		c,	704
CHECK	主	8	10 T
		- F0-11	

Date of Notification (1)	_1 1		-	Name o	of Building	Owner/C	)nerator	(2)							
	3/17/15			65	25 h	1.80	10.40	15772E	ET, 3	100					
Agencies Notified	Type Notification			Street A	Address								The Later		Lie I
□ EPA □ DEP	⊠ Initial				PO L		770			t speeds as					
⊠ DOL	<ul> <li>Amended</li> <li>Amendment</li> </ul>	#		City, Sta	ate, Zip Co	ode /	112	11995	(-)						
⊠ DOH	☐ Emergency (i			Name o	できた。 of Contact	/	7	1014		1 =			-	-	
D DCA	justification)  □ Cancellation				/ 5.					16	ephone Nun	nber -			
No. 25 W. 105		-		FAC	ILITY INFO	ORMATI	ON						_		
Name of Facility Where A	Abatement is Taking	Place (3)		Street all arts to the				Type of	Facility (4)						
Street Address	273							□ Sch	ool (K-12)	)					
625 N. 1	GREAD STR	色色丁						□ Sub 図 Oth	chapter 8 er (i.e. priv	(Othe vate &	er than K-12) commercia	l buil	dinas	hom	ec.
City (5)								etc Square	:.)		f Floors				
ELIZABETH								12		# 0	4		Bldg.		
County (6) LLNION					Code (7) USE ONLY,			Current	Use (Prior	if beir	ng demolishe	ed)			60 (10)
Name of Monitoring Firm	Hired by Building O	wner (8)		ASC	M No.		Name		nent Contr		(0)				
Street Address			TOTAL STATE OF				A. MA	AC Contra	icting Inc	actor	(5)				
Street Address							1	Address /reeland A	Ave.					C MI TOLERON	
City, State, Zip Code							City S	tate, Zip (	`odo						
Project Manager for Moni	toring Circu						Midla	nd Park, N	NJ 07432			40			
			Telep	hone No.		100000000000000000000000000000000000000	one No. 262-5841			License No	Ĺ.				
Start Date (10) / 3/30 / 15	tart Date (10) / Schedule 4/						Name Ome	of OSHA	Monitor onmental S	Servic	es Inc				
Occupancy Status During	Abatement (Check	k Only On	e)					Address							
<ul><li>☒ Facility Closed/Vaca</li><li>☒ Abatement Performe</li></ul>	ted During Entire Pe d Outside of Norma	eriod of Al I Facility H	batem Hours	ent			280 H	luyer Stre							
☐ Other - Describe: _			10410					tate, Zip C ensack, N							
Scope of Work (Check A	li That Apply)							Museum Plantage				-	-		
≧3 sf or ≥3 lf		⊠ Re						Full Cor	ntainment	with N	Negative Pre	SSUITA	2		
☐ ≥160 sf or ≥260 lf		¹□ De	emoliti	on			Ø	、Mini-En	closure ag Proced			00010			
											Non-Friable	Proc	edure		
		5-65	Locat											emen	t
Location Asbestos-Containing I		Use	lorma d Sole	ly by	Ashes	Des	scription	of Naterial (A	CM				1)	/pe	
TO BE ABA	TED		ntena odial S		(i.e.	thermal	systems	insulation	1,	(S	mount pecify	₽	D.	Enc	En
(13)	,		(12)				cing, VAT			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		aba	9
GARAGE						PI	PE F	217712	16-3	POST OF THE PARTY	85	-	X		
Boillin Revis				ı	ι .	2 (	-	- Alle	10		X				
ke ie						BRE	ECH1.	et-			1055		X		
											1021				
Name of Registered Wast	e Hauler			JDEP Wa		Cubic \		N	ame of Re	gister	ed Landfill				-
Newark Carting, Inc			H	auler ID N 04509		of Was	te /	and the state of t	IESI PA	Bethl	ehem Landfi	II Cor	D.		
City, State, Zip Code Newark, NJ 07105		A Company of the Comp				Disposi	al Date	Ci	ty, State, Z	Zip Co	-				
Completed by		Title					gnaturé			- 50	1 D-4-	,	-		_
R. McDonald		Preside	nt				De	-///	onald Tonald		Date	3/1	9/1	5	

Date of Notification (1)	<del>//</del>			Name	of Building	Ournes	0====1==	70)				****		
3/	19/15			Kalle	of Building ENOA	CWherk	Operator (	(2)						-
Agencies Notified	Type Notification			Street	Address									
□ EPA	☑ Initial				0 14		5 1122	<i>&gt; /</i>						
□ DEP 図 DOL	<ul> <li>Amended</li> <li>Amendment</li> </ul>	#		City, S	tate, Zip C	ode : :	e 217	070	45					
⊠ DOH	☐ Emergency (i			2	of Contact			010						
DCA	justification)  □ Cancellation				121				Te	elephone Nu	mher			
					CILITY INF	ORMAT	ION							
Name of Facility Where A	Abatement is Taking	Place (3)	)		TOTAL TIME	ORMAI	ION	Type of Facility	r (4)	H-A				
KEUBALL/C	012							☐ School (K						
Street Address	CTOBET							☐ Subchapte	er 8 (Othe	er than K-1;	2)			
	31'000							Other (i.e. etc.)		& commerci	al bui	ldings	, horr	ies,
City (5) MONTC CA1	R							Square Feet		of Floors		Bldg.		
County (6) ESSEX					Code (7) USE ONLY	o		Current Use (P	rior if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASC	CM No.		Name	of Abatement Co		(9)	-			
Street Address							A. MA	C Contracting Ir		(0)				
							4	Address reeland Ave.						
City, State, Zip Code							City, St Midlar	ate, Zip Code id Park, NJ 0743	32					-
	oject Manager for Monitoring Firm						Telepho 201-2	one No. 262-5841		License N 00156	0.			
Start Date (10) 4//	sart Date (10) 4/1/15 Scheduled							of OSHA Monito ga Environment		-				
Occupancy Status During	Abatement (Check	CONIV Or	ne)				Street A	Committee of the Commit	-					***************************************
<ul><li>☒ Facility Closed/Vacat</li><li>☒ Abatement Performed</li></ul>	ed During Entire Pe	eriod of A	batem	ent			280 Ht	yer Street						
☐ Other - Describe: _		i racility	nouis				City, Sta Hacker	ate, Zip Code nsack, NJ 07600	6	300 II- 1775 - 1775 - 1775 II-				
Scope of Work (Check Al	That Apply)										Telepop (* com		-	
☐ ≥3 sf or ≥3 lf			enovat					Full Containme	ent with I	Vegative Pr	200111	۵		
□ ≥160 sf or ≥260 lf			emoliti	no				Mini-Enclosure	2		00001			
					,			Glovebag Prod Non-Exempted	d (*) and	Non-Friable	Proc	edure	)	
		100	Locati	70.00									emen	it
Location Asbestos-Containing N			Normal d Sole			Des	scription o	of				T	ype	-1
TO BE ABA		Ma	intenar	ice/	Asbes (i.e.	tos Cont	taining Ma	aterial (ACM)	P.	mount	_		Ш	_
In Facility (13)	y	Cust	odial S (12)	itaff?	(	surfac	cing, VAT,	or		Specify or LF)	l de m	Rapair	Sab	nck
(13)						other m	niscellane	ous)		•	Remova	Dair	Encapsulate	Enclosure
01:2		Yes	No	N/A							_		ell ell	9
2" FLOUR				X			PIPE			40LF	X			
1ST FLOOR	15T FLOOR					/	PIPE			40LF	×			$\vdash$
BASEMEUT				X		/	2106		Ŷ	120 LF	X			$\vdash$
B.ASEMBUT				X		V	47		/2	00 SF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Name of Registered Waste	Hauler			JDEP W		Cubic Y	'ards	Name of		ed Landfill	1			
Newark Carting, Inc			Ha	uler ID 1 04509		of Wast	<sup>te</sup> 3			ehem Landi	ill Cor	p.		
City, State, Zip Code Newark, NJ 07105	wark, NJ 07105						Date	City, Stat		de				
Completed by R. McDonald		Title Preside	nt					- I	e.t	Date		9/1	_	
							V.	a. A en-	- 1	i	211	1/1	J	1



Date of Notification (1) March / 20/2015					Building ( nED, Inc		perator	(2)		ÉÉI.	j jer	-,		V 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
_/	Notification			Street Ad 710 Ha	ddress addon A	venue				a.			1	11:	38	
process of the same of the sam	Initial Amended Amendment	#			te, Zip Co swood,		lersey		- 13172 3		is i h			1	12	
	Emergency ( justification)	including			Contact					Tal	nnhana	N.I	har	-		
	Cancellation	Ä			McCarty											
Name of Facility Where Abotes	and in Table	- Disea (2)		FACI	LITY INFO	RMAT	ON	Tun	o of Engility (	4)						
Name of Facility Where Abater Former Retail Space	nent is Takin	g Place (3)						Тур	e of Facility ( School (K-1							
Street Address 806-808 Haddon Avenue	)			2				×	Subchapter Other (i.e. p etc.)					dings,	home	es,
City (5) Collingswood								Squ 3,9	are Feet 20	# o	f Floors		0.00	ldg. A	ge	
County (6) Camden				County C	Code (7) ISE ONLY)		_		rent Use (Pric		ng dem	olish	ed)			
Name of Monitoring Firm Hired RT Environmental Service		Owner (8)		ASCM	No.				atement Cor	itractor	(9)					
Street Address 510 Heron Dr Suite 306							Street	Addre		hway	Suite	500				
City, State, Zip Code							City, S	state,	Zip Code	ivay	- Cuito					
Bridgeport, NJ. 08014  Project Manager for Monitoring	roject Manager for Monitoring Firm						Teleph	Stage 1	A. 19341 No.		Licens		).			
Tony Alessandrini	ony Alessandrini						1-povetka Potons	27.11.104.14.14.1	8884 SHA Monitor		0116	1				
3/23/2015	23/2015 3/25/20						EMS	L								
Occupancy Status During Abat	ement (Chec	k Only One	e)				Street		ess te 130 Nort	th						
Facility Closed/Vacated D     Abatement Performed Ou     Other – Describe:							City, S	tate,	Zip Code							
	A = =   \ \						Cinn	amır	nson, NJ. (	18077						
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Арріу)		enova				×	M G	ull Containme lini-Enclosure llovebag Prod	e cedure	•					
			_				_	J N	on-Exempted	d (*) an	d Non-F	riabl		26.67-555		
		1000	Locati ormali										*	Араце Ту	ement pe	
Location of Asbestos-Containing Mater	ial (ACM)		Sole		Achast		scription		al (ACM)	Δ	mount					
TO BE ABATED In Facility (13)	iai (ACIVI)	Custo	ntenar odial S (12)	Staff?		therma surfa	systems cing, VA niscellar	s insu T, or	ulation,	(8	Specify or LF)		Removal	Repair	Encapsulate	Enclosure
First Floor		Yes	No	N/A X	Ther	mal sy	/stems	insı	ulation	1	78 LF		х		77.	
Basement				X			ystems				77LF		Х			
										0						
Name of Registered Waste Ha	N	JDEP W	aste	Cubic	Yards		Name of	Reaiste	ered Lar	ndfill						
ecoservices, LLC				auler ID 3-0127	No.	of Wa			Grows							
City, State Exton, PA.						Dispo	sal Date	2	City, State Morrisv		A			-		
Completed by Tom Joiner		Title Projec	ct Ma	ınager		5	Signature		k			Dat 3/2	e 20/20	15		2

CK005914

D&S Proj. #: 2015-85

	-											
Date of Notification  O 3 / 1 6  Agencies Notified	1/15	THE	ESTATE OF	ner/Operator (2 F MICHAEL	)	ÉNTEL FALLE	5 21 5 /	) 2		^		
☐ EPA ☐ DEP	Initial Amended	1000	COOLIDGE	E ROAD		. Ur of sand	1		ř., .,			
☑ DOL	Amendment #:		ite, Zip Code ZABETH, N.	J 07207					2:			
☑ DOH ☐ DCA	(including justification)  Cancellation		Contact H BREWST	TER			Telephor	e Numbe	ſ			
	Odricellation	1 213.		CILITY INFORM	IATIO							
Name of facility wi	here abatement i	s taking place (3)					Type of Facility				121	
THE ESTATE	OF MICHAEI	GREEN					=	ol (K - 12) apter 8 (C		han K	-12)	
Street Address							Other	(Private/C /Homes, e	omme		,	
1000 COOLID	GE ROAD	10 10					Square Feet	# of Floor		В	dg. A	ge
City (5)		County (6)		**		unty Code (7) ate use only)	Current Use (P	rior if bein	a den		ed)	
ELIZABETH Name of Monitorin	a Eirm Hirod by	UNION			L,	I Name of Abotemath			<b>3</b>			
Name of Monton	ig Filli Hiled by	bidg. Owner (6)	2.5	ASCM No.		Name of Abatement D & S RESTOR						
Street Address					-	Street Address	inon, inc.					
City, State, Zip Cod	10				_	20 California Av	/e.					
Oily, State, Zip Coo	ie					City, State, Zip Code Paterson, NJ 07	503					
Project Manager fo	r Monitoring Firm		Phone Numb	per	_	Telephone Number	303	License	Numb	per		
						973-345-8020		0	1169			
Start Date (10)		Sched. Comp	oletion Date (1	1)		Name of OSHA Moni D & S Restorati						
03/26/15	During Albertan	03/31/15	,		_	Street Address						
	d/vacated during	entire period of al	patement.			20 California Av City, State, Zip Code	enue		_			
Describe:		of normal facility	hours-		_							
Scope of Work (ch	be: NORMAL H				_	Paterson, NJ 07		/n o motiv co				_
$\ge 3 \text{ sf or } > 3 \text{ lf}$ $\ge 160 \text{ sf or } \ge 2$		Renovation  Demolition					Full Containment w Mini-enclosure Glovebag procedu Non-Exempted (*)	re			oduro	
Location of		Is location norma		у			Troil Exempted ( )	and Hon	R	R	E	E
asbestos-cor material (acn	n) to be	by maintenance/ staff(12)	custodiai	Description material (		sbestos-containing	Amount (Specify S	F or	m	e p	n c	n
abated in fac	ility (13)	Yes No	N/A				LF)		v e	a i r	a p	L
BASEMENT		X		PIPE INSU	LAT	ION	148 L FT		×			
				1					ዙ	님	뷰	ዙ
				1					H	H	H	H
Registered Waste F D & S RESTOR		NJDEP Hau 13506		Cubic Yards of V 2 yds.	Vaste	Name of Registered TULLYTOWN,		COVER	Y			
City, State PATERSON, N	J 07503		Disposal I 03/26/1			City, State TULLYTOWN,	PA					
Completed by (Prin BOGDAN JOL.	t or Type)	Title PRESIDENT	_	Signature		1		Date 03/16/	2015			
ASB-41		Do not use this for	orm for asbest	os licensure ex	empte	d activities.		100,100				

CK 005415

D&S Proj. #: 2015-83

Das Proj.	#: 2015-83			(Fursu	144		0 and 12.120)	/	15				
					, a	· ·	- YED 91	12 10 10 1					
Date of Notification		1.1		250	er/Operator (2)	-		1/	1011	2			
0 3 1/1 6		M	YRA V	AN DEF	WERKER	12	FE 11: 45						
Agencies Notified EPA	Type Notificati Initial	11206	et Addre	201000	23 8 24 °C				78				
□ DEP	Amended				VENUE	.,,,	E BERTHARDE						
☑ DOL	Amendment #:	City	State, 2	Zip Code			· · · · · · · · · · · · · · · · · · ·						
	Emergency (including		THE RESERVE OF THE PERSON NAMED IN	OCK, N.	J 07452						-		
■ DOH	justification)	Nam	e of Cor	ntact				Telephor	e Numbe	r			
☐ DCA	Cancellation	<u>N</u>	IYRA	VAN DE	RWERKER								
10 A				FAC	ILITY INFORM	ATIO	N						
Name of facility wh	ere abatement is	s taking place	(3)					Type of Facility					
MYRA VAN D	EDWEDVED								l (K - 12)				
Street Address	ERWERKER							125-125	apter 8 (C (Private/C			-12)	
									Homes, e		iciai		
607 LINCOLN	AVENUE		(0)					Square Feet	# of Floo	rs	В	ldg. A	ge
City (5)		County	(6)				unty Code (7) ate use only)	Ourset Head	116 11		-11-1	- 1\	
GLEN ROCK		BERG	EN			(St	ate use only)	Current Use (P	rior if bein	g den	iolish	ed)	
Name of Monitoring	g Firm Hired by E	Bldg. Owner (	8)		ASCM No.		Name of Abatement C	Contractor (9)					
							D & S RESTORA	TION, INC.					
Street Address							Street Address						
							20 California Av	e.					
City, State, Zip Code	9						City, State, Zip Code						
Project Manager for	Monitoring Firm		I Dh	one Numb	Ar.	_	Paterson, NJ 075 Telephone Number	003	License	Numh	)Ar		
r roject warager for	Worthorning Fillin		1	one want			973-345-8020			1169	) C I		
Start Date (10)		ISched C	ompletic	on Date (1	1)	_	Name of OSHA Monit	or					
			A	on Date (1	')		D & S Restoration	n, Inc.					
03/27/15 Occupancy Status D	Juring Abataman	04/10/1				_	Street Address						
Facility closed	다 가장에 그렇게 하나요?	- 14시 - [ - 18 18 - 18 - 18 - 18 - 18 - 18 -		ment.			20 California Ave City, State, Zip Code	enue				_	
Abatement pe	erformed outside						City, State, Zip Code						
Describe:  Other-Describ	e: NORMAL H	OURS				_	Paterson, NJ 075	03					
Scope of Work (ch	eck all that apply	)					. DF	ull Containment v	/negative	press	ure		
$\times$ >3 sf or >3 lf	$\boxtimes$	Renovation						Mini-enclosure					
≥160 sf or ≥26	60 If	Demolition						llovebag procedu lon-Exempted (*)		friable	proc	edure	<u>į</u>
Location of		Is location no by maintena			/					R	R	Е	E
asbestos-con material (acm		staff(12)	nce/cus		Description material (		asbestos-containing	Amount (Specify S	F or	m	e p	n c	n
abated in faci		Yes	No	N/A	material (	ACIVI)		LF)		O V	a i	a p	C L
BASEMENT BO	III ED DM		$\overline{}$	11	PIPE INSU	TAT	ION	129 L FT		e	r		
basement SHOP	ILEK KIVI		<b>\rightarrow</b>		PIPE INSU			61ft			+	Η	ዙ
basement storage	room		X		PIPE INSU			61ft			౼	H	H
basement bathroo			X		PIPE INSU	A STATE OF THE PERSON NAMED IN		121ft					T
GARAGE			X		PIPE INSU			58 L Ft					
Registered Waste H D & S RESTOR.		NJDEP 13506		S-100	ubic Yards of V	Vaste			COVER	v			
City, State	THON, INC.			Disposal D	2 yds. Date	-	TULLYTOWN, F	ESOURCE RE	CUVER	I	-		
PATERSON, N.	J 07503			03/28/1		.1	TULLYTOWN,	PA					
Completed by (Print		Title			Signature		-		Date				
BOGDAN JOLI		PRESIDEN		for eat	L Grand	am: - 1	al a stillitie -		03/16/	2015			
ASB-41		חס ווסנ מצה נו	119 101111	ioi aspesto	os licensure ex	cmbre	u activities.						

(K 605916

D&S Proj. #: 2015-87

2022 07	<del></del>		,						/			
Date of Notification (1)		ame of Bui cen & jac	lding Owne	rgeon		MAR 24 PKIL:		/	9,41	1.5	2	
Agencies Notified Type Notified Type Notified Initial Amended		reet Addre 61 glenw	ood road	1	4 0.0; d	ESTROEMSING	)L	ť			1	
DOL Amendment   Amendment		ty, State, Z		07040								
DOH   Cincluding	Na	me of Cor	LAIR, N.	07042	Collegelac		Telephon	e Number				berry .
DCA justification	50,500	ken & ia	ckie bailla	argeon								
Cancellat	ion	Kell & Ja		LITY INFORM	ATION				_	_		
Name of facility where shotomer	at in taking pla	20 (3)	FACI	LITT INFORM	ATION		Type of Facility (	4)				
Name of facility where abatement	it is taking pia	ce (3)						I (K - 12)				
ken & jackie baillargeon								apter 8 (C			-12)	
Street Address								Private/C Homes, e		rcial		
61 glenwood road		(0)					Square Feet	# of Floor	'S	Ble	dg. Ag	ge
City (5)	Coun	ty (6)				nty Code (7) te use only)	Current Use (Pi	rior if bein	a dem	olishe	ed)	
MONTCLAIR	ESS	EX				***		ioi ii boiii	g doin	Olidino	,u)	
Name of Monitoring Firm Hired b	y Bldg. Owne	r (8)		ASCM No.		Name of Abatement C	Contractor (9)					
					_	D & S RESTORA	TION, INC.					
Street Address						Street Address 20 California Av	Д					
City, State, Zip Code					-	City, State, Zip Code	C.	1				
						Paterson, NJ 075	503					
Project Manager for Monitoring F	irm	Ph	one Numb	er		Telephone Number		License		er		
						973-345-8020 Name of OSHA Monit	or		1169			
Start Date (10)	Sched.	Completio	on Date (11	)		D & S Restoration						
03/18/15	03/31			-11. 471.4		Street Address						
Occupancy Status During Abaten  Facility closed/vacated duri		시아 시민들 중에	mont			20 California Ave	enue					
Abatement performed outsi						City, State, Zip Code						
Describe: NORMAL NORMAL	LHOURS					Paterson, NJ 075	503					
Scope of Work (check all that ap							ull Containment w	/negative	press	ure		
	Renovation	n					Mini-enclosure Glovebag procedu	re				
≥160 sf or ≥260 lf	Demolition	~					Non-Exempted (*)		-	_		
Location of asbestos-containing		normally nance/cus	used solely todial				Amount		e	R e	E n	Е
material (acm) to be	staff(12)	4.70		material (		sbestos-containing	(Specify S	F or	m o	p a	c a	n c
abated in facility (13)	Yes	No	N/A				LF)		v e	i r	p	L
BASEMENT/above ceiling		X		PIPE INSU			56 l ft					
BASEMENT CRAWL SPACE		X		BARE HEA	ATINO	G PIPES	561 ft			ᆜ	무	
									ዙ	井	片	H
	-								片	屵	+	片
Registered Waste Hauler		P Hauler I		ubic Yards of \	Waste	Name of Registered		COVER	V.			
D & S RESTORATION, INC. City, State	C. 135	00	Disposal D	yds	-	TULLYTOWN, I	KESOUKCE KE	CUVER	I			
PATERSON, NJ 07503	la la		03/19/1			TULLYTOWN,	PA					
Completed by (Print or Type)	Title	ED Y/D		Signature				Date	2015			
BOGDAN JOLDZIC	PRESID		for ashast	e liconeura av	empte	d activities		03/16/	2015			

(KU05908

### State of NJ

Das Proj. #: 2015-76    Date of Notification (1)													
0 3 /0 6 /1 5				2	015 H	AR 24 PM II:	45	1313/		/ <sub>12</sub> -	S		
	on S					a track institut	01			7 5	7		_
_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		33 MAD	ISON ST	REET 0	された	TIPERSHIP	(UL				0		
Amendment #:					/3:	1 17 1 14 11111							
M DOI —		GLEN R	IDGE. N.	I 07028									
DOH (including	N	Name and Address of the Owner, when	THE RESERVE OF THE PERSON NAMED IN	7 0 7 0 2 0				Telephone	Number	r	-	-	
		CHRIST	OPHER	WILLIAMS									
Cancellation		CIHUDI			ATION								_
Name of facility where abetement is	takina ak	200 (2)	FACI	LITT INFORM	ATION		Iτν	no of Eacility (4	1)				
name of facility where abatement is	s taking pia	ace (3)					1''						
CHRISTOPHER WILLIAMS								Subcha	pter 8 (C	other th	nan K	-12)	
Street Address											rcial		
33 MADISON STREET							S		-		BI	dg. A	ge
City (5)	Cour	nty (6)			Cou	nty Code (7)				5500			
OLEM DIDGE	F.00				(Sta	te use only)		Current Use (Pri	or if bein	g dem	olish	ed)	
				ASCM No	_	Name of Abatemen	t Con	tractor (9)					
Traine of Morntoning 1 mm 1 mod by 1	Jiag. Own	Si (O)		AGOINI NO.				200 200					
Street Address							KAII	ON, INC.					
Street Address							\ va						
Citv. State. Zip Code											****		
7)													
Project Manager for Monitoring Firm	·	Ph	one Numbe	er	-				License	Numb	er		
Start Date (10)	ISched	L Completic	n Date (11	7		Name of OSHA Mo	nitor						
A.SANDESSON (1994)		- 100 TO COM 100 <b>- 100 TO</b>		,		Control of the Contro	tion,	Inc.					
		24.55											
	(b.,		mont					ie					
						City, State, Zip Code	е						
Describe:		(0.5%)			-11	Paterson NI 0	7503	W.					
						Taterson, 115 o			negative	press	UFA	_	_
N 0-1011	5000	n .	(4)				4		negativė	hiess	uie		
_				* 1									
		<i>-</i>	used solely				Non	-Exempted (*) a	and Non-	-	-		_
The state of the s								Amount					Е
material (acm) to be	staff(12)					spesios-containing			or	1000000	32		n c
abated in facility (13)	Yes	No	N/A	100 to				LF)		V	i		L
BASEMENT		X		PIPE INSU	LATI	ON		84 L FT		-			
BASEMENT/CRAWL SPACE		X		PIPE INSU	LATI	ON		8 L FT		_			
					Vaste							2	
	135						, RE	SOURCE REC	COVER	Y	-		
City, State PATERSON, NJ 07503			Disposal D 04/01/1:			City, State TULLYTOWN	I, PA						

Signature

Date

03/06/2015

Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Do not use this form for asbestos licensure exempted activities. ASB-41

Title

CK 005918

D&S Proj. #: 2015-89

										Form = ,					
Date of Notification			Name of E	Building Ow	ner/Ope	rator (2)					1 114	1113	,		
10  3  /1  7			GERAI	ESPOS	SITO					-3 /			4		
Agencies Notified EPA	Type Notifica Initial	ition	Street Add	ress								* 1 5			
☐ DEP	Amended	- 11	52 LIN	COLN ST	REET			2 480							
☑ DOL	Amendment #	·   [	City, State	, Zip Code											
_	Emergency		GLEN	RIDGE, 1	NJ 0702	28									
□ DOH	(including justification	)   [	Name of C	ontact						Telephor	e Numb	er			
☐ DCA	Cancellatio		GERA	RD ESPO	SITO										
				FAC	CILITY II	NFORMAT	LION	ı					_		
Name of facility wh	nere abatement	is taking pl	ace (3)						П	Type of Facility (					
GERARD ESPO	OSITO								Ш	=	l (K - 12				
Street Address	00110						_		-		apter 8 ( Private/0			(-12)	
52 I INCOLNI										Bldgs./	Homes,	etc.	erciai		
52 LINCOLN S City (5)	STREET	I Cou	ph. (6)				_		-  [	Square Feet	# of Floo	ors	В	ldg. A	Age
City (5)		Cou	nty (6)					nty Code (7) te use only)					L		
GLEN RIDGE			SEX				(Ota	to use offiy)		Current Use (P	nor if bei	ng den	nolish	ed)	
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCN	√l No.	T	Name of Abatem	ent Co	ontractor (9)					
								D & S RESTO	ORA?	TION, INC.					
Street Address							٦	Street Address							
City, State, Zip Code							_	20 California							
City, State, Zip Cour	е							City, State, Zip Co							
Project Manager for	Monitoring Firm	2	To	hone Numb	004		-	Paterson, NJ		03					
1 Tojoot Manager 101	Worldoning Filli			none Numi	ber			Telephone Number 973-345-80			License	Numb 01169	per		
Start Date (10)		10-1-					_	Name of OSHA M		r		71109	_	_	
16 - 1 - 400-000-0000 - 5000 - 5		Sched	i. Complet	ion Date (1	1)			D & S Restor							
03/28/15		04/1						Street Address			and the same of the same				
Occupancy Status D							٦١	20 California	Aver	nue					
Abatement ne	l/vacated during rformed outside	entire peri	od of abat	ement.			Ш	City, State, Zip Co	ode						
Describe:			raomity rio				.	_							
Other-Describ	. 576							Paterson, NJ	0750	)3					
Scope of Work (che									=	Il Containment w	negative	press	ure		
		Renovation						ŀ		ni-enclosure ovebag procedur	۵				
≥160 sf or ≥26	60 If	Demolition								on-Exempted (*)		-friable	proc	edure	)
Location of	tainina		n normally enance/cu	used solely								R	R	E	E
asbestos-cont material (acm	) to be	staff(12)				escription of aterial (AC		sbestos-containing	l	Amount (Specify S	= or	m	р	n c	n
abated in facil	lity (13)	Yes	No	N/A		atorial (Ao	,,,,			LF)	10/1 <del>10</del> /10	o v	a	a p	L
BASEMENT				1	DIDE	INSULA	TT	ON		170 I ET		e	r	P	-
2. WENTER					THE	HISULF	111	OIA		170 L FT	-		무	屵	屵
				1	1		_			-		井	屵	片	믐
				1			-		***			낚	井	片	#
				1	1							#	屵	屵	#
Registered Waste Ha			EP Hauler	1000000		rds of Was	ste	Name of Register				.			
D & S RESTORA	ATION, INC.	135	06		2 yds.	-	_	TULLYTOW	N, RE	ESOURCE RE	COVER	RY			
City, State PATERSON, NJ	07503			Disposal D 03/30/1				City, State	NT -						
Completed by (Print		Title		03/30/1	Signa	ture	_	TULLYTOW	N, P	A	Deta				
BOGDAN JOLE		PRESID	ENT		Jigina						Date 03/17	/2015			
ASR-41		Do not us	e this form	for asbesto	os licens	ure exem	pted	activities.						-	

D&S Proj. #: 2015-88

		F-11:												
Date of Notification			Name of B	uilding Own	er/Operator (2	2)			4	The same of the sa				
0 3 /1 7			JEAN B	ONSEE					4	[1]		Ļ		
Agencies Notified EPA	Type Notificat	ion   S	Street Addr			-			10		r Brig			
☐ DEP	Amended Amended				TERRACE		fe and				1 1 4 1, 1 1			
□ DOL	Amendment #:		City, State,	Zip Code										
	Emergency	1.1		MFIELD,	NJ 07003									
□ DOH	(including justification)	I N	lame of Co	ontact				9	Telephon	e Numbe	r			
☐ DCA	Cancellation	- 11	JEAN I	BONSEE										
	.—			FAC	ILITY INFOR!	MATION								
Name of facility wi	here abatement	s taking pl	ace (3)	7.500.000					Type of Facility (		8			
JEAN BONSE	E								=	l (K - 12) apter 8 (0		han I/	10)	
Street Address								-	Other (	Private/C	comme		-12)	
99 OVERLOO	K TERRACE									Homes, e		BI	dg. A	ae
City (5)		Cou	nty (6)			Cou	nty Code (7)	=	Oquarerreat	<i>n</i> 011100			<b>9</b> 9.71	90
7 1.7							te use only)		Current Use (P	rior if beir	na dem	nolish	ed)	
BLOOMFIEL	D	ES	SEX			_						0200000000		
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem	ent C	Contractor (9)					
					0)		D & S REST	ORA	ATION, INC.					
Street Address		79					Street Address	9						
// ·							20 California		e.					
City, State, Zip Coc	de						City, State, Zip Co	ode						
<u> </u>							Paterson, N.		503					
Project Manager fo	r Monitoring Firn	1	P	hone Numb	er		Telephone Numb			License		er		
							973-345-80				1169			
Start Date (10)		Sched	d. Complet	ion Date (1	1)		Name of OSHA							
03/19/15		04/1	6/15				D & S Resto	ганс	on, inc.					
Occupancy Status	During Abateme						20 California	Δχι	enile					
Facility close	d/vacated during	entire per	iod of abat	ement.			City, State, Zip C		chuc				_	_
	erformed outside	of normal	facility hor	ırs-			Oity, Ototo, <u>Zip</u> O	000						
Describe:  Other-Descri	ibe: NORMAL I	HOURS				_	Paterson, N.	J 075	503					
Scope of Work (ch									uil Containment w	/negative	nress	ure		
>3 sf or >3 lf		Renovation	on						/lini-enclosure	ogaare	p. 000	ui u		
≥160 sf or ≥2		Demolitio						Discount III	Slovebag procedu					
			Vivo	used solel					Non-Exempted (*)	and Non-	-friable	proce		1
Location of asbestos-cor	ntaining	by maint	enance/cu						Amount		e	e	E	E
material (acr	m) to be	staff(12)			material		sbestos-containin	g	(Specify S	F or	m o	p a	С	n
abated in fac	cility (13)	Yes	No	N/A	An an Anna Contraction				LF)		V	i	a p	L
BASEMENT				-	PIPE INS	IT A TI	ON		140 L FT		e	r		$\vdash$
DASLIVENT						OLZIII	OIV		140 E11		H	믐	Η	ዙ
				1	1						╬	Η	井	₩
					1				_		╬	Η	屵	片
-					1						H	屵	井	12
Registered Waste H	Hauler	IN.ID	EP Hauler	ID# I C	Subic Yards of	Waste	Name of Registe	ered I	l Landfill		. 니		Ц	
D & S RESTOR			506		6 YDS				RESOURCE RE	COVE	RY			
City, State				Disposal I			City, State							
PATERSON, N				03/20/1			TULLYTOV	VN,	PA					
Completed by (Prin		Title	\		Signature			-		Date	10.5 -			
BOGDAN JOL	DZIC	PRESIL		- f			l ooth dit			03/17	2015			
ASB-41		טט חסנ עפ	e uns torn	i ioi aspest	os licensure e	хепрте	activities.							

(K 2/1014

7 7	No.	400 17	-	17		
200	Sec.		254	1 1	1	F
* 1	2 0	No			1	1 7

Date of Notification (1) 03/20/2015					f Building nd BOE		Operator	(2)		-	> 4 <sub>0</sub>			12		
Agencies Notified	Type Notification			Street A	ddress		5 1 2 2 3 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		- 2	1015 M	AR 24		11 0	2: 5	-	
EPA  DEP  DOL	Initial Amended		ŀ		st Land		enue			-335	57175	1	j fa	TRI	11	
	Amendment Emergency (		- [	Vinela	nd,NJ 0					Š.	LICE	HS	14	3		
DOH DCA	justification)  Cancellation				f Contact arinacc	io				Tel	ephone !	Num	oer			
Name of Facility Where	Abatement is Taking	Place (3)	_	FACI	LITY INF	ORMAT	ION	Time	- f (T 11) t (	-1				-		
Vineland High Sch	1001	g / 1000 (0)						_	of Facility ( School (K-1	10 1µ10/00 Hanna ka						
Street Address 2880 Chestnut Ave	enue								Subchapter Other (i.e. p	8 (Oth	er than k	(-12) ercial	build	dinas	. hom	ies
City (5) Vineland								- 6	etc.) re Feet		f Floors			ldg. /		
County (6) Cumberland	-			County (	Code (7) JSE ONLY	)		- Curre Scho	nt Use (Pri	or if bei	ing demo	olishe	ed)			
Name of Monitoring Fire Epic Environmenta	m Hired by Building ( al Services	Owner (8)		ASCN	1 No.			of Abat	ement Cor		(9)					
Street Address 1930 Brown Rd			,				Street	Addres Piaget	S	-						
City, State, Zip Code Newfield, NJ 0834	4						City, S	State, Zi	p Code 07011							
Project Manager for Mo Jim Eberts	nitoring Firm	14:		Telephor 856-20	ne No. )5-1077			none No 253-8			License 00704					
Start Date (10) 04/03/2015		Scheduled 04/04/20		npletion [	Date (11)				IA Monitor pany, Inc							
Occupancy Status Duri								Addres	The second secon							
X Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	eriod of Abalal Facility H	aten	nent			City, S	State, Zi	p Code				1000			
Scope of Work (Check																
≥3 sf or ≥3 If			nova	ition ion			×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure						
	*	ls Lo		240000					- Exempted	2 / / 411	G 14011-1 1	Table		Abate	ement	t
Locatio Asbestos-Containin	g Material (ACM)	Used ! Maint		ly by	Asbes		scription taining N		(ACM)	Δ	mount	-		13	pe _	Г
TO BE AB In Fac (13	ility	Custoo				thermal surfa	system: cing, VA niscellar	s insula T, or		(5	Specify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									а		ate	IГе
Bathro		X		Pipe	insula	ition "w	vrap &	cut"	8	5 LF		х				
Name of Registered Wa	aste Hauler	1	IN	JDEP W	'aste	Cubic	Yards		Name of I	Reniste	red Land	Rfill				
Newark Carting, Inc				lauler ID 5409	No.	of Wa			IESI La	40 A (10 A (	. Jo Luii	- 1111				
City, State Newark, NJ					Dispos	sal Date		City, State Bethleh		A.						
Completed by Voytek Roszkowski		Title Preside	ent				Signature		rloce	المحا		Date		015		



***			1, ,	ar suarre	0 14070 0	.oo ana	12,120	'/	RE		MED					
Date of Notification (1) 03/13/2015				Name of Building Owner/Operator (2) River Dell Regional BOE												
Agencies Notified  X EPA X Initial X DEP X DOL Amended Amendment #				Street Address 2115 MAR 24 AA 2: 50 230 Woodland Avenue												
				City, State, Zip Code River Edge, NJ 07661					ASBESTOS COMTROL & LICENSING Telephone Number							
X DOH X DCA	Emergency (including justification)  Cancellation				Contact s Bonfiç				Tele	enhone Nur	nber					
Name of Facility VAII-	A b - 1 1 - T - 13	DI		FACIL	ITY INFO	RMATI	ON	_								
Name of Facility Where Abatement is Taking Place (3) River Dell Middle School							Type of Facility (4)  School (K-12)									
Street Address 230 Woodland Aver						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) River Edge								Squa	re Feet	# 01	Floors	В	ldg. A	ge		
County (6) Bergen				County C			Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc				ASCM 0057		Name of Abatement Contractor (9) VMC Company, Inc.										
Street Address PO Box 385						Street Address 208 Piaget Ave										
City, State, Zip Code Oceanville, NJ 08231				City				, State, Zip Code fton, NJ 07011								
Project Manager for Monitoring Firm Eric Clarkson				Telephone No. 609-652-1833			Telephone No. License No. 973-253-8828 00704									
Property ST, Open Marie B. Acts				mpletion [		Name of OSHA Monitor										
Occupancy Status Durin						MC Company, Inc										
X Facility Closed/Vac Abatement Perform Other – Describe:	Abater	ement				State, Zip Code										
Scope of Work (Check A																
≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf	Renova Demoli	ovation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Loca	tion									tement					
TO BE ABATED			Normally Used Solely by Maintenance/ Custodial Staff? (12)			Descriptio Asbestos Containing (i.e. thermal system surfacing, V. other miscella			g Material (ACM) ems insulation, VAT, or		Amount (Specify SF or LF)		Repair	e Encapsulate	Enclosure	
*		Yes	No	N/A								Removal		ite	0	
Crawlspace					Pipe/fitting in			insulation		1,2	1,200 LF					
		-										-			_	
		1		-								-				
Name of Registered Waste Hauler				NJDEP Waste			Cubic Yards		Name of Registered Landfill							
Newark Carting, Inc.				Hauler ID No.			of Waste BOy		IESI Landfill							
City, State Newark, NJ				D			sposal Date		City, State Bethlehem, PA							
Completed by Voytek Roszkowski Title Preside				nt			Signature Signature			Date 03/13/2015						