D&S Proj. #: 48-59	_	9			besto	J os Abatement 0 and 12:120)								
Date of Notification (1) 0 3 / 1 6 / 1 7 Agencies Notified Type Notification EPA	<u>b</u>	en and traceet Address	y pori	ner/Operator (2) rino)				ESTOS	CONT	ROL	0		
DEP Amended Amendment # DOL Emergency (including justification DCA Cancellatio) Nar	City, State, Zip Code chatham boro, nj 07928 Name of Contact ben and tracy porrino Telephone Number												
				ILITY INFORM	ATIO	J				_				
Name of facility where abatement ben and tracy porrino Street Address	is taking place	e (3)	TAC	THE ORIGINAL TO SERVICE STATES OF THE SERVIC		V		Subch	ol (K - 12 napter 8 ((Private/0	Other t		(-12)		
City (5)	County	⁷ (6)		T		inty Code (7)		Bldgs./Homes, etc. Square Feet # of Floors Bldg. A Current Use (Prior if being demolished)						
chatham boro Name of Monitoring Firm Hired by	MOR Bldg. Owner (ASCM No.	1		atement Contractor (9) ESTORATION, INC.							
Street Address						Street Address 20 California								
City, State, Zip Code Project Manager for Monitoring Firm	Numb	er		City, State, Zip Cod Paterson, NJ (Telephone Number	750)3	License	Numb	205					
Start Date (10)		Completion D				973-345-802 Name of OSHA Mo	0							
03/26/18	04/20/1	8	ale (1			D & S Restora	tion	, Inc.						
Occupancy Status During Abatement Facility closed/vacated during Abatement performed outside Describe:	nt.			20 California A City, State, Zip Cod		nue								
Other-Describe: NORMAL F	IOURS				-	Paterson, NJ (750)3						
Scope of Work (check all that apply □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition					 	Mi	Il Containment w ni-enclosure ovebag procedu on-Exempted (*)	re			edure		
Location of asbestos-containing material (acm) to be abated in facility (13)	ls location no by maintena staff(12) Yes					sbestos-containing		Amount (Specify S LF)	For	ReEove	Repai	E n c a p	E n c L	
BASEMENT		X		PIPE INSUL	LATI	ON		100 L FT		×				
BASEMENT		X		boiler insula	tion			45 sq ft		X				
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506	Hauler ID#	2000	ubic Yards of W yds.	aste	Name of Registere			COVER	.] LY			Ш	
City, State PATERSON, NJ 07503		0.000	osal D /22/18	3		City, State TULLYTOWN								
Completed by (Print or Type) BOGDAN JOLDZIC ASB-41	Title PRESIDEN Do not use the		sheeto	Signature s licensure exer	mntoo	activities			Date 03/16/	2018				

D&S Proj. #: 18-62 Date of Notification (1) O 3 / 1 6 / 1 8 Agencies Notified Type Notification Initial Amended Amendment # DEP Amendment # DOL Emergency (including justification) DCA Cancellation	tion :	the esta Street Ad City, State RIDG	Building Owr ated of woo dress e, Zip Code			MAR 2 2 2018 ASBESTOS CONTROL & LICENSING									
			FAC	ILITY INFORMA	ATIO	N									
Name of facility where abatement the estated of wood deyoe Street Address	is taking pl	ace (3)					_	Subcha Other (Bldgs./	l (K - 12) apter 8 (C	ommetc.	ercial	(-12)	ge		
City (5)	Cou	nty (6)		1	Cou	unty Code (7)	1								
RIDGEWOOD	ber	gon		1	(Sta	ate use only)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by				ASCM No.	-	Name of Abatem	ent C	t Contractor (9)							
	-					D & S RESTO									
Street Address					\dashv	Street Address	0101	Horr, hvc.		_					
						20 California	a Ave	.							
City, State, Zip Code						City, State, Zip Co	ode				and the state of				
						Paterson, NJ		03							
Project Manager for Monitoring Firm	1		Phone Numb	er		Telephone Numb									
					_	973-345-80 Name of OSHA N									
Start Date (10)	Sched	I. Comple	etion Date (11)		D & S Resto									
03/27/1818	04/10	0/18				Street Address	iutio	ii, iiic.							
Occupancy Status During Abatemer						20 California	Ave	nue							
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode			- W					
Describe:		racility no	ours-		_										
Other-Describe: NORMAL H					-	Paterson, NJ	075	03							
Scope of Work (check all that apply >3 sf or >3 If							=	III Containment w	/negative	press	sure				
🛮	Renovatio							ini-enclosure lovebag procedur	e						
≥160 sf or ≥260 lf	Demolition	<u> </u>				S. C.		on-Exempted (*)		friable	proc	edure			
Location of asbestos-containing	Is location by mainte		y used solely ustodial							R	R	E n	Е		
material (acm) to be	staff(12)			Description material (A		sbestos-containing)	Amount (Specify S	F or	m	р	С	n		
abated in facility (13)	Yes	No	N/A	material (/)			LF)		o v	i	a	L		
BASEMENT				PIPE INSUI	ΔΤ	ION		120 l ft		e	-				
basement crawl space				PIPE INSUL				110 l ft			H	片	H		
From Front Park								110111		H	片	H	H		
										H	H	H	H		
										Ħ	H	H	T		
Registered Waste Hauler		EP Haule		ubic Yards of W	aste								_		
D & S RESTORATION, INC. City, State		06		yds		The second secon	N, R	ESOURCE RE	COVER	Y					
PATERSON, NJ 07503			Disposal D 03/28/18			City, State TULLYTOW	/NI P	ο Λ							
Completed by (Print or Type)	Title		-1	Signature	_	TOLLITOW	14, [11	Date						
BOGDAN JOLDZIC	PRESID	ENT		A CONTRACTOR OF THE CONTRACTOR					03/16	/18					
ASB-41 *	Do not use	e this form	n for asbesto	s licensure exe	mpte	d activities.	- 100								

D&S Proj. #: 18-61	3		(Pursi	lant to NIA	best C 8 6	bs Abatement 0 and 12 120)			E C MAR	E 2 2	20	18		
Date of Notification (1) 0 3 / 1 5 / 1 7 Agencies Notified Type Notification Type		doris kor	nteh	ner/Operator (2)				ASBEST(OS CO CENS	ONTE	ROL 8		
DEP Amended Amendment # DOL Emergency (including justification)	lame of Co	DE, NJ(ntact	elephone Number										
Cancellatio	n	doris ko								=				
			FAC	ILITY INFORM	IATIO	N								
Name of facility where abatement doris konteh Street Address	is taking pl	ace (3)				*		Subc	ool (K - 12 hapter 8 ((Private/0	Other t		(-12)		
							Squa	Bldgs are Feet	# of Floo		В	ldg. A	ge	
City (5)	Cou	nty (6)				unty Code (7) ate use only)								
HILLSIDE	ess				(3)	ate use only)	Curr	ent Use (I	Prior if bei	ng den	nolish	ed)		
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement	Contrac	tor (9)						
Street Address					_	D & S RESTOR Street Address	ATION	, INC.						
Street Address			20 California Ave.											
City, State, Zip Code				-	City, State, Zip Code									
						Paterson, NJ 07503 Telephone Number License Number								
Project Manager for Monitoring Firm	Project Manager for Monitoring Firm Phone Number								License (Numl 1169				
Start Date (10)	Sched	I. Completio	on Date (1	1)	-	Name of OSHA Monitor								
03/16/18	03/30	0/18				D & S Restoration, Inc. Street Address								
Occupancy Status During Abateme					-	20 California Avenue								
Facility closed/vacated during Abatement performed outside						City, State, Zip Code								
Describe:NORMAL F	IOURS				-	Paterson, NJ 07503								
Scope of Work (check all that appl					_			tainment	w/negative	nress	ure		_	
≥3 sf or >3 lf ≥160 sf or ≥260 lf □	Renovation Demolition	1				Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure								
Location of asbestos-containing material (acm) to be abated in facility (13)	by mainte staff(12)	n normally usenance/cust	used solely todial	F 15		asbestos-containing		Amount (Specify SF		R e m o	R e p	E n c	E n c	
	Yes	No	N/A					LF)		v e	i r	p	L	
BASEMENT		X		PIPE INSU	LAT	ION	35	l ft		×				
										무		무	빆	
					A Constitution		_			ዙ	H	H	H	
					-		_			片	片	H	#	
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler II 06		ubic Yards of V yd	Vaste	Name of Registered TULLYTOWN,		JRCE R	ECOVER	.] <u> </u>			ᆜ	
City, State PATERSON, NJ 07503			Disposal D	ate		City, State								
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT	03/11/1	Signature		TULLYTOWN,	PA		Date 03/15	/2019			_	
ASB-41			for asbesto	s licensure exe	empte	d activities.			03/13	010				

Ch IIcor	17		NO.		ATIO	N OF A	SBE	Jersey STOS ABA B:50 and 5:1	TEMENT		C E		\mathbb{V}	E			
Date of Notification (1)	18 /	4.4						wner/Operator	M III	AR 2	2 8	2018					
		14						epartment					1				
Agencies Notified EPA	Type Notific					et Address 00 Cabin		Drive		ASBE	ASBESTOS CONTROL &						
⊠ DOLWD	Amende				-	City, State, Zip Code											
DCA	Amendr Emerge			-	10.000000000000000000000000000000000000	reensbur											
(NJAC 5:23-8)	19	-	e of Conta	3822			Telephone Number										
	☐ Cancella	ation			Fr	ank Law	son			973 401 8							
					FA	CILITY	INFO	DRMATION						-			
Name of Facility Where	Abatement is	Taking	Plac	e (3)					Type of Facility	(4)	-			90000			
113 South Lincoln Ave									School (K-12	3.775.							
Street Address									Subchapter 8	Other than K-	12)						
113 South Lincoln	Ave - Block	k 100 -	- Lot	t 63					Other (i.e., pr homes, etc.)	rivate and comm	nercial b	uildin	gs,				
City (5)			127						Square Feet	# of Floors	TE	Bldg. Age					
Washington Township, NJ 07882									300	1		50÷	3				
County (6)						inty Code	(7)(S7	TATE USE ONLY)	Current Use (Pri	or if being demo	lished)	A 2000 M					
Warren																	
Name of Monitoring Firm		lding O	wner	(8)	ASCN	No.	N	ame of Abatem	nt Contractor (9)								
Environmental Des	ign Inc							Controlled E	Systems								
Street Address							-	treet Address	,								
5434 King Avenue,	Suite 101							1121 N. Beth	uite 60								
City, State, Zip Code							-	ity, State, Zip C									
Pennsauken, NJ 08109							1	Spring Hous									
Project Manager for Moni	toring Firm			Tel	ephone	No.	-	elephone No.		License No.							
						9516		215 542 7000		00847							
Start Date (10)3		Schedu 3				ate (11) 18		ame of OSHA M	lonitor								
Occupancy Status During	Abatement (Check	only	one)			St	reet Address				V=11752					
□ Facility Closed/Vacate	d During Enti	ire Peri	od of	Abate	ement		10 10 10		lehem Pike - Su	uite 60							
Abatement Performed	Outside of N	ormal F	acilit	у Ног	ırs - De	scribe		ty, State, Zip Co				-		-			
Time of Abatement: 8:	:00AM- <u>5:00</u> F	PM/	PN	Λ	AM			Spring House									
Scope of Work (Check all	that apply)							1 3	-,			erellen					
≥3 sf or ≥3 lf			П п.					☐ Full Cont	ainment with Nega	ative Pressure							
☐ ≥3 sf or ≥3 if ☐ Renovatio ☐ ≥160 sf or ≥260 lf ☐ Demolition								☐ Mini-Enc ☐ Glovebaç									
								⊠ Non-Exe	mpted (*) and Non	-Friable Proced	ure						
				Loca							At	atem	ent T	ype			
Location (Asbestos-Containing N		4)		Norma	ally ely by	A = b =		Description o		B W	70	R	т	т			
TO BE ABA	TED	'	Ma	inten	ance/	(i.e	e., th	Containing Ma ermal systems i	nsulation	Amount (Specify	Removal	Repair	Encapsulate	nclo			
IN Facility (13)	у		Cust	todiai (12)	Staff?	1000		surfacing, VAT,	or	SF or LF)	l va	=	Insc	Enclosure			
(15)			Yes	No	N/A	-	.01	ther miscellaned	ous)				ate	(D			
Exterior Roof						Roofin	g Ma	aterials		288 SF		$\frac{1}{1}$		Ь			
					-		_			200 01							
						-							Ш	Ш			
			Ш														
										ř	ПП	П	П	П			
Name of Registered Waste	e Hauler			1000	NJDEP '		Cu	bic Yards of	Name of Registe	ered Landfill		1-					
Geppert Recycling				1	lauler II	O No.		aste	Marian A. 1988	rks Commun	tiy Lar	ndfill					
City, State							Dis	posal Date	City, State		100000						
Hatfield, PA									Birdsboro, I	PA 19508							
Completed By (Print or Typ	oe)	Title						Signature	1		ate						
Patricia Visco	7	Off	ice N	/lana	ger			Pater	un llos	20 2000	3-/	9-	201	8			