		(Pursuant to NJAC 8:60 and 12:120)													
Date of Notification (1) 10-2-2012	***************************************	1	Name of Randol	Building Coph Town	wner/0	perator Board	(2) of Ec	ducation 2012 0C1	-	IVE	D				
Agencies Notified Type Notification			Street Ad 25 Sch	dress oolhous	e Roa	ıd									
EPA X Initial Amended Amendment #_				e, Zip Coo lph, NJ (1		\$58ES	OS I	CONTE	ROL				
Emergency (inc justification) DCA Cancellation	cluding	- 1	Name of Frank \	Contact N. Wre d	le	West)	l Tele		ıımhı				
			FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking F Ironia Elementary School	Place (3))					Type	of Facility (4 School (K-1	138						
Street Address 303 Dover-Chester Road							B	Subchapter Other (i.e. p etc.)				buildi	ings,	home	s,
City (5) Randolph		A Diese						are Feet 000+	# of 2	Floors	Min Sec.	30	dg. A(ge	
County (6) Morris			County C	code (7) ISE ONLY)			Curr	ent Use (Pric	or if bein	ng demoli	ished	1)			
Name of Monitoring Firm Hired by Building Ow Ahera Consultants Inc	/ner (8)		ASCM 0057	No.				atement Con	tractor	(9)					
Street Address			1000.			Street	Addre	M	nike						
PO Box 385 City, State, Zip Code						City, S	State,	Zip Code							
Oceanville, NJ 08231-0385						300 1300 300 300		dale, NJ 0	7403	Linaman	Na				
Project Manager for Monitoring Firm John Smoyer			Telephor (609) 6	ne No. 8 52-183 3	3		710-	9725		License 01084					
	2-22-2		pletion [Date (11)		100000000000000000000000000000000000000	Company of the Control	SHA Monitor o, Inc							
Occupancy Status During Abatement (Check C						Street 140		ess burg Turn	oike						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:			atement												
Scope of Work (Check All That Apply)		-					•	,			-	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemolit					M	ull Containmo lini-Enclosure lovebag Prod lon-Exempted	e cedure					A	
		1						OII-Exemple	2 / / 4/1	a Holl I I	T			ement	
Location of	1	Locati Normal	ly		De	escription	n of				-		Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar todial S (12)	nce/ Staff?		therma surfa	ntaining l al system acing, V/ miscella	ns insu AT, or	3	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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East Wing		Х				dow G				60 LF	-	X			
East Wing	X			Trar	nsite Pa	anels	·	99	92 SF	- 12	X				
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		LIDED W		Cubi	- Varda		Namo of	Pogisto	ared Lanc	1fill					
Name of Registered Waste Hauler GL Group, Inc	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste O033034 TBD Grows														
City, State Bloomingdale, NJ					Dispo TBD	osal Date	е	City, Stat Morrisv		A					
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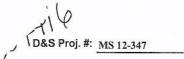
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Date of Notification (1) 10-2-2012		Name of Building Owner/Operator (2) Randolph Township Board of Education Street Address OF Schoolbayee Board														
Agencies Notified	Type Notification			Street Ac						-01/	uct t	O A	HI	0: 3	8	
EPA .	Initial		- 1		oolhouse		ıd		۵	Sai	CTO	<u> </u>		•		
DEP X DOL	Amended Amendment #				e, Zip Cod lph, NJ 0					8	STO:	NSI	NG NG	RO	L.	
DOH DCA	Emergency (i justification) Cancellation	ncluding	11.3	Name of	Contact N. Wrede	e				Tele	ephone N	lumbe	r			
L DCA	Cancellation				ITY INFO		ION			I						
Name of Facility Where Fernbrook Element	26 19 220 27	Place (3))						of Facility (4)							
Street Address	ary corroor								chool (K-12) ubchapter 8		er than K	(-12)				
206 Quaker Church	n Road							니 et	ther (i.e. pri	20000000000		ercial b				s,
City (5) Randolph								Square 50,00		# of 2	Floors		30	ig. Aq	ge	
County (6) Morris				County C	ode (7) ISE ONLY)			Curren	t Use (Prior	if bei	ng demo	lished)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.		Name	of Abate	ement Contr	actor	(9)				7	
Ahera Consultants				0057				aroup,								
Street Address PO Box 385							-	Address Hambu	s urg Turnpi	ike						
City, State, Zip Code Oceanville, NJ 082	31-0385				***************************************			State, Zip mingda	Code ale, NJ 07	403						
Project Manager for Mor John Smoyer		Telephor	ne No. 552-1833		0.000	none No 710-97			License 01084							
Start Date (10)	Т	Schedule							A Monitor					-		$\neg \neg$
10-12-2012		12-22-2	2012					Group,								
Occupancy Status Durin	ng Abatement (Check	c Only On	e)	Street Address 140 Hamburg Turnpike												- 1
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire P ned Outside of Norm	eriod of A al Facility	Abatem Hours	ement urs City, State, Zip Code												
Scope of Work (Check A	All That Apply)			Bloomingdale, NJ 07403										-		-
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		T					<u>Ľ</u>	Non	i-Exempled	(*) an	d Non-Fi	nable i			ment	
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Locatio Asbestos-Containing		Use	d Sole	ly by		os Cor	ntaining I	Material			mount		_		щ	m
TO BE AE		370000	todial 8	2007-2007	(i.e. 1		I system acing, V		tion,		Specify For LF)		Remova	Repair	cape	Enclosure
(13)			(12)				miscella						oval	ai.	Encapsulate	sure
		Yes	No	N/A				- :-		_	100 L E		_		· ·	
North Wing/Fro			Х	-		10000000	dow C				36 LF	X				
North Wing/Fro			X				dow G				760 LF	X	_			
East V	X			- 72-	Transit	e			52 SF	X						
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste		Yards		Name of F	Regist	ered Lan	dfill -				
GL Group, Inc	10000	Hauler ID No. of Waste TBD Grows														
City, State Bloomingdale, NJ			Disposal Date City, State TBD Morrisville, PA													
Completed by		Title	de-		Signature Date Elem Stolker 10-2-20						2012					
Elena Solakov	ident						clan would			10-2	- 20	, 12				

^{*} Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 10-2-2012	Name of Building Owner/Operator (2) Randolph Township Board of Education Street Address AM 10: 38															
Agencies Notified	Type Notification			Street A	drees	Silib	Doaru	OI EU	2012 OCT	10	AM 10:	58				
	(oolhouse											
EPA DEP	Initial Amended				te, Zip Code			***	dagE3.	105	CONTI	ROL.				
X DOL	Amendment Emergency (- Carlos de Carlos d - Carlos de Carlos d	lph, NJ 0	7869			& L	70.00000000000000000000000000000000000	KSING	6	1			
DOH DCA	justification) Cancellation		- (1)		Contact W. Wrede	3				Tel	enhone Nu	mbe				
_ DCA	Cancellation				LITY INFOR		ON									
Name of Facility Where		Place (3)					Type o	of Facility (4	1)						
Center Grove Scho	OI								School (K-12		orthon K 1	2)				
Street Address 25 School House R	had							F	Subchapter of the control of the con				dings	, hom	es,	
City (5)					0.000			Square	tc.) e Feet	T # 0	f Floors	T	Bldg.	Age		
Randolph								50,00		2			80+			
County (6) Morris		114562W=218X		County C	Code (7) ISE ONLY)		78 - 10 - 1	Currer	nt Use (Prio	r if bei	ng demolis	hed)		80-17-200		
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM		10	Name	of Abate	ement Conf	ractor	(9)					
Ahera Consultants		3411101 (O)		0057				aroup,			(-)					
Street Address				1 	71 X			Addres	s urg Turnp	ika						
PO Box 385 City, State, Zip Code								state, Zip		NIKO .						
Oceanville, NJ 082	31-0385								ale, NJ 0	7403				- 30		
Project Manager for Mor John Smoyer	nitoring Firm		Telephor (609) 6	ne No. 352-1833			none No 710-97			License 1 01084	No.					
Start Date (10)	Start Date (10) Schedule								A Monitor							
10-12-2012	- Abstancet (Cha	12-22-2						aroup,					2/50			
Occupancy Status Durin				140					s urg Turnp	oike						
Facility Closed/Vac Abatement Perform	ated During Entire I led Outside of Norm	eriod of A nal Facility	Hours	atement						1.07.400						
Other – Describe:				Bloomingdale, NJ 07403												
Scope of Work (Check A	II That Apply)						_	7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit					Full Containment with Negative Pressure Mini-Enclosure								
- 100 01 01 - 1200 II							×	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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<u>TO BE AB</u> In Faci		Cust	todial S (12)	Staff?	1.0000000000000000000000000000000000000	surfa	cing, VA	T, or	uon,		or LF)	Removal	Repair	caps	Enclosure	
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Name of David and Aller	eta Ulaular		T F	JDEP W	(asta	Cubic	Yards		Name of I	Dagiet	ered Landfi					
Name of Registered Was	Н	auler ID	No.	of Wa			Grows	cegisti	JIGU LANUN							
	00	033034	Berne de la company	TBD	cal Data											
City, State Bloomingdale, NJ					Disposal Date City, State TBD Morrisville, PA											
Completed by Title						18	Signature	e Ca	C		1000	ate		E	77 E U	
Elena Solakov	dent	C. C.														

				(F	Pursuant	to NJAC	8:60 an	d 12:120	0)	REC	beck #	1234					
	te of Notification (1) 0-2-2012					f Building				Education		the tall					
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	me of Facility Where a nongum Elementa		Place (3)					_	oe of Facility							
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	Arrow Place									Other (i.e. petc.)	orivate	& comm	ercia	buik	dings	home	es,
	(5) Indolph									uare Feet	20.0000	f Floors			ldg. A	\ge	
	unty (6)		200000000000000000000000000000000000000		County (Code (7)				,000+ rrent Use (Pri	2 or if be	ing dem	oliebe		0+	-	
Mo	orris		V-0564110-04		(STATÉ I	USE ONĹY,)						JIISHE	-u)			
	ne of Monitoring Firm era Consultants		wner (8))	0057					batement Co p, Inc	ntractor	(9)					
	eet Address D Box 385	The Court of the C						Street 140		ress nburg Turn	pike						
	, State, Zip Code	CONTRACTOR OF THE STATE OF THE					***************************************	City, S	state,	Zip Code				1,000,000			
	eanville, NJ 0823									gdale, NJ (07403						
	ject Manager for Mon hn Smoyer	itoring Firm			Telepho (609) 6	ne No. 3 52-183	3	Teleph 201-		No. -9725		Licens 01084					
Sta	rt Date (10)				mpletion l	Date (11)				SHA Monitor							
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	Location Asbestos-Containing		Use	ed Sole	ely by		tos Cont		/later	ial (ACM)	А	mount	- 1			т	
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	ne of Registered Was Group, Inc	H	JDEP W dauler ID	No.	of Was	Yards ste		Name of Grows	Registe	ered Lan	atill						
	•	0	033034		TBD			S - 15 / 20 / 10 / 10 / 10 / 10 / 10 / 10 / 10									
CO. V. S 11.50	, State omingdale, NJ				TBD	sal Date		City, Stat Morrisv		Α							
Con	npleted by		Title	-		-	S	Signature	9			T	Date				
Eler	na Solakov		ident	dent Elem Stulla 10-2-							2-20	12		- 1			



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

RECEIVED

									as training	in.			
Date of Notification (1) $1 0 /1 2 /1 2$			uilding Own D WELLE	er/Operator (2) R				2012 OCT 10	AM IO	: 5 /			
Agencies Notified Type Notifica	ition	Street Add	ress			1		SECTO	C. C. I am				
DEP Amended		187 CO	OPER AV	ENUE			,	SBESTOS & LICE	CUNT	ROL.			
Amendment #	:	City, State,	Zip Code						ASTING.	(A		
DOL Emergency	, -	MONT	CLAIR, N	J 07042						V	E* .		
DOH (including justification	,	Name of Co	ontact		-			Telepho	ne Numbe	r			
☐ DCA ☐ Cancellatio	* II	ALFRI	ED WELLI	ER -						E. I			
			FAC	LITY INFORMA	TIOI	N							
Name of facility where abatement	is taking pl	ace (3)						Type of Facility					
ALFRED WEELER								=	ol (K - 12	50 20 Maria		2023	
Street Address					_		-		napter 8 (0 (Private/0			-12)	
								Bldgs	./Homes,	etc.	liciai		
187 COOPER AVENUE							_	Square Feet	# of Floo	rs	BI	dg. A	ge
City (5)	Cou	nty (6)				unty Code (7)							
MONTCLAIR,	ES	SEX			(Sta	ate use only)		Current Use (F	Prior if bein	ng dem	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	1	Name of Abatem	nent C	ontractor (9)					
						D & S REST	ORA	TION, INC.					
Street Address						Street Address							
						20 California		е.					
City, State, Zip Code						City, State, Zip Co	ode						
5					_	Paterson, N.		03					
Project Manager for Monitoring Firm	n	IP.	hone Numb	er		Telephone Numb 973-345-80			License				
						Name of OSHA)1169			
Start Date (10)	Sche	d. Complet	ion Date (11)		D & S Resto							
10/12/12	10/2	6/12				Street Address	rutio	ii, iiic.		-			
Occupancy Status During Abateme		T				20 California	Ave	nue					
Facility closed/vacated during Abatement performed outside Describe:	entire peri of normal	od of abat facility hou	ement. ırs-			City, State, Zip C	ode						
Other-Describe: NORMAL I	HOURS				-	Paterson, N.	J 075	03					
Scope of Work (check all that app	ly)	****					F	II Containment	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation	on					М	lini-enclosure					
≥160 sf or ≥260 lf	Demolitio	n					Bullions.	lovebag procedu on-Exempted (*)		friable			9
Location of	Is locatio	n normally	used solely					On-Exempled ()	and Non-	R	R	E	1
asbestos-containing	by mainte staff(12)	enance/cu	stodial	Description	n of a	sbestos-containing	9	Amount		e m	e	n	l E n
material (acm) to be abated in facility (13)		[T	material (A	CM)			(Specify S	SF or	0	p a	a	C
, , , , , , , , , , , , , , , , , , , ,	Yes	No	N/A							v e	i r	р	L
Basement				PIPE INSUL	AT	ION		245 L FT		×			
Basement Boiler				Boiler Insula	tion			50 SQ FT		X			
Basement		$\square X$		FLUE PIPE				10 SQ FT		X			
Registered Waste Hauler D & S RESTORATION, INC.		ibic Yards of W YDS	aste			andfill ESOURCE RI	COVER	Υ					
City, State	Disposal Da		-	City, State	,	I	- 5 7 EI						
PATERSON, NJ 07503			10/15/12			TULLYTOW	VN, P	A					
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESID				10/02/12								
ASD 41	I In not us	a this form	for achaetas	licensure ever	nnter	activition							

Oct 2 2012 02:40pm P001/001 Fax: UUL, UZ. ZVIZ (100/ 10.00 State of NJ Notification of Asbestos Abatemant to NJAC 8:60 and 12:120)

(Pursuant to NJAC 8:60 and 12:120)

APPROVED

APPROVED D&S Proj. #: MS 12-00415 Date of Notification (1) Name of Building Owner/Operator (2) 2012 OCT 10 1 10 1/10 12 1/11 12 1 BRENDA MITCHELL Agenties Notified 1 ype Notification Street Address ASBESTOS CONTRO & LICENSING ☐ EPA Initial Amended 20 LEO PLACE 1 DEP Amendment # City, State, Zip Code DOI DOI M Emergency NEWARK, NJ 07104 (including justification) X DOH Name of Contact Telephone Number ☐ DCA BRENDA MITCHELL Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) BRENDA MITCHELL Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 20 LEO PLACE Square Foot # of Floors Didg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) NEWARK ESSEX Name of Monitoring Firm Hired by Ring Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched, Completion Date (11) D & S Restoration, Inc. 10/08/12 10/18/12 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zlp Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative presourc ≥3 st or >3 lf Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Domolfton Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of R by maintenance/outtodial E asbesios-containing E 0 0 Description of asbestos-containing n 5位代(12) Amount material (acm) to be n m (Specify SF or LF) D material (ACM) C abated in facility (13) 0 C Yes No 6 a N/A ٧ 1 P Rasement PIPE INSULATION 45 l ft X Basement Boiler Boiler Insulation 65 LFT X Registered Waste Hauler NUDEP Hauter IDE Clinic Vards of Waste D&S RESTORATION, INC. Name of Registered Landfill 13506 2 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State

Title

PRESIDENT

10/09/12

Do not use this form for aspestos ficensure exempted activities.

Signature

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

A3B-41

TULLYTOWN, PA

Date

10/02/12

Date of Notification (1)	MEMBE	a R – 1	VAIL IN	Pursuant to N. HARD CODV	Asb JAC	estos Abetement 8:60 and 12:120)	2.40	O DA		P. VAC:	mand	The state of the s
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Agencies Notified Typo Notifica	tion	Stroot A	ddress		2012	OCT 10 AMVO:	SE OCT	2 29/2		- V		
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DOH (Including		NEV	YARK, N		,	& LICENSING V	VALVER A		0 1		<u> </u>	
☐ DCA [ustification] ☐ Cancellation	- 11		Contact	TCHELL			Teleph	one Núm	ber		Mar.	-
			1	ACILITY INFOR	MAT	1			- :			
Name of facility where abstement is	taking pla	ce (3)	,	TOILIT HAPON	IVIA I	DM						
BRENDA MITCHELL Street Address							☐ Subd	ool (K - 1 :hapter 8 r (Privote	(Othe	or tha	n K-1:	2)
20 LEO PLACE City (5)			1				Square Feet	Homas,	, etc.			
NEWARK	Count	y (8)			(5	cunty Code (7)		# of Flo				- Age
Name of Monitoring Firm Hirod by Hi	dg. Owner	(8)		ASCM No.			Current Use (i	Prior If ha	ing di	emoli	hed)	
Street Address			The same of the sa	AGCINI No.		D & S RESTOR						
		,	-V.\$			Street Address		-			-	
City State, Zip Code		-	- 1-100		-	20 California A	/e.					
						Paterson, NJ 07	¢n2					
Project Manager for Munitoring Firm		F	hone Nun	nber		Telephone Number		Licenso	Nun	nbor		to the s
Start Date (10)	Sphed C	ompla	on Opto (973-345-8020 Name of OSHA Month			116	9	<u> </u>	
10/08/12			IOI INGG (1 ()		D & S Rentoration						
Occupancy Status During Abatement (10/18/1	One)		-		Street Address		***************************************				(ALCON)
Facility closed/vacated during eni Abatement performed outside of Describe Other-Describe: NORMAL HOD	lire p erio d (normal faol	of phate	re-			20 California Ave City, State, Zip Gode	ettue .					
Scope of Work (check all that apply)	KS				-1	Paterson, NJ 075	03					
≥3 sf or >3 lf	novation molition	mellu				- X M	all Containment water the containment was interested in the containment of the containmen	Đ			edure	à
nabestos-containing by material (som) to be abated in facility (12)	maintenan #(12)	No	N/A		of as CM)	abeatos-containing	Amount (Specify SF LF)	or	K a E o	Repa	E n c	Ec o.
Basoment		X	-	PIPE INSUL	ATI)N	1010 -		8	1	Р	
asoment Boiler				Boller Insula	_	J14	45 l ft 65 L FT		X	무	昌	旧
							Justin			片	岩	ዙ
								-				占
glistored Waste Haulor	NJDEP H	auler ID	# 10	ible Vales of VVa	sia I							
& S RESTORATION, INC.	13506		2	yda	310	Name of Registered La TULLYTOWN, RI	ndfill SOURCE REC	OVERY	,		-	-
v State	1000		laposoi Da		7	City, State				_	-	
ATERSON, NJ 07503			10/09/12	ng managan ay managan	- 1	TULLYTOWN DA	Č.					
y, State ATERSON, NJ 07503 mpleted by (Print or Type) OGDAN JOLDZIC PRE	SIDENT		10/09/12	Signature	=1	TULLYTOWN, PA	T	Date 10/02/12		to	T COLUMN	

D&S Proj. #: MS 12-

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

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RE		fin 1	17	740
	O'M	Nem I	25	S- 1

Date of Notification (1)	- 117	Vame of	Building Ou	mer/Operator (2)				201200					
$\frac{1}{10} / \frac{0}{2} / \frac{1}{12}$			DA MITC)		,	2012 OCT 10 SESTOS & LICE	O AMI	0: 3	5		
Agencies Notified Type Notific	cation	Street Ad	dress					SOESTING	00.		_		
	- 11	20 LE	O PLACE					& LICE	NSUNT	ROI			
Amendment	#: 11		e, Zip Code						FOLKE		· ·		
DOL ⊠ Emergend		-	ARK, NJ 0	7104				v		9			
DOH (including	110	ame of C		7/104	-			7					
DCA justificatio	n) '							l elepho	ne Numb	er ·			
Cancellati	on	BREN	DA MITO	CHELL	_								
Name of facility where abatemen	t in taking ala	(0)	FAC	CILITY INFORM	ATIC	N N							
	t is taking pia	ice (3)						Type of Facility Scho	(4) ol (K - 12)			
BRENDA MITCHELL								=	napter 8 (han l	(_12\	
Street Address							7		(Private/			(-12)	
20 LEO PLACE							11	Bldgs	/Homes,	etc.			
City (5)	Coun	ty (6)				ounty Code (7)	=	Square Feet	# of Floo	ors	=	ldg. A	\ge
NEWARK	ESS	EX			(St	tate use only)		Current Use (F	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	_	Name of Abaten	nent Co	ontractor (9)					
						D & S REST		75.5					
Street Address					-	Street Address	OICA.	HON, INC.			_		
						20 Californi	a Ave						
City, State, Zip Code					-	City, State, Zip C			-				
						Paterson, N		12					
Project Manager for Monitoring Fire	hone Numb	er	-	Telephone Numb		13	License	Alumi	or				
33			10070117333	E-14		973-345-80				1169			
Start Date (10)	ISchool	Complet	tion Date (1	1	_	Name of OSHA			1105				
The supplementary and	Coneu.	Comple	ion Date (1	1)		D & S Resto	ration	, Inc.					
10/08/12	10/18/					Street Address							
Occupancy Status During Abateme				//		20 California	Aven	ue					
Facility closed/vacated during Abatement performed outside	g entire period	d of abat	ement.			City, State, Zip C	ode	400	-		Carette		
Describe:		icinty flot	115-										
Other-Describe: NORMAL I					-	Paterson, N.	J 0750	3					
Scope of Work (check all that app	ly)						Ful	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation						Mir Mir	ni-enclosure					
≥160 sf or ≥260 lf	Demolition							vebag procedu		20 00		29	
Location of	Is location	normally	used solely	Γ			INO	n-Exempted (*)	and Non-	R	Proc		1
asbestos-containing	by mainten				ofa	sbestos-containing	•	Amount		е	e	E n	E
material (acm) to be	staff(12)		т—	material (A		isbestos-condining	3	(Specify S	For	m o	p	С	n
abated in facility (13)	Yes	No	N/A	-				LF)		V	a i	a D	L
Basement		$\overline{}$	1	PIPE INSUL	ΔΤΊ	ION		45 l ft		e NZ	-	-	-
Basement Boiler		\Rightarrow	╬═╡	Boiler Insula		IOI		65 L FT		X	片	片	牌
- Source Doller			Doner misula	11011			03 L F I		×	屵	片	片	
	#							님	ᆜ	ᆜ	H		
										님	ᆜ	부	屵
egistered Waste Hauler	TALIDEE	Hauler	ID# 1 C	ibic Yards of Wa	iste	Name of Registe	rod I -			Ш	Ш	Ш	ᆜ
O & S RESTORATION, INC.	The second secon	yds	.010	TULLYTOW			COVER	Y					
ity, State	Disposal Da	The same of the sa		City, State	.,	- J J KOL KU	50 1 DI				-		
PATERSON, NJ 07503	!		TULLYTOW	N, PA	L								
ompleted by (Print or Type)	Signature					Date		no.					
BOGDAN JOLDZIC									10/02/	12			
SB-41 *	Do not use t	his form	for asbestos	licensure exem	pted	activities.					-		

Job #: 1209-1678-2 Check #: 2855

Date of Notification	(1)			Mai	mo	of D.	ildina	Ouman / O	(0)	K-C	1 1	150						
10/2/12	1.7			Name of Building Owner / Operator (2) RECEIVED State of NJ Department of Children & Families – Office of Education														
Agencies Notified	Type Notif	cation		Stre	eet /	Addr	ess	partificint of C	781	1 OL FAI	nines	- Office	or Ea	uca	ion			
⊠ EPA	2-2-							ge Plaza	COL	וטטו	10 A	M 10: 32	i					
DEP DOL	Init							Code				7 /						
Ø DOL		ended					4J 08		MOR	5510	is co	NTROL						
DCA	Car	ergency ncellation		100000000000000000000000000000000000000			ontact			CE LIL	ENS.	ING]	Teleph	one	Num	ber		
	L Gai	- CHARIOTI		IVIT.	. K0	nai	a wy	braniec, Oper	ations	Mgr.		9						
N		7		F	AC	ILIT	Y INI	FORMATION						_				
Name of Facility W	here Abater	nent is Taking F	Place	(3)				Type of Fac										
Cape May Camp Street Address	us							School										
131 Haven Road								Subcha	pter 8 (Other th	an K-	12)						
101 Havell Koau								Other (i	.e. priva	ate & co	mmer	cial buildin		_	etc.)			
City (5)		County (6)		aunt		-d- /	(7)	Square Feet	t	# of Flo	oors	172	Bldg. Ag	je		200 11 O.A.		
Cape May		Cape May	۲	ount	y CC	oue ((1)	11,253	/D : :	1		1	967					
Supe may		Cape Iviay						Current Use (Prior if being demolished) School										
Name of Monitoring	Firm Hired	by Building Ow	por (S	2)	_	100	M No	(Schwarz 03/45/1000)										
Environmental C	onnection	i. Inc.	nei (c	"		000		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.										
Street Address		,				000	30	Street Addre	and Mi	ola Ser	vices	, Corp.						
120 North Warre								3859 Sylon										
City, State & Zip Co								City, State &	Zip Co	de					75110000			
Trenton, NJ 0860								Hainesport										
Brian Holbig	oject Manager for Monitoring Firm							Telephone N				License N	umber			5		
	to (10)	Cabadulado		-462	0.0000000000000000000000000000000000000			609-702-04	Devices				0086	62				
10/11/12	cheduled Start Date (10) Scheduled Con 0/11/12 10/12/12							Name of OS EMSL Anal		nitor								
Occupancy Status [Ouring Abate	ement (Check o	nly or	ne)				Street Addre										
Facility Clos	ed/Vacated	During Entire F	Period	of A	bate	emer	nt	107 Haddo										
	Performed (Outside of Norm	al Ho	urs				City, State &										
Describe:								Westmont,										
Isolated Are									11									
Scope of Work (Che	eck all that a	pply)									0.2							
\[≥3 sf or ≥3 lf	f.		\square	R	anou	/atio	n					ent with No	egative	Pre	ssure	9		
≥160 sf ≥260) If		H			lition				Mini-En	200	_						
			ш						Glove Bag Procedures Non-Exempted and Non-Friable Procedure									
	cation of		Is	Loca	ation	1		Description		TTOIT EX		Amount		atem				
	os-Containii	ng		mally		ed		Asbestos-Con	ntaining			Specify	700	ICITI	CIIL I	ype		
IVIATE TO B	erial (ACM) E ABATED			Solely				Material (A				F or LF)	-		Ψ			
	Facility		Cust	ntena		22.100		i.e., thermal s) insulation, surfac					Rem	Repair	cap	incl		
	(13)		0 40.	(12				or other miscell	laneous	3)			Remova	pair	Encapsulate	Encisoure		
	2000 2 35000		Yes	No		I/A				,			=		ate	G.		
Window Framing		17					Asbe	estos Caulk (ex	xterior	.)	450 L	F		П				
1						Z T					100 L			片	H	H		
						X								H	H	H		
						X	334157							H	H	H		
						X								H	H	H		
						X			::				A	H	H	H		
Name of Registered	Waste Hau	er						Cubic Yards	Name	of Regi	stered	Landfill				Ш		
Horizon Disposal				Н		er ID 2612		of Waste	000									
City, State						2012		10 GROWS										
Trenton, NJ								Disposal Date 10/12/12	City, State Morrisville, PA									
Completed By (Print or Type)						-		Signáture	The state of the s									
Kim Trumbetti	one material			Title Sig				January	1	_	_		Date 10/2	140				
								ALL!	/	5 8	147.6		10/2/	14				
			_										4					

Job #: 1209-1678-1 Check #:2854

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Data of Natification	(4)	- Inc	- (5.				112	CEIV	P= p.					
Date of Notification 9/21/12	(1)	Na	me of Bui	Iding	Owner / Operato partment of Ch le Plaza	or (2)	Lai -	0.00	ED					
Agencies Notified	Type Notification	Str	eet Addre	os Deb	partifient of Cr	iliaren & Fall	Mills	Office of	r Edu	cati	on			
Ĭ EPA	,,	10	Quakerl	brida	e Plaza	60	~_	US CONT	10: 3 1	ı				
☐ DEP	☐ Initial	City	, State &	Zip C	Code		SES1	05 000						
□ DOL	Amended #1		enton, N		625		& LI	CENSUN	TROI					
□ DOH	Emergency	10000000	me of Cor			V. (1970)		- ANICAGE	elepho	ne N	lumb	er		
☐ DCA	Cancellation	Mr	. Ronald	l Wyl	oraniec, Opera	ations Mgr.		1,7	-					
		F	ACILITY	Y INF	ORMATION									
Name of Facility Wh	nere Abatement is Taking I	Place (3)			Type of Facil				-					
Mercer Campus					School (
Street Address	Acceptone					oter 8 (Other th								
1600 Stuyvesant	Avenue					e. private & co					etc.)			
City (5)	County (6)	10	0 1 /-		Square Feet	1000 - 100 De CH. 10	oors		dg. Age	е				
Trenton	County (6)	Count	y Code (7	()	13,110	1			967					
renton	Mercer					(Prior if being	demoli	shed)						
Name of Monitoring	Firm Hired by Building Ow	man (0)	LACC	NA NI-	School									
Environmental C	onnection Inc	mer (8)	0003	M No.		tement Contra	actor (9	9)						
Street Address	omicotion, mc.		1000	,	Asbestos and Mold Services, Corp. Street Address									
120 North Warrer						3859 Sylon Blvd.								
City, State & Zip Co					City, State &									
Trenton, NJ 0860					Hainesport									
Project Manager for	Monitoring Firm		ne Numb	er	Telephone N			License Nu						
Brian Holbig Scheduled Start Dat	to (10)	609-462			609-702-040				0086	2				
10/3/12	te (10) Scheduled Co	impletion L	Name of OSHA Monitor EMSL Analytical											
	Ouring Abatement (Check of	nly one)			Street Address									
Facility Clos	ed/Vacated During Entire	Period of A	batemen	nt	107 Haddor									
	Performed Outside of Norn				City, State &									
Describe:	Working Saturday, too).			Westmont,									
	a				,									
Scope of Work (Che	eck all that apply)									-				
≥3 sf or ≥3 lf	f	N 0						ent with Ne	gative	Pres	sure	•		
≥160 sf ≥260			enovatior emolition		☐ Mini-Enclosure ☐ Glove Bag Procedures									
Z = 100 01 = 200	5 II		emondon					ocedures d and Non-	Calabla	D				
Lo	ocation of	Is Loc	ation		Description			Amount			ent T	71111111		
Asbest	os-Containing	Normall	y Used		Asbestos-Con			(Specify	Aba	teme	SIIL I	ype		
	erial (ACM)	Solel			Material (A	CM)		F or LF)	70		m	ш		
	BE ABATED Facility	Mainten: Custodia		:	(i.e., thermal sinsulation, surface				l Rem	Repair	cap	ncle		
•••	(13)	(12	200	.1	or other miscell				Remova	oair	Encapsulate	Enclsoure		
		Yes No	- decomposition of the contract of the contrac						-		ate	ď		
(22) Window Ope	nings			Wind	ow Glazing		1,650) LF		П	П	П		
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				2000	****					Ħ	Ħ	Ħ		
										Ħ	Ħ	П		
N														
Name of Registered	Waste Hauler				Cubic Yards	Name of Reg	gistered	d Landfill						
Horizon Disposal			lauler ID 22612		of Waste 10	CROME								
City, State				10000										
Trenton, NJ					10/8/12	City, State Morrisville,	РΔ							
Completed By (Print	or Type)	Т	itle		Signature ₁				Date					
Kim Trumbetti		Admin.		17.71				10/1/	112					
		[d	X UVI				. 0/ 1/	. 4				
The street of th		The state of		-	T									



RECEIVED

Date of Notification (1) October 05/2012			Name of Building Owner/Operator (2) Walter Ricciardi 2012 007 10 000000									
Agencies Notified Type Notification	Street A		2012 OCT 10 AM 10: 27									
EPA Initial Amended Amendment		City, St	Itop circle ate, Zip Code stown,NJ 0796	ASBESTOS CONTROL & LICENSING								
DOH justification)	Emergency (including justification) Cancellation					Telephone Number						
Name of Facility Where Abatement is Takin	Disea (2)	FAC	ILITY INFORMAT	TION								
House	y Place (5)				Type of Facility (4							
Street Address 20 Hilltop circle			,			2) 8 (Other than K-1 rivate & commerc		dings	, hom	es,		
City (5) Morristown			Square Feet 8 000	Feet # of Floors Bldg. Age 02 97								
County (6) Morris		Code (7) USE ONLY)	Current Use (Prio non occupant	or if being demolished) t								
Name of Monitoring Firm Hired by Building AZ Solution Consulting LLC	ASCI 54 1		of Abatement Coni igar LLC	ontractor (9)								
Street Address 7007 50st Street		Street Address										
City, State, Zip Code		140 Ray str. ap.6 City, State, Zip Code										
Ridgewood, NY 11385 Project Manager for Monitoring Firm	ne No	Garifeld,NJ 07026 Talephone No. License No.										
Aleksandar Zivanov	1	12 1572	162 2120	01177								
Start Date (10) 10/10/2012	Dale (11)	Name of OSHA Monitor AZ Solution Consulting LLC										
Occupancy Status During Abatement (Chec		Street Address										
Facility ClosedA/acated During Entire I Abatement Performed Outside of Norm A Other - Describe. Normal business ha		7007 60th. Street City, State, Zip Code Ridgewood NY 11385										
Scope of Work (Check All That Apply)				jy.		(34.3				#10 to . sec. may . d . c		
☐ ≥0 sf or ≥3 lf ☑ ≥160 sf or ≥260 m	Change of	vation philon		Full Containment with Negative Pressure Minn-Enclosure Glovebag Procedure Non-Exampted (*) and Non-Erieble Procedure								
	ation	1		1	3.1	Abatement						
Location of Aspestos Containing Material (ACM) TO BE ABATED	Used So Mainter Custodia	lely by nance/	(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify	776	I	rpe I m I o	l li		
In Facility (13)	(12	2)				SF or LF)	Renioval	Recali	Encapsulate	Endosure		
Basement .	Tes N) N/A	Pina Fi	ting Ins	ulation	700 i.ft.	1 <u>.</u>	<u> </u>	ļ			
Basement	+			nall Boil		200 sq.ft.	 	 -				
					zov og.u.	<u> ^_</u>	! !					
Name of Registered Waste Hauter	<u> </u>	NJDEP W				Registered Landfill						
Maktigar LLC	Hauler ID 32 909	No. of Wa	andfill									
City, State Garfield,NJ 07026		oosal Dale City, State cognielition Morriswille PA										
Completed by Veselin Petrovski	Title Presiden	l	1	Signature	Date 10/05/2012							

RECEIVED

Date of Notification (1) September 25/2012				Name of Building Owner/Operator (2) Walter Ricciardi											
Agencies Notified	Type Notification		Walter Ricciardi Street Address 20 Hilltop circle City, State, Zip Code Morristown, NJ 07960 Name of Contact Walter Riccardi												
DEP DOL	Initial Amended Amendment Emergency		_		tate, Zip Code Stown,NJ 07960 & L					STOS CONTROL					
DOH DCA	iustification) Cancellation		Walte	of Contact or Riccard			Telenhone Number								
Name of Facility Where Abatement is Taking Place (3) House							N	Type of Facility (4)							
Street Address 20 Hilltop circle								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown								Square Feet 8 000	2	# of Floors Bldg. Age 97					
Morris					Code (7) USE ONLY)	_	Current Use (Prior if being demolished) non occupant								
Name of Monitoring Firm Hired by Building Owner (8) AZ Solution Consulting LLC					M No. 05			of Abatement Contractor (9) tigar LLC							
Street Address 7007 60th.Street						100	Street Address 140 Ray str.Apt.6								
Ridgewwood,NY 11385								y, State, Zip Code arfield,NJ 07026							
Project Manager for Monitoring Firm Aleksandar Zivanov				347 612 1572 973				hone No. License No. 01177							
Start Date (10) Scheduled Completion Date 10/06/2012 11/06/2012					Date (11)	1 100	Name of OSHA Monitor AZ Solution Consulting LLC								
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement						Street Address 7007 60th.Street									
Abatement Performed Outside of Normal Facility Hours Other – Describe: Normal buisiness hors				· · · · · · · · · · · · · · · · · · ·	City, State, Zip Code Ridgewwood,NY 11					1385					
Scope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	и тпат Арріу)	Annual Property lies and the last of the l	Renovation × Demolition ×					Mini-Enclosure							
Location	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Ma (i.e. thermal systems surfacing, VAT other miscellane							Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)							aterial (ACM) insulation, Γ, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
Baseme	ent	X	No	N/A	Pipe Fiting Insu			lation	700 l.ft.		x				
Baseme	ent	х			Small Boile			er	200 sq.ft.		х				
Name of Desire			_												
Name of Registered Waste Hauler Maktigar LLC NJDEP Waste Hauler ID No. 32 909			No.	Cubic Yards of Waste											
City, State Garfield,NJ 07026					Disposal D On comp	Date City, State npletition Morriswille, PA									
Completed by Veselin Petrovski						Signa	ature	1- Tet	cur	Dat 09	e /25/2	2012			