No ic

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

Date of Notification (1)	2/14	Name of Br	ilding Owner/Ope	rator (2)	HNSON.	79 / 1	-
Agencies Notified	Type Notification	Street Addr	ess A	- walland	A	1 	L:
	AmendedAmendment #	City State.			ROAD	E France	-
☐ pógH ☐	Emergency (including justification)		UMAN	NJa	085	58	· · · · · · · · · · · · · · · · · · ·
	Cancellation	Paul Paul	Rom b	erger	Telephone	Limber	
Name of Facility Where A	hatement is Toki	FACILITY	INFORMATION	些 水生			
JoHNSO	Datement is Taking Place	uson.		Type of Facili School (K-	970 1 GW 50		
	LANGUICW 1	ROAD		Subchapte Other (i.e.,	or 8 (Other than I	(-12) ercial build	lings.
City (5) K. U.M.	AN		•	Square Feet	# of Floors	Blo	ig. Age
UME	easet	County Cod USE ONLY)	e (7) (STATE	Carrent Use (F	Prior If belog dem	iolished)	NAS
Name of Monitoring Firm : 8) Greet Address 4:	lired by Building Owner	ASCM No.	Name of Aba	tement Contractor	9)	lows	,
655 Wes	t Stone 7	Thail	Speet Adage:	SS		2000	
DANTA,	NJ	12	City, State, Zin	Code St	inia) Ai	T	018
roject Manager for Monito	fel 921-	Plejephone No. 36	49elanhona No		_ License No.		D
an Date (10)	1///	pletion Date (11)	Name of OSH		7 00	768	
ccepancy Status During	Abatement (Check only of	e)	Street Address	s s	1	L3	3
- Seroment Lettormed C	During Entire Period of Aboutside of Normal Facility H	ours	City, State, Zip	Code		-200 -200	7)
ope of Work (Check all ti	nat apply)	ours		1 .	10	Ē	Ö
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov	ation ition	- Min-E	ontainment with Nes inclosure bag Procedure	155	PH	The state of the s
i . · ·	. Is Loca	vlly ·	I Non-E	xempled (°) and No		Åbat	tement
Location of sbestos-Containing Mate		ancel Ashes	Description of the Containing Ma	of	. 6	€O T	Abe
TO BE ABATED IN Facility (13)	Custoc Staff (12)	? (i.e.	, thermal systems surfacing, VAT other miscellane	insulation	(Specify SF or LF)	Remova	Encapsulate
ANHL RIM	Yes No	N/A	tvi.	/		val le	ulate
		- CH	slut n	external.	6. SAH		
ours ou	V	Toda	W. L MA	atenen	20 11		
ne of Registered Waste H	1	200 V V V	William Commence	es caus 9	TU WAR	14	 :
14ste MA	A STATE OF THE PARTY OF THE PAR	NUDEP Waste	Cubic Yards of Waste	Name of Registr	ered Landfill	157 1	100
EWING:	NI		Disposal Date	City, State	100		
plated By	Title Ada /	1gent	Signature	9 Mois	MUVIU		A.
		# # A 1 A #					

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

Checks 2103

Date of Notification (1) 06 / 10 / 14								Building O	wner / Ope		F-1 2						
/	/						MERCK Street Ad	dress			Ph						
Agencies No	otified I	Type of No	tificat	ion				RRIS AVEN	IUE			* 8 % 4					
	EPA DEP	V	Initial Amen					e, Zip Code	-		100	2814 JUN !! PM (
	DOH	-	Amen			‡	Name of				Telephor			111	4:5		
Ø	DOL		Emerg Cance			/ justification	MIKE CA	RRANO				9 .	2 1 1	S CUN	i Ro		
						F.	ACILITY IN	FORMATION	NC			24	** - 1 L	The Hat	1		
Name of Fac MERCK	ne of Facility Where Abatement is Taking Place (3)					Place (3)		Type of F	acility (4)						1		
WILKOK	CK								School (K	-12)							
Street Addre		_						1 🗆		er 8 (Other							
1011 MORRI						-		V		, private & mes, etc.)	cmmercia	1					
City (5) UNION		County (6) JNION				County Code	(7)	Square Fe	eet ,000	# Of Floor	38	Buildin	g Age 45+				
JIVIOIN		JINIOIN								being dem			407				
	ne of Monitoring Firm Hired by Bldg. Owner (8)						1.22	MECHAN	ICAL	_							
Name of Mo AET	nitoring F	ırm Hired l	y Blo	ig. C)wn	er (8)	ASCM NO	Name of A	Abatement	Contractor	(9)						
	.1							LVI Demo	lition Servic	es Inc.							
Street Addre	Billing work of a							Street Ad	dress								
	5 HIGH STREET by, State, Zip Code							32 William	s Parkway								
METUCHEN	TUCHEN, NJ 08840								e, Zip Code						1		
						Telephone Nu 732-321-0666	ımber	Fast Hand	over, NJ 079	136							
Sheduled St			Sched	I. Co	omp	letetion Date (1	11)		e Number	130	License N	lumber			1		
06/	23/	14		06	- /	//	14						0000				
Occupancy	Status Du	ring Abate	ment	(Ch	ock.	Only 1)			72-3660 OSHA Moni	tor		U	0860		-		
						tire Period of			lition Servic					111			
5.73.73.89	batement	n						Street Ad	dress								
	lbatement lours - Des		Outs	ide	01 1	lormal Facility		32 William	s Parkway								
		cribe:	7:00AI	M-3:	30 F	PM		City, State	e, Zip Code						1		
Scope of Wo	ork (Check	All That A	(pply)		Spanie			East Hand	over, NJ 079	36					-		
0.000	emolition		120700500	7		Renovation		Full Cont	ainmont wit	th Negative	Droceuro						
☑ ≥:	3sf or_>3lf		l	<u>~</u> 1		Kellovation		Mini - End		п недануе	riessure						
□ ≥	160 sf or ≥	260 If							Procedure		ble Dece	dura					
								Non-Exen	npted (*) an	d Non-Frial	DIE Proce	uure					
100	cation of	T		ls		I	Descript				Abateme	nt Type	•	•	1		
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	BE ABATE			sed	-		e., therma	systems		(Specify	М	E	c	С			
	n Facility			lely		insu	lation, sur	facing, VA		SF or LF)	0	P	Α	L			
	(13)			Mair anc		or	other misc	ellaneous)			V A	A	P S	o s			
			Cus	todi	al						Ĺ	R	Ü	U			
			Stat				No. Williams						L	R	-		
U-7 - BOILEF	R #5		YES	NO I	N/A	PIPE FITTING	-	*		32 LF	V		+	\vdash \sqcap	-		
															1		
					notes -										-		
Name of Reg	nistered M	laste Haule				NJDEP Waste	Cubic	Name of F	Registered	Landfill					-		
NEWARK CA		usic Hault	-1			Hauler ID No.	Yards of Waste	I.E.S.I.	registered	Lanumi							
City, State				_		4500	Disposal	City. State							1		
NEWARK, N	J						Date	TULLYTO	WN, PA								
Completed b	by (Print o	r Type)		_		Title			Signature		-,	+	Date				
STEVEN STI						PROJECT MAI	NAGER	,	Dtr	ier S	till	5		06/10/14			

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

Date of Notification (1)	/6/14	_		Name of Building Owner/Operator (2) Moseley 2114 JUN 11 PM G. 26										
Agencies Notified	Type Notifi	ication		Stree	et Address	97	Stony Brook	i i	Lin		Ų.	₹6		
DEP	Amenda Amenda		na	City,	State, Zip	Code	opewell, NJ 0	4 (KEN	Silv	; (1); (i); (i); (i); (i); (i); (i); (i); (i	ĴĮ.		
M DOH □ DCA	justifica Cancell	ation)	rig	Name	e of Contac Eric I	t Tranzoni - Bui	lder	Telephone N	Number		₩			
				FA	CILITY IN	FORMATION								
Name of Facility Where A		Taking Pla Idential P		rty			Type of Facility School (K-12	2)						
Street Address	97 S	Stony Bro	ook R	d.			Subchapter Other (i.e., p			uildin	js,			
City (5)	Ъ	Hopewell	, NJ	1			Square Feet 2400	# of Floors			Age 00+/			
County (6)	lercer			Cou	inty Code (E ONLY)	7) (STATE	Current Use (Pr	ior if being der Residen		d)		in the		
Name of Monitoring Firm (8)	Hired by Bu MECS	ilding Owne	r	ASCM	l No.		nent Contractor (9 vens Environr		vices,	Inc.				
Street Address	РО Во	x 341				Street Address	30x 322							
City, State, Zip Code	osswicks	, NJ 0851	15			City, State, Zip C	ip Code Allentown, NJ 08501							
Project Manager for Mon	and the second of the second		0.000	ephone 09) 29	No. 98-4070	Telephone No. (609) 25	59-9688	License No	004	93	44400000			
Start Date (10) 6/18/14		Scheduled	Comple 6/19/		ate (11)	Name of OSHA N		ECS						
Occupancy Status During Facility Closed/Vacate			ly one)			Street Address	PO B	Sox 341						
Abatement Performed Other - Describe: 8	Outside of I	Normal Faci				City, State, Zip C	ode	s, NJ 0851	5					
Scope of Work (Check al							CIOSSWICK	3, 14) 0001						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolitic			☐ Mini-End ☐ Gloveba	Containment with Negative Pressure Enclosure ebag Procedure Exempted (*) and Non-Friable Procedure							
		1000	Locati			, 110.1. Exc	mptou () una rio	in induiting			ement	t		
Location o Asbestos-Containing M TO BE ABATE IN Facility (13)	aterial (ACM	Use Ma	Normalled Sole intenar Custodia Staff?	ly by nce/ al		Description of los Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	, Neillova	T	e Encapsulate	Enclosure		
92 		Yes	No	N/A							ate			
Roof			×	-		Traniste Shin	gles	480 sf	_ ×	1				
									\pm					
Name of Registered Wast	e Hauler			JDEP V	Naste I	Cubic Yards	Name of Regis	tered Landfill						
					Hauler ID No. 18292 of Waste 2 CU T.R.R.F., Inc.									
City, State Allentown, NJ					.02	Disposal Date 6/19/14 A	City, State	Tullytow						
						UI I UI I TE I	17 7 /	I UII Y LU W	I, II					
Completed By Mahlon E. Stev		Title	rojec	t Man	ager	Signature	11	Date		9/14				

D&S Proj. #: 2014-215		(Pu	irsua	ant to NJAC	8:60	and 12:120)		Ŋ.	000	/ (T)	Pvr.					
								90		12/	2					
Date of Notification (1) 0 5 / 2 3 / 1 5	Vic	e of Building (ky Herbert	Owne	er/Operator (2)				2014 JUN	1: PA	f 6:	2 C					
Agencies Notified Type Notification	on Street	Address														
DEP Amended	618	Wall Stree	et					& 116	13 Cu	INC	11					
Amendment #:	City,	State, Zip Co	de						V	C)						
DOL Emergency	RI	DGEWOOI	D, N	J 07450												
DOH (including justification)		of Contact						Telephor	ne Numbe	r						
DCA DCA Cancellation		cky Herber	t							şi						
			FACI	LITY INFORM	ATION	N										
Name of facility where abatement is	taking place (3)					Ty	pe of Facility	(4) ol· (K - 12)							
Vicky Herbert								_	napter 8 (C		nan K	-12)				
Street Address								Other	(Private/C	omme		,				
618 Wall Street							-	Bldgs.	/Homes, e		Ble	dg. Ag	je			
City (5)	County (6	6)			Cou	unty Code (7)										
RIDGEWOOD	BERGI	EN		a .	(Sta	ate use only)	Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.	Т	Name of Abatemer	t Con	tractor (9)								
	St.					D & S RESTO	RATI	ON, INC.								
Street Address						Street Address 20 California	١,,,,									
City, State, Zip Code					-	City, State, Zip Cod										
ony, otato, esp oodo						Paterson, NJ (
Project Manager for Monitoring Firm		Phone N	umb	er	-	Telephone Number			License	Numb	er	_				
Search Country Seattle on Search Seattle Seattle Country Country Country Seattle Country Count						973-345-802	0			1169						
Start Date (10)	Sched. Co	mpletion Dat	e (11)	-	Name of OSHA Mo										
06/12/14	06/30/14					D & S Restoration, Inc. Street Address										
Occupancy Status During Abatemen			_		-	20 California A	veni	ie.								
Facility closed/vacated during						City, State, Zip Cod		ic				_				
Abatement performed outside Describe:	of normal facili	ity hours-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 00									
Other-Describe: NORMAL H	OURS				_	Paterson, NJ (7503									
Scope of Work (check all that apply)		n=1000				Full	Containment	w/negative	press	ure					
	Renovation							-enclosure								
≥160 sf or ≥260 lf	Demolition					F		vebag procedu n-Exempted (*		friable	proc	edure				
Location of	Is location no		olely	1			1		,	R	R	Е	E			
asbestos-containing	by maintenan staff(12)	ce/custodial		Description	on of a	asbestos-containing		Amount		e m	e p	n c	n			
material (acm) to be abated in facility (13)		n. I .		material ((ACM)			(Specify LF)	SF or	o v	a	a	C			
	Yes	No N	/A		222.000.000	ur-score stem e				ľe	ı,	р				
BASEMENT		$X \square \Box$		PIPE INSU	LAT	ION		84 L FT								
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Registered Waste Hauler D & S RESTORATION, INC.	13506	lauler ID#		ubic Yards of V YD	vvaste	Name of Registere TULLYTOWN			ECOVEI	RY						
City, State Disposal Date						City, State					•					
PATERSON, NJ 07503 06/13/14						TULLYTOW	N, PA									
Completed by (Print or Type)	Title PRESIDEN			Signature					Date							
BOGDAN JOLDZIC	o liosana	om-1	ad activities			05/23	14		-	-						
ASB-41 *	CHIDIE	ed activities.														

(K 005630

D&S Proj. #: 2014-226

						2010		WAR	ļ.			
Date of Notification (1)	Name of Buildi	ing Owne	r/Operator (2)				JUN // P					
10 14 1/10 1 1/1 14 1	BRETT HA	ARWOO:	D		£.		· · · P	M 6: :				
Agencies Notified Type Notifica	Street Address	3				87	1650	•	1			
DEP Amended	451 RICHN	MOND A	AVENUE				ICEN SON	MAROL				
DOL	: City, State, Zip	Code		2000			* {	. · ·				
Emergency			J 07040									
DOH (including justification	Name of Conta	ect					Telephon	e Numbe	r			
DCA Cancellation	n BRETT H	ARWOO	OD .					<u></u>	10.			
		FACIL	ITY INFORM	ATION	N							
Name of facility where abatement	is taking place (3)					Тур	pe of Facility (4) I (K - 12)				
BRETT HARWOOD							=	apter 8 (C	ther th	an K-	12)	
Street Address	,					1	Other (Private/C	omme		/	
451 RICHMOND AVENUE						90		Homes, e		Blo	lg. Ag	ne ne
City (5)	County (6)			Cor	inty Code (7)		quare reet	# 01 11001	3	Dic	·9. ~	go
o.i, (o)					ate use only)	 c	urrent Use (P	rior if bein	g dem	olishe	d)	
MAPLEWOOD	ESSEX				Western Charles and Control Control							
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	\neg	Name of Abateme	nt Cont	ractor (9)					
				_	D & S RESTO	RATIO	ON, INC.					
Street Address					Street Address	N 2 000 (100 C)						
City, State, Zip Code				_	20 California City, State, Zip Coo							
Oity, State, Zip Gode					Paterson, NJ							
Project Manager for Monitoring Firm	n Phor	ne Numbe	r	-	Telephone Numbe			License	Numb	er		
eka angel Province and a angel angel Province and a second residence and a second and a second and a second an	And Andrewson				973-345-802	20		0	1169			
Start Date (10)	Sched. Completion	Date (11)		-	Name of OSHA M							
06/16/14	06/30/14	Accord.			D & S Restora	ation, I	Inc.					
Occupancy Status During Abateme				-	Street Address 20 California	Ανοπικ	2					
Facility closed/vacated during	and the second s	ent.			City, State, Zip Coo				-			
Abatement performed outside	e of normal facility hours-					non: N						
Describe:NORMAL :	HOURS			-1	Paterson, NJ	07503						
Scope of Work (check all that app	ly)				<u> </u>	Full C	Containment v	v/negative	press	ure		
≥3 sf or >3 lf	Renovation				P	_	enclosure					
≥160 sf or ≥260 lf	Demolition		7				ebag procedu Exempted (*)		friable	proce	edure	
Location of	Is location normally us								R	R e	E	E
asbestos-containing material (acm) to be	by maintenance/custoo staff(12)	ulai			sbestos-containing		Amount (Specify S	SF or	m	р	n c	n
abated in facility (13)	Yes No	N/A	material (ACIVI)		1	LF)		0 V	a i	a p	L
CARACE			DUCT INS	TT A	ITON		85 SQ FT		e	+	<u> </u>	
GARAGE			DUCT INS	ULA	HON		0.7 20 L1		#	무	片	H
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			7/27 2/123			-			Ħ	Ħ	一	ō
							******		ī		百	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID#		bic Yards of V YD	Vaste	Name of Register TULLYTOW	ed Land	dfill	COVE	ΣΥ			-
City, State		sposal Da			City, State	I, RES	JORCE KI	JCO YEI	. 1			-
PATERSON, NJ 07503		06/17/14			TULLYTOW	N, PA			-3			<u>, , , , , , , , , , , , , , , , , , , </u>
Completed by (Print or Type)	Title	T	Signature					Date				
BOGDAN JOLDZIC	PRESIDENT				J 15 - 19	3175		06/06/	/14			
ASB-41	* Do not use this form for	aspestos	s licensure exi	empte	u activities.							

D&S Proj. #: 2014-228

									184 JUL	,		12	1
Date of Notification			lame of E	Building Own	er/Operator (2))		1.		1/	D,		
10 16 1/10 16			THOM	AS MADII	NG				5 11 123 D 11 123	~	19	6: ;	
Agencies Notified EPA	Type Notificat Initial	tion	treet Add	ress					1/02	1,6	A) ii		7
☐ DEP	Amended		64 WE	ST MAIN	STREET				٠,	13/4	1,-1);	
☑ DOL	Amendment #:		ity, State	, Zip Code							9	-	
	Emergency		_	ON, NJ (08809								
M DOH	(including justification)	N	ame of C	ontact				Telephor	e Number				
☐ DCA	Cancellation	<u> </u>	THOM	IAS MAD	ING				25				
				FAC	ILITY INFORM	MOITA					85		
Name of facility wh	nere abatement i	is taking pla	ice (3)					Type of Facility	(4) ol (K - 12)				
THOMAS MAI	DING				29				apter 8 (O	ther th	nan K	-12)	
Street Address				216				Other	(Private/Co	omme			
64 WEST MAI	N STREET							Square Feet	Homes, e		Ble	dg. A	ae
City (5)		Cour	nty (6)			Cou	nty Code (7)	oqualo i oot	011 1001	_			-
						(Sta	te use only)	Current Use (P	rior if bein	g dem	olishe	ed)	
CLINTON	. F: - 1!: - 11.		RREN			<u></u>							
Name of Monitorin	g Firm Hirea by	Blag. Owne	ir (8)		ASCM No.		Name of Abatement C	**************************************					
Street Address						_	D & S RESTORA	rion, inc.		-			
Street Address							20 California Ave						
City, State, Zip Cod	e		-			-	City, State, Zip Code						
#200 20 M							Paterson, NJ 075	03					
Project Manager for	Monitoring Firm	1	F	Phone Numb	per		Telephone Number		License	Numb	er		
							973-345-8020		0	1169			
Start Date (10)		Sched	. Comple	tion Date (1	1)		Name of OSHA Monito						
06/16/14		06/30)/14				D & S Restoration Street Address	n, Inc.			-	-	
Occupancy Status D	During Abatemer						20 California Ave	nue					
	d/vacated during						City, State, Zip Code						
Describe:	erformed outside		acility ho	urs-							- 0		
Other-Describ	oe: NORMAL H					_	Paterson, NJ 075	03					
Scope of Work (ch	eck all that apply	y)		4	*			ill Containment v	v/negative	press	ure	- 2	A I K
≥ 3 sf or >3 If	\boxtimes	Renovatio						ini-enclosure ovebag procedu	re				
≥160 sf or ≥2	60 If	Demolition						on-Exempted (*)		_	proce	edure	1
Location of	An India a	Is location by mainte		y used solel istodial				A		R	R	E n	Е
asbestos-con material (acm) to be	staff(12)			Descripti material		sbestos-containing	Amount (Specify S	SF or	m o	р	С	n
abated in faci	ility (13)	Yes	No	N/A		Çy		LF)		v	a i	a p	L
BASEMENT			X	-	PIPE INSU	JLATI	ON	150 L FT		e	\Box	П	T
BASEMENT			X		TRANSITI			120 S Q FT		X			厅
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Registered Waste H D & S RESTOR.		NJDE 135	EP Haulei 106	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cubic Yards of V 3 YD	Waste	Name of Registered L TULLYTOWN, R		ECOVER	Y			
City, State				Disposal [Date		City, State						
PATERSON, N.				06/17/1			TULLYTOWN, F	PA					
Completed by (Print		Title	ENT	34	Signature				Date	1.4			
BOGDAN JOLDZIC PRESIDENT * Do not use this form for aspestos lice						06/06/14						_	

D&S Proj. #: 2014-230

									g ^E	Sin Vi	HIA.	1.	11	S.
Date of Notification (1)		Na	me of B	uilding Owr	er/Operator (2	2)					. 1	/ ,	,	· éque
0 6 /0 6 /1		A	RTHU	R HIXSO	N				¥)		7.4	~	46	
Agencies Notified Ty	pe Notification	Str	eet Add	ress						4/	35,6			17
	Amended			SEX AVE	NUE						140	186	· · · · ·	
M DOI 1—	endment #:_			Zip Code								- 2		
	Emergency including		BOON ne of Co	TON, NJ (07005	Alexander -			LTolophor	ne Numbe				
j	ustification)									ie ivumbe	i.			
DCA DCA	Cancellation	نــللـــ	ARTH	UR HIXS	ON				9	25	<u> </u>			
				FAC	ILITY INFORM	AOITAN	l .							
Name of facility where a	abatement is	taking plac	e (3)						ype of Facility	(4) ol (K - 12)				
ARTHUR HIXSON	I									apter 8 (0		nan K	-12)	
Street Address								7	Other	(Private/C	omme			
410 ESSEX AVEN	UE								Bldgs. Square Feet	/Homes, e		Blo	dg. A	ge
City (5)		County	/ (6)			Cou	inty Code (7)	-	oqua, o i ooi	011.100			3	•
**************************************		52,533,630				1000000	te use only)		Current Use (P	rior if beir	ng dem	olishe	ed)	
BOONTON Name of Monitoring Fire	m Uirad by F	MOR	1000 1000		100111	<u>ا</u> ــــــــــــــــــــــــــــــــــــ	Name of Abater	<u> </u>	ntractor (0)					
Name of Monitoring Fin	m Hired by E	siag. Owner	(8)		ASCM No.									
Street Address						_	D & S REST	ORAT	ION, INC.			-		
Officer Address							20 Californ	ia Ave						
City, State, Zip Code						_	City, State, Zip C							
							Paterson, N	IJ 0750	3					
Project Manager for Mon	itoring Firm		F	hone Numb	per		Telephone Num			License		er		
							973-345-8			(1169		_	
Start Date (10)		Sched.	Comple	tion Date (1	1)		Name of OSHA D & S Rest							
06/18/14		06/30/	14				Street Address	oration	, IIIC.				-	
Occupancy Status Durin							20 Californi	ia Aven	ue					
Facility closed/vac							City, State, Zip 0	Code						
Describe:			Cility 110	ui5-			, , , , , , , , , , , , , , , , , , ,	11 0750	2					
Other-Describe:						二上	Paterson, N							
Scope of Work (check a) Renovation							Containment v ni-enclosure	v/negative	press	ure		
≥160 sf or ≥260 lf		Demolition						⊠ Gio	vebag procedu					
			normall	used solel	<i></i>			∐ No	n-Exempted (*)	and Non	-friable	proce	edure E	1
Location of asbestos-containing	na	by mainten				ion of a	sbestos-containi	na	Amount		е	е	n	E
material (acm) to be abated in facility (pe	staff(12)			material		SDESIOS-CONTAIN	iig	(Specify S	SF or	m o	p a	c a	c
abated in facility (13)	Yes	No	N/A							v e	i F	р	L
BASEMENT			X		PIPE INSU	JLAT	ION		135 L FT					
BASEMENT LAUNI	DRY RM		X		PIPE INSU				81ft					
BASEMENT LAUNDRY RM	1		X		BARE HE	ATIN	G PIPES		20 L FT		12		X	
			-	4	<u> </u>				ļ		#	님	님	片
Registered Waste Hauler		NIDE	P Hauler	ID# 10	ubic Yards of	Waste	Name of Regis	tered La	ndfill			Ш	Ш	
D & S RESTORATION		1350			2 YDS				ESOURCE R	ECOVE	RY			
City, State	7505			Disposal I			City, State							
PATERSON, NJ 0				0619/1			TULLYTO	WN, P	A	Tosts				
Completed by (Print or T BOGDAN JOLDZIO		Title PRESIDE	NT		Signature					Date 06/06	5/2014			
ASB-41				n for asbest	os licensure e	xempte	d activities.			1-37			-	-

D&S Proj. #: 2014-227	8:60	and 12:120)			98 N	71:	E						
Date of Notification (1)		ame of Bui		er/Operator (2)				2814	JUN 11	PM	Б: _г	عر!	
Agencies Notified EPA DEP Amended Amendment #: Emergency	Cit	y, State, Z	ARD A					8	LICEN	UN.	A 1	G.	
DOH (including justification)	Na	me of Con JEAN R	tact	+10	*			Telephor	ne Numbe	r			
2			FACI	LITY INFORMA	ATION	١							
Name of facility where abatement is	s taking plac	e (3)					T	ype of Facility	(4) ol (K - 12)	3			
JEAN RIZZO							П		napter 8 (C		nan K	-12)	
Street Address								Other Bldgs	(Private/C /Homes, e		rcial		
318 HOWARD AVENUE							-	Square Feet	# of Floo		ВІ	dg. A	ge
City (5)	Count	y (6)				unty Code (7) ate use only)	_						
Fair Lawn	BER	GEN			(310	ite use only)		Current Use (P	rior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by E	3ldg. Owner	(8)		ASCM No.	\neg	Name of Abatemer	nt Cor	ntractor (9)					
	*					D & S RESTO	RAT	ION, INC.					
Street Address						Street Address 20 California	A						
City, State, Zip Code				4,15-1	-	City, State, Zip Cod							
						Paterson, NJ (7503	3					
Project Manager for Monitoring Firm		Pho	one Numb	er		Telephone Number			License		er		
						973-345-802 Name of OSHA Mo				1169			
Start Date (10)	Sched.	Completio	n Date (11)		D & S Restora		Inc.					
06/16/14	06/30/					Street Address							
Occupancy Status During Abatemen Facility closed/vacated during						20 California A		ue					
Abatement performed outside						City, State, Zip Cod	ie						
Describe: NORMAL H	OURS				-1	Paterson, NJ (7503	3					
) Renovation Demolition						Min Glo	Containment vi- i-enclosure vebag procedu n-Exempted (*)	ıre	friable		edure	
Location of asbestos-containing material (acm) to be	Is location by mainten staff(12)					sbestos-containing		Amount (Specify S	SF or	H e m o	R e p a	Enca	E n c
abated in facility (13)	Yes	No	N/A					LF)		v e	i	p	L
BASEMENT (3 LOCATIONS)		X		PIPE INSU	LAT	ION		13 LFT		X			口
										무	무	무	무
										片	片	H	H
										片	片	片	H
Registered Waste Hauler D & S RESTORATION, INC.	NJDEI 1350	P Hauler II 06		ubic Yards of W YD	Vaste	Name of Registere TULLYTOWN			ECOVE	Y			1
City, State			Disposal D			City, State					,		LIEBUS CO.
PATERSON, NJ 07503 Completed by (Print or Type)	Title		06/17/14	Signature		TULLYTOWN	N, PA	<u> </u>	Date				
	PRESIDE			- 10-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		al a astrolet			06/06	/2014			
ASB-41 *	erripte	d activities.											

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D&S Proj. #: 2014-231

2014-251		(1 4100	idir to Horico	, 0.00			, j	Tie.	10	1		
Date of Notification (1)	Name o	f Building Own	ner/Operator (2)				994	(1A)				
0 6 /0 6 /1 4	BOB	MARCINIA				e e		-14 / /	PH 1	5: 1		
Agencies Notified Type Notificat	Street A	ddress					APC.	UN 11 US CO	711 -		7	
DEP Amended		DEAN STRE	ET					CENT	1617	1	_	
DOL Amendment #:		ite, Zip Code N ROCK, N	1 07452						. 63			
DOH (including	Name of	Contact	J 07432			Te	elephor	e Number			-	
☐ DCA ☐ Cancellation	11 200	MARCINI	AK		W.			1)			
Caricellation	1 11 ====		ILITY INFORM	ATION								
Name of facility where abatement	is taking place (3)					Type of F	acility	(4)				
	3 7							i (K - 12)	TO 10 10 10 10 10 10 10 10 10 10 10 10 10		- 07000	
BOB MARCINIAK Street Address								apter 8 (O (Private/C			12)	
			900)				Bldgs.	Homes, e	tc.			
109 DEAN STREET City (5)	County (6)			Cou	nty Code (7)	Square	=eet	# of Floor	S	Bio	lg. Ag	je
City (5)	County (o)			100000000000000000000000000000000000000	te use only)	Current	Use (P	rior if bein	g dem	olishe	d)	
GLEN ROCK	BERGEN											
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen							
Street Address				-	D & S RESTOR	RATION, I	NC.					
Street Address					20 California A	ve.						
City, State, Zip Code				-	City, State, Zip Code					10		
					Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	1	Phone Numl	ber		Telephone Number 973-345-8020)		License 0	Numb 1169	er		
Chart Data (10)	ICahad Cami	oletion Date (1	4/		Name of OSHA Mor				110)			
Start Date (10)		Dietion Date (1	17		D & S Restorat	tion, Inc.						
06/17/14 Occupancy Status During Abateme	06/30/14	<u>a)</u>		-	Street Address							
Facility closed/vacated during	entire period of a	batement.			20 California A City, State, Zip Code				_			_
Abatement performed outside Describe:		hours-										
Other-Describe: NORMAL I				=	Paterson, NJ 0							
Scope of Work (check all that appl	A. Z.					Full Contain		v/negative	press	ure		
						Mini-enclos Glovebag p		ire				
≥160 sf or ≥260 lf	Demolition Is location norm	ally used sole	ivl			Non-Exem	oted (*)	and Non-	friable TR	proce	edure	1
Location of asbestos-containing	by maintenance			on of a	sbestos-containing	Ar	nount		e m	e p	n	E
material (acm) to be abated in facility (13)	staff(12)	- 1 2/4	- material		3	(S LF	pecify (SF or	0	a	c a	C
	Yes No	o N/A							е	-	р	
BASEMENT			PIPE INSU	JLATI	ON	75 L	FT		N N	부	片	片
	-	==	-						卄	屵	+	計
			†						盲		Ħ	一
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		Cubic Yards of 1 YD	Waste	Name of Registere TULLYTOWN		CE B	ECOVE	Ϋ́			
City, State	13300	Disposal	(000 (000 (000 (000 (000 (000 (000 (00		City, State	, ILLOUIN	CL IC	CCO 1 LI			-	
PATERSON, NJ 07503		06/18/	14		TULLYTOWN	I, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature	10				Date 06/06	/2014	38		
ASB-41	* Do not use this f	orm for asbes	- l tos licensure ex	kempte	d activities.			- 00,00	. 201			