWN,	PA	I Data				
BOGDAN JOLDZ		PRESID	ENT		Signature				Date 07/24/2	2014			
ASB-41	*	Do not use	this form	for asbesto	s licensure exe	empted	d activities.		J				

D&S Proj. #: 2014-304

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

										17		1				
Date of Notification	1 (1)		Name of B	uilding Ow	ner/	Operator (2)										
10 17 1/12 15			ANDRE	W AKEF	RMA	AN										
Agencies Notified EPA	Type Notifica Initial	tion	Street Addi						JU	L 3 0 70	14				_	
	Amended		1057 L	KESIDE	E DE	RIVE EAST	7					95				
DEP	Amendment #	. -	City, State,													
☑ DOL	Emergency		4745 W		VE	S, PARK	0742	2		8		1				
⋈ DOH	(including	1 4	Name of Co	THE RESERVE THE PERSON NAMED IN	IKE	S, PARK	0742		er and a second	Telent	none Num	her		A-1100	over the same of	
	justification)									Totopi	iono r tan	iboi				
DCA	Cancellation	n	ANDR	EW AKE	RM	IAN										
				FAC	CILIT	TY INFORMA	TION									
Name of facility w	here abatement	is taking p	lace (3)		20225					Type of Facili						
ANDREW AK	EDMAN									=	1001 (K -	50				
Street Address	ERIVIAIN				_				- 1	· ·	chapter 8	2.0		(-12)		
Street Address											er (Private gs./Home		ercial			
1057 LAKESI	DE DRIVE EA	AST								Square Feet			В	ldg. A	ge	
City (5)		Cou	inty (6)			T	Cou	nty Code (7)	-							
								te use only)								
HIGHLAND I	LAKES	SU	JSSEX													
Name of Monitorin	g Firm Hired by	Bldg. Owr	ier (8)		A	SCM No.		Name of Abater	ment C	ontractor (9)						
								D & S REST	TORA	TION, INC.						
Street Address							-	Street Address			\neg					
								20 Californ	ia Ave	.						
City, State, Zip Cod	le						-	City, State, Zip C	Code		-					
								Paterson, N		03						
Project Manager for	r Monitoring Firm	1	IP	hone Num	ber		-	Telephone Num		03	TLicer	nse Num	per			
,	3							973-345-8				01169				
0: 10: (10)		- 12					_	Name of OSHA		or						
Start Date (10)		Sche	d. Complet	ion Date (1	11)			D & S Rest								
08/09/14		09/1	6/14					Street Address		.,						
Occupancy Status I	During Abatemer	nt (Check	only one)		Annual Control			20 Californi	a Ave	nue						
	d/vacated during							City, State, Zip (
Abatement per Describe:	erformed outside	of normal	facility hou	ırs-				,,,								
Other-Descri	be: NORMAL F	IOURS			_		-11	Paterson, N	IJ 075	03						
Scope of Work (ch							Ш			ıll Containmer	t w/nogat	live press				
>3 sf or >3 lf		Renovati							Parameter Co.	ini-enclosure	it w/riegai	ive press	sure			
									Designation of the last of the	lovebag proce	dure					
≥160 sf or ≥2	60 If	Demolitio							-	on-Exempted		on-friable	proc	edure)	
Location of			on normally		ly							R	R	E	E	
asbestos-con		staff(12)	enance/cus	SiOUIAI				sbestos-containii	ng	Amoun		m	e p	n	n	
material (acm abated in faci			Π.,	T	-	material (A	CM)			LF)	y SF or	0	a	a	C	
	1 1 7	Yes	No	N/A								v e	l r	р	-	
BASEMENT	9375		X		P	IPE INSUL	ATI	ON		16 l ft		X				
BASEMENT CRAWL S	SPACE #2		X		В	ARE HEA	TINC	PIPES		25 1 ft			Ī	×	而	
				1	1							一一	ī	n	Ħ	
			í		1		W. Samuel Co.			1				一	Ħ	
				#	+		-	######################################	-		-		H	H	#	
Registered Waste H	auler	INJO	EP Hauler	ID# I C	Cubi	c Yards of W	aste	Name of Regis	tered I	andfill		_ ⊔	Ш			
D & S RESTOR			506		1 Y		2010	TULLYTO			RECOV	ERY				
City, State				Disposal I				City, State	- 1, -1					-	-	
PATERSON, N.	J 07503			08/11/1				TULLYTO	WN. I	PA						
Completed by (Print		Title		1	-	ignature	_	L			Date	9				
BOGDAN JOLI		PRESID	ENT								2552	- 25/2014	1			
ASB-41				for asbest	tos li	censure exer	nptec	activities.					-		*	

D&S Proj. #: 2014-287-A

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

Date of Notification (1)		ame of B Paul Sul	AND	er/Operator (2	2)		JUL 3	0 2014					
Agencies Notified Type Notific	otion	reet Addi						, 0 2017					
☐ EPA ☐ Initial		eet Addi	622										
DEP Amended		182 - 18	4 Newark	Pompton Tp	ok.		-						
Amendment	#: Cit	ty, State,	Zip Code							- 1			
☑ DOL ☑ Emergenc		ו וידידו ו	EATIS	NJ 07424									
DOH (including		me of Co	The second second second	113 07424			Telepi	none Numb	or	-			
justification	1)	ine or oc	niaci				Telebi	ione raumo	01				
DCA Cancellation	on	Paul Su	lovski										
			FAC	ILITY INFORM	MATION								
Name of facility where abatemen	t is taking plac	ce (3)	2807//ESSS/XS				Type of Facili						
Paul Sulovski								nool (K - 12 ochapter 8	ř.	nan K	-12)		
Street Address							(//m//m/m/m	er (Private/			12)		
								gs./Homes,		Olai			
182 - 184 Newark Pompton	Tpk.						Square Feet			BI	dg. A	ge	
City (5)	Count	y (6)			Cou	nty Code (7)					1975)	5.0	
					100000000000000000000000000000000000000	te use only)	Current Use	(Prior if he	ing dem	olieh	ad)		
LITTLE FALLS	PAS	SAIC			,	and the state of t	Ourient OSE	(1 1101 11 11	ing dell	i Jii Si I	Juj		
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatement C	ontractor (9)				_		
rame of Montoring 1 mm 1 med by	, blag. Owner	(0)		ASCIVI NO.			20.000000000000000000000000000000000000						
						D & S RESTORA	TION, INC.						
Street Address						Street Address							
						20 California Av	e.						
City, State, Zip Code						City, State, Zip Code							
2000-40 Pt tata a secondo referencia i Neconosco de Casa.							502						
Project Manager for Monitoring Fir			N. N.	-		Paterson, NJ 075	003		- 61 1				
Project Manager for Monitoring Fir	m	IP	hone Numb	er	11	Telephone Number			e Numb	per			
		. 1				973-345-8020	-		01169				
Start Date (10)	Sched.	Complet	ion Date (1	1)		Name of OSHA Monit							
						D & S Restoration	on, Inc.						
07/24/14	08/15/					Street Address							
Occupancy Status During Abateme		0.50				20 California Ave	enue						
Facility closed/vacated durin						City, State, Zip Code							
Abatement performed outsid	e of normal fa	cility hou	ırs-										
Describe: NORMAL	HOURS				-11	Paterson, NJ 075	503						
					$=$ \sqcup					xii))ydawr			
Scope of Work (check all that app	-1. (0.0)						ull Containmer	nt w/negativ	e press	ure			
$\square > 3$ sf or > 3 If	Renovation						Mini-enclosure	al					
≥160 sf or ≥260 lf	Demolition					Control of the contro	Blovebag proce Non-Exempted		a friable	proc	odure		
	Is location	normally	used solely	/			*on-Exempled	() and 1401	R	R	E	'	
Location of asbestos-containing	by mainten					shaataa oo statiit	Amoun	+	е	е	n	E	
material (acm) to be	staff(12)			Descripti		sbestos-containing		y SF or	m	р	С	n	
abated in facility (13)	Yes	No	N/A	material	(ACIVI)		LF)	,	l °	a	а	١Ľ	
	100	140	INA						e	r	р	-	
BUILDING EXTERIOR		X		transite sid	ing		2600 sq ft						
BASEMENT		X	1	Annual Control of the	STATE SALES	(WRAP & CUT)	320 L FT		×	П	T	T	
									17	H	H	T	
	-	***************************************					_			片	믐	12	
				ļ					- -	Ш	ᆜ	1	
Registered Waste Hauler D & S RESTORATION, INC		P Hauler 16		ubic Yards of 25 yds	Waste	Name of Registered I TULLYTOWN, I		RECOVE	RY				
City, State			Disposal D		_	City, State							
PATERSON, NJ 07503			07/25/1			TULLYTOWN,	РΔ						
Completed by (Print or Type)	Title			Signature		1 TOLLTTOWN,		Date			-		
BOGDAN JOLDZIC		NT		Jighature					5/2014				
BOODAN JOEDZIC	FRESIDE	SIDENT				07/25/201				+			

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

D&S Proj. #: 2014-287

Date of Notification	1 (1)		Name of B	uilding Owr	er/Operator (2	2)						,		
0 7 /1 5 /1 4			Paul Sulovski											
Agencies Notified Type Notification			Street Address JUL 3 0 2014											
☐ EPA ☐ Initial ☐ Amended			182 - 184 Newark Pompton Tpk.											
☐ DEP		City State Zin Code												
DOL	DOL DOL									(5)		:		
☐ Emergency ☐ LITTLE FALLS, N ☐ DOH ☐ (including ☐ Name of Contact														
100000000000000000000000000000000000000	justification)							l elephor	ie Number					
☐ DCA	☐ Cancellatio	n	Paul Su	ılovski										
				FAC	ILITY INFORM	MOITAN	V					9		
Name of facility wi	nere abatement	is taking pla	ace (3)					Type of Facility	(4)			- 200		
									(K - 12)					
Paul Sulovski									ochapter 8 (Other than K-12)					
Street Address								Other (Private/Commercial Bldgs./Homes, etc.						
182 - 184 New	ark Pompton	Γnk									D	da A		
City (5)		County (6) Count				Square Feet # of Floors Bldg. Age						.ge		
Oity (O)			Sounty (o)				ite use only)	Delay if hairs along tich adi						
LITTLE FALI	PA	PASSAIC				tate use only) Current Use (Prior if being demolished)								
Name of Monitorin			A CONTRACTOR AND A CONT		ASCM No.	1	Name of Abatement C	Contractor (9)				_		
Street Address						D & S RESTORA Street Address	DRATION, INC.							
on out reduced							20 California Ave.							
City, State, Zip Code					City, State, Zip Co			е.						
Say, Satio, Elp Code														
Project Manager for Manilla 1							Paterson, NJ 07503							
Project Manager for Monitoring Firm			Phone Number				Telephone Number License Number							
						973-345-8020	01169							
Start Date (10)			ched. Completion Date (11)				Name of OSHA Monitor							
07/24/14	00/14	115114				D & S Restoration, Inc.								
	(15/14				Street Address									
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatem							20 California Ave	enue						
		period of abatement. nal facility hours-				City, State, Zip Code								
Describe: NORMAL HOURS														
						_	Paterson, NJ 075	03						
Scope of Work (ch	eck all that appl	y)						ull Containment w	/negative p	ress	ure			
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	\boxtimes	Renovatio	n				process.	lini-enclosure						
≥160 sf or ≥2	60 If	Demolition	n				-	lovebag procedui lon-Exempted (*)		ماطم				
Location of		Is location	n normally	used solely	1			ion-Exempled ()	and Non-in	R	R	E	'	
asbestos-containing by m		by mainte	enance/cus		1	on of c	sbestos-containing	Amount		е	е	n	E	
material (acm) to be	staff(12)			material (spesios-containing	(Specify S	For	m o	р	С	n	
abated in faci	lity (13)	Yes	No	N/A		,		LF)		v	a i	a	L	
BUILDING EXT	EDIOD				titid			2600 6		e	r		-	
DOILDING EAT	LAUA		 		transite sid	nig		2600 sq ft		X	무	牌	+=	
				-						믝	ᆜ	닏	111	
MANAGEMENT OF THE PARTY OF THE						nden in						Ш		
Registered Waste H		NJDE 135	EP Hauler		ubic Yards of \	Vaste	Name of Registered L							
			00	NAME OF TAXABLE PARTY.	0 yds		TULLYTOWN, R	ESOURCE RE	COVERY					
City, State PATERSON, NJ 07503				Disposal D 07/25/14			City, State							
				07/23/14			TULLYTOWN, I	T						
Completed by (Print or Type) Title BOGDAN JOLDZIC PRES			ENT		Signature			Date						
POODWIN JOLI	PRESID	ENI					07/15/2014							