35996

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

Date of Notification (1) 2-29-12	**************************************				f Building Owner Urban Renev						1	**			
Agencies Notified	Type Notification			Street A	oddress Iill Road			4R	9 2012		丌				
EPA DEP DOL	Amended Amendment	_		ate, Zip Code n , New Jerse	y 08837	1	reter e				- {	JA 4000 J - 2000			
DOH DCA	justification) Cancellation	including			f Contact d Smith	***************************************	102	lephone Nur	nber		The same of				
Name of Facility Where A Harrison Station Pro Street Address 700 Frank E. Rodge	oject	g Place (3)		FACI	LITY INFORMA	TION		(-12) er 8 (Oth	ner than K-1; & commerci	2)	dings		es,		
City (5) Harrison, New Jerse	ey 07029						Square Feet 1,130,216	9	of Floors	Bldg. Age 75 years					
County (6) Hudson					Code (7) USE ONLY)		Current Use (F Not in use	rior if be	ing demolish	ned)					
Name of Monitoring Firm CNS Management	Hired by Building (Owner (8)		ASCN	/ No.		of Abatement C nercy Group		r (9)						
Street Address 208 Newtown Road							et Address 00 Burns Avenue								
City, State, Zip Code Plainview, NY 1180							state, Zip Code tagh NY 1179			00-03-15/03					
Project Manager for Monitoring Firm Michael Nolan					917-299-7122 516-			hone No. License No. 01085							
Start Date (10) Scheduled Co 3-12-12 12-31-12					Date (11)	Gran	of OSHA Monitonercy Group								
Occupancy Status During Facility Closed/Vaca Abatement Performe	ited During Entire P	eriod of Ab	atem			3000	Address Burns Avenu tate, Zip Code	ue							
Scope of Work (Check Al	acility scheduled for				cy	2000	tagh, NY 117	93							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тист фруу	-	novat moliti			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			ocatio						Abatement Type						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Use Mai Cust			Used Solely by Maintenance/ Custodial Staff? Asbestos (i.e. th				laterial (ACM) s insulation, T, or	(5	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
Please see attached				Х	Se	e Attach	ned	See	e Attached						
Name of Registered Wast	e Hauler	LL		JDEP W		Yards	Name o	f Registe	ered Landfill		L.,.				
					Hauler ID No. of Waste 400			Minerva Enterprises							
City, State Northampton, PA 180	067	xx=zatyabttsons			12-3	sal Date	1111	ate) esburg	ОН						
Completed by Robert Lewin Title Environment						Signature	W	-	Da 2-2	te 29-12	2				

Check # 2597

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

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Date of Notification (1)						Name of Building Owner / Operator (2)								
03 / 08 / 12						Kraft Foods Street Address								
Agencies Notified Type of Notification						Street Address 2211 Route 208 North								
F) EPA	✓	Initial			2211 Route 208 North City, State, Zip Code									
DEP		Amen			Fairlawn, New Jersey, 07410									
☑ DOH			dment #	#	Name of		01 III	MAD	Telepho	ne Numb	per			
DOL		Emer		/ justification	GARY JE	EDLICKA	II U	MAR (7			
	- Linear			F	ACILITY II	NFORMATIO	N	AFRESTOS (Michigan a	,J	i i			
Name of Facility Whe Kraft Foods	re Abatem	ent is	Taking	Place (3)		Type of Fac	1,8 %		OWN					
Street Address 2211 Route 208							Other (I.e.	er 8 (Other , private &		/	Amir . 1			
City (5)	County (6)	1		County Code	(7)	Square Fee		mes, etc.) # Of Floor	c	Buildin	η Δης			
	Bergen	,		County Code	(1)	1,000		3	3	Danam	ig Age			
						Current Us		being dem	olished)	1	40	+		
						Bakery/WAF		200						
Name of Monitoring F	irm Hired	by Blo	ig. Own	er (8)	ASCM NO				72 EVE					
					\$1507139071F61									
AET						LVI Environ	mental Se	rvices Inc.						
Street Address	Stallework					Street Addr	ress							
907 Doolittle Drive														
City, State, Zip Code		direction to see			STATE CONTRACTOR	462 Getty A	venue			a de la companya de				
Bridgewater, NJ 0880	7			S-100-00-00-00-00-00-00-00-00-00-00-00-00		City, State,	Zip Code	101 - 5 4000						
Project Mngr. For Mo	nitoring Fi	irm		Telephone Nu	mber	1								
Eric Houseknecth	7725			908-218-1108		Clifton, NJ 07011								
Sheduled Start Date (10)	Sched	d. Comp	letetion Date (1		Telephone	Number	Her Brainson	License	Number				
03 / 20	/12	_	03/		12									
// /			/	/		973-772					00117			
Occupancy Status Du						Name of OS								
		ted Du	ring Ent	ire Period of		LVI Environ		rvices Inc.						
Abatement						Street Address								
			side of N	lormal Facility		462 Getty Avenue City, State, Zip Code								
Hours - De			W 3.3U	DM										
Other - Des	scribe	7.00A	IVI - 3.30	T IVI		Clifton, NJ								
Scope of Work (Chec	k All That	Apply)				Cinton, 140	0/0//							
☐ Demolition ☑ ≥3sf or ≥3l ☐ ≥160 sf or	ı f			Renovation		Full Contain Mini - Enclo Glovebag P Non-Exemp	osure Procedure	_						
			la .		Descri	lion of			Abatan	nt Tune				
Location of Asbestos Conta	enterprise (C)	120	ls ation	٨٠	Descript	tion of Containing			Abateme R	I	ΙE	ΙE		
ASDESIOS CONTA	iiiiig	3,855	mally	^-	Material			Amount	E	R	N	N -		
TO BE ABATE	ED	100000000000000000000000000000000000000	sed	(1.	e., therma			(Specify	M	E	c	C		
in Facility			olely			facing, VAT,	3	SF or LF)	0	P	A	L		
(13)		100	Main-			cellaneous)			٧	A	P	0		
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		100000000	todial				7		L	R	U	U		
			ff (12)								L	R		
			NO N/A											
DC WAREHOUSE			7	PIPE INSULAT	AND ASSESSMENT OF THE PARTY OF			45LF	V					
BAKERY 2ND FL FAN	ROOMS		7	PIPE INSULAT	ION			126 LF	V					
					V42000									
Name of Registered V NEWARK CARTING	Vaste Hau	ler		NJDEP Waste Hauler ID No. 4509		Name of Re	gistered l	_andfill						
City, State	70-5	-			Disposal									
NEWARK, NJ					Date	BETHLEHE		05 /\						
Completed by (Print of	or Type)			Title		S	Signature				Date			
				D: 1.17			-	1				12/00/42		
Steve Stiles				Project Manage	31		-			-	1 0	3/08/12		
ASB-41							1	1						

7073

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

Date of Notification (1)		-	Name	of Building	g Owner/Operator (2	2)	1 0 07 53		4			
3 / 8 /	12		CRE	A	•	A E G E	I W E		N			
Agencies Notified Type Notificati	on	7	Street	Address								
⊠ EPA ⊠ Initial			1014	4 Atlanti	c Ave		0 0010	1111				
□ Amended			City, S	tate, Zip C	Code	Li MAR	9 2012	and I				
☐ DCA (NJAC 5:16) Amendmen ☐ DHSS ☐ Emergency			Atla	ntic City	, NJ 08404	1	1	900				
☑ DHSS☑ DCA☑ Emergency justification			Name	of Contac	t	ASRESTOS	Telephone Num	oer				
(NJAC 5:23-8) Cancellatio			W. F	Rachelle	Knight	1.10						
					FORMATION	and the second s			1 6		7.40	
Name of Facility Where Abatement is Ta	king Place	(3)			V _{ape}	Type of Facility (4)					
Block 163 Lot 53	J	. ,				School (K-12)						
Street Address						Subchapter 8	(Other than K-12) al build	nac			
27 B Baratta Terrace Unit B		homes, etc.)	ivate & commercia									
City (5)			- 118			Square Feet	# of Floors		lg. A	ge		
Atlantic Clty						6,000	1	1	AV			
County (6)			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pric	or if being demolis	shed)				
Atlantic		o. 1	10014	NI.	Name of Abateme							
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASCM	NO.		nvironmental S	vetome					
Acer Associates						nvironmental S	ystems					
Street Address					Street Address	Dil O.						
1012 Industrial Drive						lehem Pike - Su	TITE OU				_	
City, State, Zip Code					City, State, Zip Code							
West Berlin, NJ 08091					Spring House	License No.						
Project Manager for Monitoring Firm		1	ephone		Telephone No.		00847					
Vince Krisak		1	56 809		215-542-7000		00047					
Start Date (10) So	heduled C	2.65	etion Da D /		Name of OSHA M	ionitor						
Occupancy Status During Abatement (C		100			Street Address		HE				-	
☐ Facility Closed/Vacated During Entire			ment		Secure and a second control of the second	lehem Pike - Sı	uite 60					
Abatement Performed Outside of Nor	mal Facility	/ Hou	rs - Des	cribe	City, State, Zip Co							
Time of Abatement: 7:00AM-7:00Pf	Μ/P	M	AM		Spring Hous							
Scope of Work (Check all that apply)					T Full Con	tainment with Neg	ativa Pressura					
☐ >3 sf or >3 lf	⊠ Re	novat	ion		☐ Mini-End		auverressure					
⊠ ≥160 sf or ≥260 lf	☐ De					g Procedure	- E-i-Li- Dd-					
			the UV/V		⊠ Non-Exe	xempted (*) and Non-Friable Procedure Abatement Typ						
	1000	Loca Vorma				.		Abateme		T T T		
Location of	1100		ely by	Ach	Description of estos Containing Ma		Amount	₽ Re	Re	Ē	9	
Asbestos-Containing Material (ACM) TO BE ABATED	IVI		ance/		ermal systems insul		(Specify	Removal	Repair	cap	Enclosure	
IN Facility	Cus	todial (12	Staff?		VAT, or	SF or LF)		<u>a</u>		Encapsulate	ure	
(13)	Yes	No	T		other miscellane	ous)				ate		
Exterior			\boxtimes	White	window glazing		300 LF					
Exterior				-	on Doors		38					
Exterior				Caulk	on Windows		168	\boxtimes				
Name of Registered Waste Hauler			NJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfill					
STG			Hauler I	D No.	Waste 10	Minerva La	andfill					
City, State			2033		Disposal Date	City, State		100		i e		
New Castle, DE					3/30/12	Waynesbu	rg, OH 44688					
Completed By (Print or Type)			-	Signature		D	ate /	1	77			
Patricia VIsco					fate	icco U	was !	3/8	<u>[[</u>	2		

8/12 Work to strout NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2 Agencies Notified Type Notification Street Address 3/8/12 1014 Atlantic Ave □ DEP M Amended City, State, Zip Code □ DCA (NJAC 5:16) Amendment # 4 Atlantic City, NJ 08404 ☑ DHSS Emergency (including □ DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) Cancellation W. Rachelle Knight **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Block 317 - Lot 4 School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 1124 Blatic Ave homes, etc.) Square Feet # of Floors City (5) Bldg. Age 2.500 3 Atlantic Clty NA County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic home Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Acer Associates Controlled Environmental Systems Street Address Street Address 1012 Industrial Drive 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code West Berlin, NJ 08091 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00847 Vince Krisak 856 809 1202 215-542-7000 Start Date (10) 3/19/12 Scheduled Completion Date (11) Name of OSHA Monitor 10 / 12 CES Occupancy Status During Abatement (Check onlylone) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-7:00PM/ PM-Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ □ Renovation ≥ 160 sf or > 260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Removal Enclosure Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, surfacing, (Specify Custodial Staff? VAT.,or SF or LF) IN Facility (12)(13)other miscellaneous) Yes No N/A 3rd floor Bedroom #2 П П X 12 x 12 Green Floor tile (self stick) 156 SF M 1st floor kitchen M П \boxtimes 12 x 12 Green Floor tile 156 SF 1st floor kitchen Mastic assoc with floor tile 156 SF \boxtimes \boxtimes П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste STG Minerva Landfill 20990 6 yards City, State City, State Disposal Date 03/10/12 Waynesburg, OH 44688 New Castle, DE Signature Completed By (Print or Type) Date Title Patricia VIsco Office Manager

ASB-41 JUL 01

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

xempted activities Patricia Viscos 3/7/201

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5103

2012-52 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 0 3 /0 6 / 1 2 Joseph Macaluso Type Notification Street Address Agencies Notified MAR 2012 ☐ EPA 34 Legion Place Initial DEP City, State, Zip Code Amendment Whippany, NJ 07981 DOL X Telephone Number Name of Contact DOH. Cancellation Joseph Macaluso ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Joseph Macaluso Bldgs./Homes, etc. Street Address Bldg. Age Square Feet # of Floors 34 Legion Place County Code (7) County (6) Current Use (Prior if being demolished) City (5) (State use only) Morris Name of Abatement Contractor (9) Whippany, NJ 07981 Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 3/17/2012 3/17/2012 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code ☑ Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure ☐ Full Containment w/negative pressure Renovation □ Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 lf E Is location normally used solely e e n n Amount m p Location of by maintenance/custodial Description of asbestos-containing C (Specify SF or C 0 asbestos-containing a a staff(12) material (ACM) V material to be p N/A e abated in facility (13) No Yes × 100 lf ut & wrap pipe insulation basement Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID# Registered Waste Hauler 1 yard 19563 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 3/19/12 Lincoln Park, NJ 07035 Date Gordana Luna Signature 3/6/2012 Completed by (Print or Type) Treasurer Gordana Luna

mar b ZUIZ US.3/am ruul/uul rax: State of NJ Notification of Asbestos Abatement APPROVED (Pursuant to NJAC 8:60 and 12:120) NJ Dept. of Health & Senior Services Name of Building Owner/Operator (2) Date of Notification (1) 10 13 1/10 15 1/11 12 1 MINGWEI FAN Agencies Notified Type Notification Street Address Initial ☐ EPA Amanded 157 DURHAM AVENUE DEP City, State, Zip Code Amendment #. DOL X M Emergency METUCHEN, NJ (Including DOH N Name of Contact Telephone Number Justification) DCA MINGWEI FAN Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) MINGWEIFAN Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 157 DURHAM AVENUE # of Floors Bldg. Age Square Feet City (5) County (8) County Code (7) (State use only) Current Use (Prior If being demolished) METUCHEN MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (8) D & S RESTORATION, INC. Street Address Street Address 20 California Avc. City, State, Zip Code Paterson, NJ 07503 Phone Number Telephone Number License Number 973-345-8020 00159 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 03/08/12 03/23/12 Street Address 20 California Avenue Facility closed/vacated during entire period of abatement, City, State, Zin Code Abatement performed outside of normal facility hours-Describe:

D&S Proj. #: MS 12-91

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

Amount (Specify SF or LF) asbestos-containing material (acm) to be abated in facility (13) BASEMENT BAS	D&S Proj.	#: MS 12-91		(Pursua	INT TO NJAC	8:00	and 12:120)	ment and the second second	17 Parks excitate a	* .				
Agences Notified SpA Amendment Stock Address Stock Add			Name	of Buildir	ng Owne	r/Operator (2)		FAF			7.				
GPA															
DEP Amended Amended Amended City, State, 2th Code City, State, 2th		Type Notification	Stree	t Address	ostale in			THY	200 New March						
Anendraest #: OoL Serrogangine Condition MINGWEI FAN			157	DURH.	AM AV	ENUE		MAR 9 2012							
Social Company State During Abatement (Check only one) Start Date (10) School (Check only one) School (Check only one) Start Date (10) School (Check only one) School (Check only one) Start Date (10) School (Check only one) School (Check			City,	State, Zip	Code					100					
DCA Cancelation MINGWEI FAN Substitution Statistical place (3) MINGWEI FAN Substitution Statistical place (3) MINGWEI FAN Street Address Substitution Street Address Substitution Street Address Substitution Statistical place (3) Substitution Statistical place (4) Substitution Substitution Statistical place (4) Substitution Statistical place (4) Substitution Substitutio	M DOL		(2.000)					100		1					
DCA	□ DOH		Name	of Contac	ct			* * * * * * * * * * * * * * * * * * * *	Telephone	Number	ì				
Name of facility where abatement is taking place (3) MINGWEI FAN Street Address Stroot (K - 12) Subchapter 2 (Other than K-12) Subchapter 3 (Other than K-12) Subchapter 4 (Other than K	☐ DCA		M	INGWE	FAN			1 40 mg							
School (K. 12) Subchapter 8 (Other than K-12) Subchapter 8					FACIL	LITY INFORM	ATION			and the second					
Street Address 157 DURHAM AVENUE City (6) County Code (7) (State use only) METUCHEN MIDDLESEX Midge Address City, Size Address City Size Address City, Size Address City Size Address City, Size Address City Size Address Cocupancy Status During Abatement Cheek only one) As Cocupancy Size Address Cocupancy Size During Abatement Cheek only one) As Cocupancy Size During Abatement Cheek only one) Cocupancy Size Address Cocupancy Size During Abatement Cheek only one) Cocupancy Size Cheek all that apply) Cocupancy Size Cheek all that apply) Cocupancy Size Cheek all that apply Cocupancy Size Cheek all that apply Cocupancy Size Cheek only one Address Cheek all that apply Cocupancy Size Cheek all that	Name of facility wh	nere abatement is	taking place (3)					Type of Facility (4	(K 12)					
Street Address 157 DURHAM AVENUE City (5) METUCHEN MIDDLESEX MIDDLESEX Mame of Monitoring Firm Hired by Bidg. Owner (8) MIDDLESEX Name of Monitoring Firm Hired by Bidg. Owner (8) METUCHEN MIDDLESEX Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City. State. Zip Code Paterson, NJ 07503 Telephone Number Project Manager for Monitoring Firm Phone Number Project Manager for Monitori											er the	n K-	12)		
Size Address City Size Address City State License Number Start Date (10) Sched. Completion Date (11) Dasorbies. Collegancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement periode dusible of normal facility hours-Describe. Other Obscribes. Oth		IN							A Comment of the Comm				12)		
METUCHEN MIDDLESEX Manager of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Da & S RESTORATION, INC.	Street Address								Bldgs./l	Homes, etc.					
METUCHEN Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NI 07503 Paterson, NI 07503	157 DURHAM	I AVENUE				-			Square Feet	# of Floors		Blo	ıg. Ag	e	
METUCHEN Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Pa	City (5)		County (6)					Current Lice (Pr	or if boing o	- I	licha	d)		
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number City, State, Zip Code Paterson, NJ 07503 Telephone Number Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Project Manager for Monitoring Project Monitoring Firm Project Manager for Monitoring Firm Pater Address 20 California Ave. City, Sta	METTICHEN		MIDD	LESEX			(Otati	s use only)	Current Ose (F)	or it being c	CITIC	molished)			
Street Address 20 California Ave. City, State, Zip Code Project Manager for Monitoring Firm Phone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Steet Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Steet Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Company Status During Abatement (Check only one) And City, State, Zip Code Paterson, NJ 07503 Company Status During Abatement (Check only one) Steet Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Description of asbestos-containing abatement winegative pressure Mini-enclosure Glovebag procedure Non-Exempted (1) and Non-friable procedure Non-Exempted (2) and Non-friable procedure Non-Exempted (2) and Non-friable procedure Description of asbestos-containing abatematerial (acm) to be abated in facility (13) Paterson, NJ 07503 Description of asbestos-containing Armount and a general activity of a gen		ng Firm Hired by Bl				ASCM No.		Name of Abatement	t Contractor (9)				- (V 2 P		
20 California Ave.									RATION, INC.						
City, State, Zip Code Paterson, NJ 07503 Telephone Number Start Date (10) 03/08/12 Oscupancy Status During Abatement (Check only one) □ Facility closed/vacated during entire period of abatement. □ Abatement performed outside of normal facility hours- Describes: ○ Other-Describes: NORMAL HOURS Scope of Work (check all that apply) □ ≥160 sf or ≥260 lf □ Location of abatesos-containing material (acm) to be abated in facility (13) BASEMENT □ ABSEMENT □ ABS	Street Address														
Project Manager for Monitoring Firm Phone Number Start Date (10) 3/08/12 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) 3 s f or >3 if Renovation Location of abasesos-containing material (acm) to be abated in facility (13) BASEMENT															
Project Manager for Monitoring Firm	City, State, Zip Coo	le						2000							
Start Date (10) 03/08/12 03/23/12 00/23/12 00/23/12 00/23/12 00/23/12 00/23/12 00/23/12 00/23/12 00/23/12 00/25/24 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, N				Tai	. Marsh				7503	I license N	ımbe	er	_		
Name of OSHA Monitor D & S Restoration, Inc.	Project Manager fo	r Monitoring Firm	Phon	ie Numb	er		[17] 4 이 경기 <mark>기</mark> 업을 하다면 하는 것이 있는데 하는 것이 없다.)	1						
O3/08/12 O3/23/12 Street Address Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NoRMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) 1					= = 77								1000		
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) > 3g sf or >3 lf Demolition Location of asbestos-containing material (acm) to be abated in facility (13) ASSEMENT BASEMENT BASEM	Start Date (10)		Sched. Co	ompletion	Date (11)		D & S Restora	tion, Inc.						
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503								Street Address	, 						
Describe: Describe: NORMAL HOURS Paterson, NJ 07503	Occupancy Status	During Abatement	(Check only	one)											
Describe: NORMAL HOURS Describe: NORMAL HOURS Paterson, NJ 07503	Facility close	ed/vacated during e	entire period o	of abateme	ent.			City, State, Zip Code	е						
Scope of Work (check all that apply) Sope of Work (check all that apply) Renovation Solocation of Solocation normally used solely by maintenance/custodial staff(12) Sope of Work (check all that apply) Sope of Work (check all that apply) Renovation Solocation normally used solely by maintenance/custodial staff(12) Yes No N/A BASEMENT BASEMENT BASEMENT BARE HEATING PIPES Sop IT				illy Hours-				Dataman NI 0	7503						
Scope of Work (check all tilet apply) Signature Stope of Work (check all tilet apply)	Other-Descr	ibe: NORMAL HO	OURS					Paterson, NJ 0		ltive e				==	
Sample S								F		rnegative pi	essi	ne			
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT BASEMENT	\times >3 sf or >3 l								Glovebag procedu						
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT BASEMENT	≥160 sf or ≥	260 If							Non-Exempted (*)				1		
asbestos-containing material (acm) to be abated in facility (13) BASEMENT BASEMENT BASEMENT BASEMENT BASEMENT BASEMENT BASEMENT CEILING TILES No NJDEP Hauler ID# 13506 City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC Signature PIPE INSULATION BARE HEATING PIPES CEILING TILES Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA Date 03/06/12	Location of		Is location no	ormally us	ed solely				Amount		е			E	
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BASEMENT BASEMENT BASEMENT CEILING TILES Day S RESTORATION, INC. Disposal Date PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT PIPE INSULATION BARE HEATING PIPES CEILING TILES Disposal Date 03/09/12 City, State PATERSON, NJ 07503 Disposal Date 03/06/12	abated in fa	cility (13)	Yes	No	N/A	Material	(,,		LF)		v	i	200	L	
BASEMENT BASEMENT BARE HEATING PIPES 60 L FT				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DIDE INICI	II A TI	ON	30 L FT	a stranger of the second second		\Box	П		
2ND FLOOR CEILING TILES 10 SQ FT CEILING TILES Registered Waste Hauler D & S RESTORATION, INC. NJDEP Hauler ID# 13506 1 YD City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT CEILING TILES Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA Date 03/06/12	A THE RESIDENCE OF THE PROPERTY OF THE PARTY			X								百	Ø	愩	
Registered Waste Hauler D & STEATH STATE SUBJECT SIGNATION, INC. Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				\rightarrow							X	百		盲	
D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT TITLE Signature Disposal Date 03/09/12 TULLYTOWN, PA Date 03/06/12	2ND FLOOR			\triangle] CEILING									
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City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Disposal Date 03/09/12 TULLYTOWN, PA City, State TULLYTOWN, PA Date 03/06/12	D & S RESTO	RATION, INC.		ś		1 YD		TULLYTOWN	I, RESOURCE RI	ECOVERY	_				
PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Date 03/06/12	City, State								AT DA						
Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT 03/06/12	PATERSON,				03/09/			TOLLYTOWN	N, FA	Date	-	_			
BOGDAN JULDZIC PRESIDENT				VТ		Signature					2		الماليين		
*Do not use this form for asbestos licensure exempted activities.		LDZIC	Do not use t	his form fo	or asbest	os licensure e	xempte	d activities.		1					

003495

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

D&S Proj. #: MS 12-94	-	(Pursuar	nt to NJAC	8:60 and	12:120)	The state of the s	Consideration of the Section of the		10	154 154 154		
	To 100 - The 100 E		Operator (2)				TUET					
Date of Notification (1)		uilding Owner	Operator (2)			24		1 111			_	
10 3 / 0 6 / 1 2	JANE I						0.010					
Agencies Notified Type Notification	Street Add					MAR	9 2012		1		800	
EPA Initial Amended		JSSELL ROA	AD						ar artic		=	
DEP Amendment #:_	City, State	, Zip Code			1				1			
DOL Emergency	FANV	VOOD, NJ			1	Telephor	ne Number	and the second second second	7		_	
(including	Name of 0				ig en igender 1€							
justification)	I IANE	HIEL							rest in the		_	
☐ DCA ☐ Cancellation	JAN		LITY INFORM	IATION							_	
		FACII	LITTINFORM			Type of Facility	(4)					
Name of facility where abatement is	taking place (3)				11	Scho	ol (K - 12)		V 42\			
							hapter 8 (Other	than h	(-12)			
JANE HIEL						Other Bldgs	(Private/Comn ./Homes, etc.					
Street Address					1 +	Square Feet	# of Floors	E	Bldg. /	Age		
121 RUSSELL ROAD				County	20do (7)						_	
City (5)	County (6)			(State us	se only)	Current Use	Prior if being de	emolis	hed)			
City (C)											_	
FANWOOD	UNION		ASCM No.	-l Na	me of Abatement C	ontractor (9)						
Name of Monitoring Firm Hired by E	3ldg. Owner (6)		7.00		& S RESTORA	TION, INC.					_	
				Str	eet Address							
Street Address					20 California Av	e.						
				Cit	City, State, Zip Code							
City, State, Zip Code					Paterson, NJ 07	503	License N	umher			-	
		Phone Num	nber	Te	lephone Number		001					
Project Manager for Monitoring Firm	n	T HONO THE			973-345-8020							
		npletion Date (11)	N	ame of OSHA Mon	tor on Inc						
Start Date (10)	Sched. Cor	npietion bate (,		D & S Restoration, Inc. Street Address							
06/15/12	03/23/12			s	20 California Avenue							
Status During Abateme	ent (Check only o	ne)			ity, State, Zip Code							
to and to a control durin	a entire period of	avaleriori.			ity, State, Zip Cons							
Abatement performed outside	e of florifial lacin	ly Hours-			Paterson, NJ 0	7503						
Describe:NORMAL	HOURS					Full Containme	ent w/negative	pressu	ıre			
Scope of Work (check all that ap	ply)					Mini-enclosure	Э					
					⋉	Glovebag pro	cedure ed (*) and Non-f	riable	proce	dure		
≥160 sf or ≥260 lf	Demolition					Non-Exemple	d () dire : -	1 "	K		E	
	Is location no	rmally used so	olely			Amo	unt	e m	e p	n	n	
Location of asbestos-containing	by maintenar staff(12)	ice/custodiai	Desc	cription of as erial (ACM)	bestos-containing	(Spe	cify SF or	0 V	a	а	C	
material (acm) to be		No N	- 1	stial (7 to to)		L. ,		e	r	р	-	
abated in facility (13)	Yes	No N/	2000	VOLUE A TL	ON	80 L F	Γ				냳	
BASEMENT		XJL	PIPE I	NSULATI						旧	1	
DASEMENT										Ш	1	
											1	
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				do of Wilcoto	Name of Register	ed Landfill		D.7.7	2321			
Registered Waste Hauler		Hauler ID#	1 YD	ds of Waste	Name of Register TULLYTOW	N, RESOUR	CE RECOVE	RY			_	
D & S RESTORATION, IN	IC. 1350	Dieno	sal Date		City, State							
City State		03/	16/12		TULLYTOW	N, PA	I Date				_	
PATERSON, NJ 07503		Signa	ture		Date 03/06/12							
Completed by (Print or Type)	Title PRESIDE	NT										
BOGDAN JOLDZIC		uli form for a	shestos licens	sure exempte	ed activities.							