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

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**Date of Notification (1):** 11/11/18

**Name of Building Owner/Operator (2):** jewel gosa

**Street Address:**

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>linden</td>
<td>union</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility (4):**

- School (K-12)
- Subchapter 8 Other than K-12
- Other (Private Commercial Bldgs./Homes etc.)

**Current Use (Prior if being demolished):**

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Flrs</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Occupancy Status During Abatement (Check only one):**

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe: NORMAL HOURS

**Scope of Work (check all that apply):**

- >5 sf or >3 if
- Renovation
- ≥160 sf or ≥280 if
- Demolition

**Location of asbestos-containing material (acm) to be abated in facility (13):**

- basement: pipe insulation LA 106.1 ft

**Registered Waste Hauler:**

- D & S Restoration, Inc.

**Name of Abatement Contractor (9):**

- D & S Restoration, Inc.

**Name of OSHA Monitor:**

- D & S Restoration, Inc.

**Date of Notification:**

- 11/11/18

**Telephone Number:**

- 908-472-9176

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*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1):
1/11/18

Name of Building Owner/Operator (2):
allen madge

Agencies Notified:
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification:
Emergency (including justification)

Street Address:
freehold twp., nj 07776

City, State, Zip Code:
- [Redacted]

Name of Contact:
allen madge

Telephone Number:
732-462-2696

Name of facility where abatement is taking place (3):
allen madge

Type of Facility (4):
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet:

# of Floors:

Bldg. Age:

Facility Information:

Name of Monitoring Firm Hired by Bldg. Owner (8):

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10):
11/10/17

Scheduled Completion Date (11):
11/24/17

Occupancy Status During Abatement (Check only one):
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe:
  - NORMAL HOURS

Scope of Work (check all that apply):
- >3 sf or >3 fl
- Renovation
- ≥160 sf or ≥260 fl
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13):
- basement
- [Redacted]
- boiler insulation

Is location normally used solely by maintenance/custodial staff (12):
- Yes
- No
- N/A

Description of asbestos-containing material (ACM):
boiler insulation

Amount (Specify SF or LF):
36 sq ft

Name of Abatement Contractor (9):
D & S RESTORATION, INC.

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07502

Telephone Number:
973-345-8020

License Number:
11169

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07502

Registered Waste Hauler:
D & S RESTORATION, INC.

NJ DEP Hauler ID#:
13506

Cubic Yards of Waste:
1 yd

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
Paterson, NJ 07503

Disposal Date:
11/13/17

City, State:
TULLYTOWN, PA

Date:
11/08/2017

Completed by (Print or Type):
BOGDAN JOLDZIC

Title:
PRESIDENT

Signature:

* Do not use this form for asbestos licensure exempted activities.
**State of NJ**
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 11/10/17

**Name of Building Owner/Operator (2):** allan madge

**Street Address:**

- **City, State, Zip Code:**
- **Telephone Number:** 732-462-2696

**Name of facility where abatement is taking place (3):**

- **Street Address:**
- **City:**
- **County:**
- **County Code (if State Use only):**

**Name of Monitoring Firm hired by build: Owner (8):**

**AGCM No.:**

**Type of Facility (4):**
- **School (K - 12):**
- **Other (Private/Commercial Bldgs/Homes, etc):**

**Name of Abatement Contractor (7):**

**D & S RESTORATION, INC.**
- **Street Address:** 20 California Ave.
- **City, State, Zip Code:** Paterson, NJ 07503
- **Telephone Number:** 973-345-8020

**License Number:** 01169

**Name of OSHA Monitor:**

**D & S Restoration, Inc.**
- **Street Address:** 20 California Avenue
- **City, State, Zip Code:** Paterson, NJ 07503

**Occupancy Status During Abatement (Check only one):**
- Facility closed/abandoned during entire period of abatement
- Abatement performed outside of normal facility hours
- Other

**Scope of Work (Check all that apply):**
- 
- Demolition

**Amount (Specify SF or #):**

- **Description of asbestos-containing material (ACM):**
  - Boiler insulation

**Location of asbestos-containing material (ACM) to be abated in facility (13):**

- **basement:**
- **boiler insulation:** 35 ft

**Registered Waste Hauler:**

- **Name:** TULLY TOWN, RESOURCE RECOVERY
- **City, State:** TULLY TOWN, PA

**Date:** 11/10/17

**Compiled by (Print or Type):** BOGDAN JODZIC
- **Title:** PRESIDENT
- **Signature:**

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**Facility Information:**

- **Name of building owner/operation:**
- **Street address:**
- **City, State, Zip Code:**
- **Telephone number:**

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**Regulated Waste Hauler:**

- **Name:** D & S Restoration, Inc.
- **City, State:** Paterson, NJ 07503

**Date:** 11/13/17

**Compiled by (Print or Type):** BOGDAN JODZIC
- **Title:** PRESIDENT
- **Signature:**

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**Regulated Waste Hauler:**

- **Name:** TULLY TOWN, RESOURCE RECOVERY
- **City, State:** TULLY TOWN, PA

**Date:** 11/10/17

**Compiled by (Print or Type):** BOGDAN JODZIC
- **Title:** PRESIDENT
- **Signature:**

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