10/18/11 Agencies Notified Type Notification					rie or Dulla	ng Owner Operate		ley, T	ia r		11.7	
Agencies Notified EPA	Type Notif	fication		Stre	eet Address		5 Constitutio	n Drive		- i	- 1	1
☑ DOF	Amend Amend	led Iment #_ ency (includ	ina	City	, State, Zip		rinceton, NJ	08540	CT	2 5	<u> </u>	1 =
M DOH □ DCA	justific Cancel	ation)	iiig	Nan	ne of Conta			Telephone No	umber	2 0	man.	
				F		FORMATION			21.25	0.57	ins,	
Name of Facility Where	Abatement is	s Taking Pla	ce (3)		AOILIT III	TOTALITYTION	Type of Facilit	y (4)	******			
Street Address		Residen	ce				School (K-	12) r 8 (Other than K	-12)			
	145 C	Constituti	on D	rive			Other (i.e., homes, etc	private & comme		uildin	gs,	
City (5)		Princete	on				Square Feet	# of Floors		Bldg	. Age	
County (6)	ercer				unty Code ((7) (STATE	Current Use (P	rior if being dem Residenc		d)		
Name of Monitoring Firm		ilding Owne	r	ASCN	M No.	Name of Abaten	nent Contractor (9				==	_
	MECS						vens Environ	65(0)	ces,	Inc.		
Street Address	P.O. Bo	2/1		Street Address PO Box 322								
City, State, Zip Code	F.O. DO	JX 341		-		City State Zin C	State, Zip Code					
	osswicks,	, NJ 0851	5			Allentown, NJ 08501						
Project Manager for Moni Wiliam We		Tr	1	(19) 29	∍ No. 98-4070	Telephone No. License No. 00493						
Start Date (10)	isgaroer :	Scheduled	-	-		Name of OSHA			001.		_	
11/7/11			1/11	/11			M	ECS				
Occupancy Status During	ī					Street Address	D O 1	241	M-235			
☐ Facility Closed/Vacate ☐ Abatement Performed						City, State, Zip C		Box 341				=
Other - Describe: 82			,					s, NJ 08515				
Scope of Work (Check all	that apply)					☐ Full Con	ntainment with Neg	gative Pressure				
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emoliti			☐ Mini-End ☐ Gloveba ※ Non-Exe	closure ig Procedure empted (*) and No	n-Friable Proced	ure			
			Locati Iormali							Abate		i i
Location of		Use	d Sole	ly by		Description of			-	Ту	pe T	
Asbestos-Containing Ma TO BE ABATE			ntenar ustodi	al		os Containing Mate thermal systems in		Amount (Specify	Ren	Repair	Enc	Fnc
IN Facility (13)	557,0		Staff? (12)		F 20 10	surfacing, VAT, other miscellaneou		SF or LF)	Remova	pair	Encapsulate	Enclosure
(/		Yes	No	N/A					-		ulate	æ
basemen	t			×		floor tile		2400 SF	×			
		_							1			
Name of Registered Waste	e Hauler	 L	IN	JDEP \	Waste T	Cubic Yards	Name of Regist	ered Landfill				
Stevens Environme		vices, Inc	L	lauler ID 182	No.	of Waste 4 CU		R.R.F., Inc. L	andf	ĭll		
						Disposal Date	City, State					
City, State	Allentow	n NI						Tullytown	РΔ			
	Allentow	n, NJ Title				11/11/11, Signaxue/	7/	Tullytown,	PA			=

ASB-41 MAR 00

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

No week

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

Char	*	1				SBESTOS ABA JAC 8:60 and 5:) ECE	1	1//		
Date of Notification (1)				Nar	ne of Buildi	ing Owner/Operato	or (2)	VI	11	14/	 -	1
	19 ./	11				opal Diocese of	CONTROL TO STATE	hurch of the E	piph	any	!	Ш
Agencies Notified	Type Notificat	ion		Stre	et Address			4 001 2	5 0		17.	11:
⊠ EPA	☐ Initial			1	05 Main S	Street	, 1	<u>i</u>			Japa	11:
DEP					, State, Zip			1com	3	-		
☑ DCA (NJAC 5:16) ☑ DHSS	Amendmer	t# <u>1</u>			range, No		Control of the Contro	LICENS	ar da N		4.	
DCA	☐ Emergency justification	(includ	ing		ne of Conta		No.	T 				
(NJAC 5:23-8)	☐ Cancellatio			(2)3657(5)2	SAME SELECTION OF COMMENSAGES	end Miguelina H		Telephone Nu				
		-		100		NFORMATION		(203) 327-	479			
Name of Facility Where	Abatement is Tal	king Pla	ce (3)		ACILITY I	NFORWATION	Type of Facility	(4)				
The Church of the		3	(-)				School (K-1					
Street Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2) 8 (Other than K-1	2)			
105 Main Street							Other (i.e., p	private & commer	cial bu	ilding	s,	
City (5)					-		homes, etc.	-	- 1.			
Orange	Si							# of Floors	.	Bldg.		
County (6)				LCou	inti Cada I	7)(STATE USE ONLY	20,309	2			yea	rs
Essex				Cot	inty Code (1)(STATE USE ONLY		rior if being demo	ished)			
Name of Monitoring Firm	Hired by Buildin	a Owno	- (0)	ASCN	ANIa	I NI	Church					
Health & Safety Ser		y Owne	(0)	001			nent Contractor (9)				
Street Address	vices iiic.			001	11		patement Inc.					
318 12th Street						Street Address						
City, State, Zip Code							n Drive, Ste A					
Hammonton, NJ 080	137					City, State, Zip (
Project Manager for Monit			TTO	lephone	Na		ell, NJ 07006					
Jim Proctor	oring r iiiii			609-70		Telephone No. (973) 808-16	16	License No.				
Start Date (10)	Sch	eduled i			ate (11)	Name of OSHA		00411				
10 /18 / .		10	/ _2	24 /			atement, Inc.					
Occupancy Status During						Street Address						
Facility Closed/Vacated	During Entire F	eriod o	f Abate	ement	DOMESTIC AND A STATE OF THE STA	2 Henderson	n Drive, Ste A					
Abatement Performed Time of Abatement: W	Outside of Norm eekdays and	al Facili	ty Hou	irs - Dei	scribe	City, State, Zip C	ode					
		outuru	ay i	.00_AIV	1-0.00 F IVI/	West Caldwe	ell, NJ 07006					
Scope of Work (Check all	that apply)					MENO						
≥3 sf or ≥3 If		⊠R	enova	tion		☐ Mini-En	ntainment with Neg closure	ative Pressure				
≥160 sf or ≥260 lf		□ D ₁	emolit	ion			g Procedure					
		1	s Loca	tion	T	☐ Non-Exe	empted (*) and No	n-Friable Procedu				
Location o	f		Norma			D			AŁ	atem	ent T	уре
Asbestos-Containing M				ely by	Asbes	Description of stos Containing Ma		Amount	R	R	ш	ū
TO BE ABAT			aintena todial	ance/ Staff?		mal systems insul		(Specify	Remova	Repair	ıca	nclo
IN Facility (13)			(12)			VAT, or other miscellane	ana)	SF or LF)	val	¬	Encapsulate	Enclosure
,		Yes	No	N/A	1	other miscenarie	ous)				ate	(0)
Basement and Boiler F	Room	\boxtimes			Pipe/Fit	ting		500 LF	\boxtimes	$\frac{1}{1}$		
Boiler Room		\boxtimes		10		sulation		100 SF				
Basement		\boxtimes		15					-			Ш
		-	-	12	Glue Do	TS		400 SF		Ш	Ш	
Name of Registered Waste	Hauler											
Service Transport Gr			9.4	IJDEP V lauler ID SW21	No.	Cubic Yards of Waste 40	Name of Regist Minerva Lar			VA		
City, State				01141		Disposal Date	City, State				-	-
New Castle, DE						10/24/11	Waynesbur	gh OH				
Completed By (Print or Type	- No. 100 Person					Signature	1/1/	Da	te			
Nick Petrovski	F	reside	nt			1111	11/1	50	151	11	,	1,

	{Pur	Suant to N.IAC 8-60	and 49.4001	- 2			
Date of Notification (1)	(, 4)	suant to NJAC 8:60			001-2	5 10	
10/18/11	!	Name of Building Own					
Agency Notified Type Notifi	ication	Street Address C	+ Jolf	NUTON.			
LI EPA GIENLE			NANGUICW	Rono	1 1		\neg
I DEP I Amende		City, State, Zip Code	MARGUICE	-1COAD	-		1 7 10000
D C	nent # ncy (including	L. SKILLMA	N N.T	085	50	0.000	
Justificati	(noi	Name of Contact	=1	-Talephone	•		
U DCA U Cancellat	tion	JONY T	WFARO	5	July	- 27	
Name of Facility When Alex		FACILITY INFORMAT		199		V :	
Name of Facility Where Abatement is 1		,	Typo of F;	ocility (4)			
Sweet Address	10 HOUSON		☐ School				
199 GAANS	aren P	(AI)	☐ Subcha	pler 8 (Other than K	-12)		
City (5)	0700 10	OTHU	homes,	o. Drivato & commo	rdal bullding	s,	
IKI UMAN			Square Fe	at # of Floors	Bldg A	ac	
County (6)			1600	1	14	20	
SOMENSET		County Code (7) (STATE ONLY)		e (Prior if being dem	olished)		
ains of Monitoring Firm Hired by Buildin			(00	FLICIED	Con	ter	
FHT	ASCM	I Haine o	LAbatement Contract	or (9)			\rightarrow
reet Aridress			W Herit	ASL CON	5t. 10	CAUL	es tu
655 West T	4nc las	CL Strong A	My An				
1. Own, DP CON			te, Zip Code				
SPARTA, New		Hoi	Control of the Contro	N NWC	.10	10	()
yect Manager for Monitoring Firm	Talophone	No. Jalephor			1 0	18	40
I'll Kenbel							
of Date (10)		1708	-457-225	Licénse No.	82		
, / = /	uled Completion/Date	(11) Name of	- 457-335	5 000	168		
11/2/11	11/10/11		OSHAMONIJOR		168	•	
cupancy States During Abatament (Che	ck only one V	(11) Name of Street Ad	OSHAMONIJOR		168		
cupancy States During Abatament (Che acility Clased/Vacated During Entire Personant Performed Outside (Alt.)	ck only and	Street Ad	OSHAMONIJOY CHI dress		168		
cupancy States During Abatement (Che acility Closed/Vacated During Entire Pe batement Performed Outside of Norma ther – Describe:	ck only and	Street Ad	OSHAMONIJOR		068		
cupancy States During Abatement (Che facility Closed/Vacated During Entire Pa batement Performed Outside of Norma other – Describe: pe of Work (Check all that apply)	ck only and	Street Ad	OSHAMONIJOY dress D. Zip Coda	5 007	-		
supency States During Abatement (Che acility Clased/Vacated During Entire Perbatement Performed Outside of Norma ther – Describe: Describe: Describe: 13 ff	ck only oncy eriod of Abetement il Facility Hours	Street Ad City, State	OSHa Monitor OSHa Monitor Orcess O, Zip Coda	5 007	-		
supency States During Abatement (Che acility Clased/Vacated During Entire Perbatement Performed Outside of Norma ther – Describe: Describe: Describe: 13 ff	ck only oncy eriod of Abetement il Facility Hours	Street Ad City, State Renovation Demolition	OSHAMONITOR OSHAMONITOR dress D. Zip Coda Full Containment with Mini-Enclosure Glovebag Procedure Glovebag Procedure	th Negative Pressur	o c		
supancy States During Abatement (Che acility Clased/Vacated During Entire Pe batement Performed Outside of Norma wher - Describe: pe of Work (Check all that apply)	ck only one) eriod of Abetement Il Facility Hours	Street Ad City, State Renovation Demolition	OSHa Monitor OSHa Monitor dress O, Zip Coda Full Containment with Mini-Enclosure	th Negative Pressur	o c		
cupancy States During Abatement (Che acility Closed/Vacated During Entire Perbatement Performed Outside of Norma other – Describe:	eriod of Abetement If Facility Hours Is Location Normally	Street Ad City, State Renovation Demolition	OSHAMONITOR OSHAMONITOR dress D. Zip Coda Full Containment with Mini-Enclosure Glovebag Procedure Glovebag Procedure	th Negative Pressur	c edure	element	
cupancy States During Abatement (Che acility Closed/Vacated During Entire Perbatement Performed Outside of Norma other - Describe:	ick only and V eriod of Abetement If Facility Hours Is Location Normally Used Solely by	Street Ad City, State Renovation Demolition	OSHa Monitor OSHa Monitor dress Tell Containment with Mini-Enclosure Glovebag Procedure Non-Exampled (*) ar	th Negative Pressur	c edure	element Type	
cupancy States During Abatement (Che acility Closed/Vacated During Entire Perbatement Performed Outside of Norma ther – Describe: De of Work (Check all that apply) 3-st or ≥ 3 tf 150 st or ≥ 260 lf Location of	Is Location Normally Used Solely by Maintenance/ Custodial	Street Ad City, State City, State Cemolition Descript Aspessos Container (i.e., thormal sys	OSHAMONITOR OSHAMONITOR dress Text Containment with Mini-Enclosure Glovebag Procedure Non-Exampted (*) are potion of a management of the Material (ACM) toms insulation	th Negative Pressure	edure Ab	Type .	1.
cupancy States During Abatement (Che scility Clased/Vacated During Entire Padatement Performed Outside of Norma wher - Describe: De of Work (Check all that apply) 3-st or ≥ 3 if 150 st or ≥ 250 if Lucation of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally Used Solely by Maintenance Custodial Staff?	Street Ad City, State City, State Cemolison Descrip Asbestos Contain (I o., thormal sys	OSHAMONITOR OSHAMONITOR OFFUIL Containment with the containment of the cont	th Negative Pressure	edure Ab	Type .	1.
cupancy States During Abatement (Che facility Closed/Vacated During Entire Pathatament Performed Outside of Normal Wher – Describe: pe of Work (Check all that apply) 3-st or ≥ 3 if 160 st or ≥ 260 if Lucation of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OFFUIL Containment with the containment of the cont	th Negative Pressure and Non-Friable Proc Amount (Specify	c edure	Type .	1.
cupancy States During Abatement (Che acility Clased/Vacated During Entire Patatement Performed Outside of Norma where — Describe: D	Is Location Normally Used Solely by Maintenance/ Custodisl Staff? (12) Yes No N/	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OFFUIL Containment with the containment of the cont	th Negative Pressure and Non-Friable Proc Amount (Specify	edure Ab	Type .	1.
cupancy States During Abatement (Che acility Clased/Vacated During Entire Pabatement Performed Outside of Norma ther - Describe: De of Work (Check all that apply) 3-st or ≥ 3 if 150 st or ≥ 250 if Lucation of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OFFUIL Containment with the containment of the cont	th Negative Pressure and Non-Friable Proc Amount (Specify	edure Ab	Type .	1.
pupancy States During Abatement (Che acility Closed/Vacated During Entire Pabatement Performed Outside of Norma other – Describe: See of Work (Check all that apply) 3-af or ≥ 3 if 160 sf or ≥ 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodisl Staff? (12) Yes No N/	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OFFUIL Containment with the containment of the cont	th Negative Pressure and Non-Friable Proc Amount (Specify	edure Ab	Type .	1.
cupancy States During Abatement (Che acility Closed/Vacated During Entire Patatement Performed Outside of Norma wher - Describe: pe of Work (Check all that apply) 3-st or ≥ 3 if 160 st or ≥ 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodisl Staff? (12) Yes No N/	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OFFUIL Containment with the containment of the cont	th Negative Pressure and Non-Friable Proc Amount (Specify	edure Ab	Type .	1.
cupancy States During Abatement (Che acility Closed/Vacated During Entire Pathatement Performed Outside of Norma wher - Describe: pe of Work (Check all that apply) Jaf or ≥ 3 if 160 sf or ≥ 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SCM CM	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/	Street Ad City, State City, State Renovation Demolition Descript Asbestos Containly (I o., thormal sys surfacing, other misce	OSHAMONITOR OSHAMONITOR OF Full Containment with the containment of the con	th Negative Pressure Amount (Specify SF or LF)	edure Ab	Type .	1.
cupancy States During Abatament (Che- acility Closed/Vacated During Entire Perbatament Performed Outside of Norma Other - Describe: pe of Work (Check all that apply) 3-st or ≥ 3 tf 160 st or ≥ 250 tf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodisl Staff? (12) Yes No N/	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OFFUIL Containment with Mini-Enclosure I Mini-Enclosure I Glovebag Procodure Non-Exampted (*) are price of the minimum of the m	th Negative Pressure Amount (Specify SF or LF)	edure Ab	Type .	1.
cupancy States During Abatement (Che acility Closed/Vacated During Entire Pathatement Performed Outside of Norma wher - Describe: pe of Work (Check all that apply) Jaf or ≥ 3 if 160 sf or ≥ 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SCM CM	Is Location Normally Used Solely by Maintenance Custodisl Staff? (12) Yes No N/	Street Ad City, State City, State Renovation Demolition Descript Asbestos Containly (I o., thormal sys surfacing, other misce	OSHAMONITOR OSHAMONITOR OF AUTOCOMMENT OF A	th Negative Pressure Amount (Specify SF or LF)	edure Ab	Type .	-
cupancy States During Abatement (Che acility Closed/Vacated During Entire Parbatement Performed Outside of Norma Other – Describe: pc of Work (Check all that apply) 3-af or ≥ 3 if 160 af or ≥ 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance Custodisl Staff? (12) Yes No N/	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OF Full Containment with the containment of the containment of the containment (ACM) to contain the containment of the containment	th Negative Pressure Amount (Specify SF or LF)	edure Ab	Type .	1.
cupancy States During Abatement (Che cupancy States During Abatement (Che cupancy States During Abatement (Che cupancy States During Entire Pa cupancy States During Malerial (ACM) Containing Malerial (ACM) TO BE ABATED IN Facility (13) Common C	Is Location Normally Used Solely by Maintenance Custodisl Staff? (12) Yes No N/	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OF Full Containment with the containment of the contain	th Negative Pressure Amount (Specify SF or LF)	edure Ab	Type .	1.
cupancy States During Abatement (Che acility Closed/Vacated During Entire Patatement Performed Outside of Norma wher - Describe: Dec of Work (Check all that apply) Jaf or ≥ 3 if 160 sf or ≥ 260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SCM CM	Is Location Normally Used Solely by Maintonancol Custodial Staff? (12) Yes No N/	Street Ad City, State City, S	OSHAMONITOR OSHAMONITOR OF Full Containment with the containment of the contain	th Negative Pressure Amount (Specify SF or LF)	edure Ab Ramoval	Type .	1.

							5-1	Committee Commit		1	٠	2 14	
Date of Notification	n (1)	I N	ame of Buil	ding Owne	er/Operator (2)		P. R	many state of a second			1		
1 10 1/1 19			CAROL A	NN WIL	SON		× 2	TANE (P)	E I W	7	Ē 1		7
Agencies Notified	Type Notificatio	n St	reet Addres	ss			ŧ		Les e la		,!	-	
☐ EPA	Amended		154 22NI	AVENU	JE		5				!!		<u>}</u>
☐ DEP	Amendment #:_	ci	ty, State, Z	ip Code				ili [ii] OCT	2 5 20	11	1	ra É	[
□ DOF			PATERS	ON, NJ									
. ☑ DOH	(including justification)	Na	me of Con	tact	,			Telephone	Number-	13	· 1		-
☐ DCA	Cancellation		CAROL	ANN WI	LSON			008-92	4073		*,*	ense joer aljulit s	! .:
				FACI	LITY INFORM	ATION				1.9			
Name of facility w	here abatement is	taking pla	ce (3)					Type of Facility (4	(K - 12)		-112000		
CAROL ANN	WILSON								pter 8 (Oth	er th	an K	-12)	
Street Address									Private/Con		rcial		
154'22ND AV	FNIE								Homes, etc. # of Floors	Т	BI	dg. A	ge /
City (5)	BITOD	Coun	ty (6)			Cour	nty Code (7)						
ony (o)			THE STATE OF THE S				e use only)	Current Use (Pr	ior if being o	dem	olishe	ed)	
PATERSON,		1 1100000000000000000000000000000000000	SSAIC			L.,							
Name of Monitori	ng Firm Hired by B	ldg. Owne	r (8)	1	ASCM No.		Name of Abateme	12. 20					
							D & S RESTO Street Address	RATION, INC.					
Street Address							20 California	A 110					
							City, State, Zip Coo				_		
City, State, Zip Co	de						Paterson, NJ						
Project Manager fo	or Monitoring Firm		I Ph	one Numb	er		Telephone Numbe		License N	umb	er		
Project Manager in	or wormorning r iiiii			01101101110			973-345-802	20	001	59			
Start Date (10)		ISched	. Completic	on Date (1	1)	-	Name of OSHA Me			371000		50 7160	
	€	-		,	•		D & S Restora	ation, Inc.		-			
10/20/11 Occupancy Status	D. des Abetemen	10/3					Street Address 20 California	Avenue					
	ed/vacated during			ment.			City, State, Zip Coo			-			
Abatement	performed outside	of normal	facility hour	s-			0.1,1 0.10.10						
Describe:	ribe: NORMAL H	OURS					Paterson, NJ	07503					
	check all that apply			- 1144				Full Containment w	/negative pr	ress	ure		
>3 sf or >3	5000 DEPARTMENT	Renovation	n					Mini-enclosure	140				
>160 sf or	_	Demolitio	า				L L	Glovebag procedur Non-Exempted (*)		able	proc	edure	
		Is locatio	n normally	used solely	y					R e	R	Е	E
Location of asbestos-c		by mainte staff(12)	enance/cus	todial			sbestos-containing	Amount (Specify S		m	e p	n	n
material (ac abated in fa	cm) to be		Ι	T	material	(ACM)		LF)		0	a	а	L
abateu III is	acinty (10)	Yes	No	N/A						e	r	р	_
BASEMENT			$\Box X$		PIPE INSU			29 L FT		X	브		片
BASEMENT E	BOILER		\square X		BOILER II	NSUL.	ATION	35 SQ FT			H	片	H
										4	片		H
									L	+		님	H
				10# 17	Subic Yards of	Waste	Name of Register	red Landfill			<u> </u>	Ш	
Registered Waste	Hauler RATION, INC.		EP Hauler 506		1 YD	vvasie		N, RESOURCE RE	COVERY				
City, State		—J <i>=</i>		Disposal I			City, State						
PATERSON,	NJ 07503			10/21/1			TULLYTOW	N, PA	т				
Completed by (Pr		Title	D) 100		Signature				Date 10/19/11				
BOGDAN JC	LDZIC	PRESIL	ENT	far achast	or licensure ex	vemnter	1 activities		10/19/11	_	-		

		-,	·	-1		-671	11/182.0	100	min.	001 VI	683	
Date or Nouncation (1)				ner/Operator (2				(sighature)		- Inter-		
Agencies Notified Type Notif		Street Add	LANNW	USON /	130.X3.xx	A STATE OF THE SECOND S	Date,	aodu d	nor.	1	型	7
☐ EPA ☐ Initial				TT 711		$f = G_{C_f}$		and the same		1		
DEP Amende		The state of the s	ND AVEN	ADR .	20 00233 88	PROTECTION OF THE PROPERTY OF	and the same of th			E296	SAITE .	
☑ DOL ☐ Emerger	-				1		Language entraction of			en ene	No. of Contract of	
DOH (including		Name of C	RSON, NJ	haloman magazine magazine		The same representation of	Marine and the state of the state of	enternance of the		ENUM	Madden	THE PARTY NAMED IN
justificati	ion) ·					A	Telepho	ne Number				
DCA Cancella	tion ·	CARC	LANNW	ILSON		-	208-2	33-4073				
			FAC	ILITY INFORM	ATIO	4	reductives at the stay of the contract to the stay of the contract of the cont					
Name of facility where abateme	ent is taking	place (3)					Type of Facility					
CAROL ANN WILSON								ol (K - 12)				
Street Address		Carana kanna			~			hapter 8 (Oth (Private/Cor			12)	
14/44 1755	23 24							.Mames, etc		Cigi		
154 22ND AVENUE	T 6					1	Square Feet	# of Floors		Bir	ig. A	ge
City (5)	C	ounty (6)			1	inty Code (7)	ACTION .					
PATERSON, NJ	P	ASSAIC	383	•	(818)	ite use only)	Current Use (F	rior if being	denk	عا أكأار	ป)	
Name of Monitoring Firm Hired				ASCM No.	-	Neme of Abateme	nt Contractor (S)	MANAGE TO SERVICE		JUNEAU CON	arma.	
*						1	RATION, INC.					
Street Address	THE CHICAGO				-	Street Address	20,7,0,7,0,10,	-				ED PORT
12					1	20 California	Ave.					
City, State, Zip Code				The paster of		City, State, Zip Coo	ie .	Million rooms Ma				-
	1					Paterson, NJ	07503					
Project Manager for Monitoring F	im:		hone Numb	ber	The same	Telephone Numbe		License N	umb	er er		-
		- 1	*			973-345-802		001	159			
Start Date (10)	Sc	ed. Comple	finn Date (1	1)		Name of OSHA Mo						
10/20/11	10	/31/11		ġ.		D & S Restora	ation, inc.	Market Division - Adaptive a servi		14.50U		en en en
Occupancy Status During Abater						20 California	Azienzie					
Facility closed/vacated dur	ing entire p	eriod of aba	tement			City, State, Zip Cos					-	
Abatement performed outs Describe:		al facility ho	urs-									
Other-Describe: NORMA	LHOURS					Paterson, NJ	07503					
Scope of Work (check all that a	pply)						Full Containment v	y/negative pr	essu	re		
⊠ >3 at or >3 lt	Renova	ation					Mint-enclosure					
≥160 of or ≥260 lf [Danoil	Jún				1	Glovebag procedu Non-Exempted (*)		hla n	rogo	deiro	
Location of		ion normally		1			· · ·	The second second second second	R	R	E	
ashestos-containing	by mal	ntenance/cu 2)	stodial			sbestos-containing	Amount	١,	m	e	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S	it or	5	2	Ç A	C
	163	INO	N/A	<u> </u>				16	9	1	p	-
DASEMENT.		X		PIPE INSU			29 L FT		বা			
BASEMENT BOILER		LX		BOILER IN	ISUL	ATION	35 SQ FT	[2	3 [
		4					TRANSPORTED TO THE PARTY OF THE					
				-][[
Registered Waste Hauler					ri-r-	7.0	The state of the s	[[] [[
D & S RESTORATION, IN	C. NJ	DEP Hauler 3506		ubic Yards of V YD	Yaste	Name of Registere TULLYTOWN	nd Landfiji , RESOURCE RE	COVERY		5.5		
City, State		w	Disposal D			City, State	, randonton in	OG TEKT	-		MATERIA S	HOUTE, MAN.
PATERSON, NJ 07503	101.7		10/21/1	1	- 8	TULLYTOWN	I, PA					
Completed by (Print or Type)	Title			Signatura			· · · · · · · · · · · · · · · · · · ·	Date		anev ± ±	-1	
BOGDAN JOLDZIC	PRESI	***************************************						10/19/11			Service of the last of the las	anaman'
ASB_11	LIO DOLL	ase this form	TOT SEDERIC	s licensure eve	mntan	o otketting						

Date of Notification (1))		Name of E	Building Own	ner/Operator (2)		4 117	NEGE	Ü W	/ (L.	1	11	_
1 0 /12 0 /			CITY	F ELIZAI	BETH		14		# N	173			
	Type Notifica Initial	tion	Street Add					5.11 5.11			21.1	1)	
	Amended		24 SO	BROAD S	STREET		The state of the s	U OCT 2	5 20	11		/	
DL1	mendment#	:1	-	, Zip Code	JII GET		- <u> </u>				-6.15	<u> </u>	
M DOI I	Emergency		15.00	BETH, N.	1 07205		·	Asia and Asia		** ******	į	-	
☑ DOH	(including	11	Name of C		01203	-		Telepho	no Numi	- CT			
□ DCA □	justification		ANITT	(O) III D 1 (William (Line and the leptilo	ile iantiir	Jel,	- comata n a)	
	Cancellatio	n	ANIH	ONY BA	IIIIIA		7/4	908-20	8-189				
				FAC	ILITY INFORMA	ATIO	N		÷				
Name of facility where		is taking pl	ace (3)					Type of Facility School	(4) ol (K - 1:	2)	(4%)		
CITY OF ELIZAB	ETH								napter 8	7.5	than	K-121	,
Street Address								District Co.	(Private			1/2	
24 SO. BROAD S	TREET								/Homes,	etc.		3ldg. /	A 0.0
City (5)		Cou	nty (6)			Cor	unty Code (7)	oquare i cet	# 01110	013	'	nug. 1	nge
DY 177 A DOMES		1.5	IION				ate use only)	Current Use (P	rior if be	ing der	nolist	ned)	
ELIZABETH Name of Monitoring Fi	rm Hirad by		VION										
Ivaille of Montolling 1 1	illi i liled by	Blug. Own	er (o)		ASCM No.		Name of Abatement C						
Street Address						_	D & S RESTORA	TION, INC.					
Street Address							Street Address				185		
City, State, Zip Code						_	20 California Av	е.					
Oity, Glate, Zip Gode							City, State, Zip Code						
Project Manager for Mo	nitorina Firm		Ip	hone Numb	or	-	Paterson, NJ 075	03	111	-11			
. reject manager for me	intering i min		1.	none Numb	CI		973-345-8020		1	e Num 00159			
Start Date (10)		ISchoo	Complet	ion Date (11		_	Name of OSHA Monito	or		00137			
Start Date (10)		Scried	i. Complet	ion Date (11)		D & S Restoration						
10/25/11	000000000000000000000000000000000000000	10/3					Street Address						
Occupancy Status Durin							20 California Ave	nue					
Facility closed/vac							City, State, Zip Code						
Describe:		OI HOITHAI	racility 1100	115-		_							
Other-Describe:						.	Paterson, NJ 075	03					
Scope of Work (check	all that apply	/)					FL	ııl Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 If	\boxtimes	Renovation	n					ini-enclosure					
≥160 sf or ≥260 lf		Demolition	ı					ovebag procedur on-Exempted (*)		-friahle	nroce	adura	
Location of				used solely		-			2110 11011	R	R	E	
asbestos-containi		by mainte staff(12)	nance/cus	stodial	Description	of as	sbestos-containing	Amount		e m	e	n	E n
material (acm) to abated in facility (Yes	No	T	material (A0	CM)		(Specify SI	or or	0	a	c a	С
	•	162	No	N/A						v e	i	р	-
BASEMENT			$\square X$		PIPE (WRAP	% (CUT)	100 L FT		Ĭ			
						95,000							
	+:												
Registered Waste Hauler D & S RESTORATIO		NJDE 135	P Hauler I 06		bic Yards of Wa YD	ste	Name of Registered La		OVED	v			
City, State	,			Disposal Da		-	City, State	SOURCE REC	LOVER	I			—
PATERSON, NJ 0	7503			10/25/11			TULLYTOWN, P.	A					
Completed by (Print or T		Title			Signature			——————————————————————————————————————	Date				
BOGDAN JOLDZIO		PRESIDI	ENT						10/20/	11			
ASB-41				for asbestos	licensure exemp	pted	activities.		10/20/	-			

							i.		<u> </u>	Hii II	IJ.	5		
Date of Notification (1)		11			ner/Operator (2)	ī		OCT	2 5	2011		$\int \!$	1
Agencies Notified Type Noti			Addres	ELIZAI	BETH					Z. J	4011		eins!	<u> </u>
☐ EPA ☐ Initial ☐ Amende	d .				STREET				ASSECT:	THE POSTS	SUL &			
Amendmer	nt #:	City, S	tate, Z	ip Code					ONE STREET, SECTION AS					
DOL ☐ Emerger		EL	(ZAB)	ETH, NJ	07205				5 3 A	* ** ***				2
DOH (includin justificat		Name	of Con	tact					Telephor	ne Numb	er			
DCA Cancella	3000000	AN	THO	NY BAT	ATTITA						1			
				FAC	ILITY INFORM	IOITA	N							
Name of facility where abateme	ent is takin	g place (3)					T	Type of Facility		· · ·			
CITY OF ELIZABETH	4								=	ol (K - 12 napter 8 (han K	-12\	
Street Address							7.75		Other	(Private/	Comme		-12)	
24 SO. BROAD STREET							-15	-		/Homes, # of Flo		В	dg. A	ge
City (5)	1	County (6					unty Code (7)		oquaro i ost	0. 1 10			-3	30
ELIZABETH		UNION				(Sta	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired					ASCM No.	<u> </u>	Name of Abatement	t Co	ntractor (9)					
	, ,				710011110.		D & S RESTOR							
Street Address						=	Street Address		1011, 1110.					
							20 California A	ve.						
City, State, Zip Code							City, State, Zip Code	· ·		- manufactured by	WALKS STREET	ADDRESS OF THE PARTY OF	1	AND RESERVED.
							Paterson, NJ 0	750	3			5000		
Project Manager for Monitoring F	Firm		Pho	one Numb	er		Telephone Number 973-345-8020)		Licens	e Numl 00159			
Start Date (10)	Is	ched. Cor	npletio	n Date (1	1)	-	Name of OSHA Mor	nitor						
10/24/11		0/31/11	7.		•	- 1	D & S Restorat	ion,	, Inc.					-
Occupancy Status During Abate			ne)				20 California A	ven	110					
Facility closed/vacated du							City, State, Zip Code		uc					
Describe: NORMA Other-Describe: NORMA	AL HOURS					-	Paterson, NJ 0	750.	3					
Scope of Work (check all that a				W-11-3-				Full	Containment w	/negative	e press	ure		
\boxtimes >3 sf or >3 lf	Reno	vation						Min	ni-enclosure					
≥160 sf or ≥260 lf	☐ Demo	lition					×	ALL BURNEY	vebag procedu n-Exempted (*)		-friable	nroce	dure	
Location of				sed solely	1						R	R	E	E
asbestos-containing material (acm) to be	by m staff(aintenand 12)	e/custo	odial			sbestos-containing		Amount (Specify S	Eor	e m	e p	n c	n
abated in facility (13)	Yes	5 1	40	N/A	material ((ACM)			(Specify S LF)	ir ui	o v	a	a p	C L
BASEMENT			X		PIPE INSU	LAT	ION .		<10 L FT		e			
							10				10			
Registered Waste Hauler		NJDEP H	uler I	<u> </u>	ubic Yards of V	Nasta	Name of Registered	110	odfill					Ш
D & S RESTORATION, IN		13506			YD	*4310	TULLYTOWN,			COVE	RY			
City, State PATERSON, NJ 07503				Disposal D 10/25/1			City, State TULLYTOWN	, P.A	A					
Completed by (Print or Type)	Title				Signature					Date				
BOGDAN JOLDZIC	PRE	SIDENT								11/12	/11			

TOU VAN 1	1	OTIFIC Pu	CATIO	on of Asi ant to NJA	RESTOS ABATEI AC 8:60 and 6:16	MENT LUL	RARA 9	458	S		
Date of Not Decilion 21) 5 2011 10/25/11		S SALESSAN	Nan	e of Buildin	ng Owner/Operato	r (2) ugh of Mou	nt Enhriam				A) # 86 0000
Agencies Notified Type Notification Agencies Notified Type Notification Agencies Agencies Notified Tamended	D	光	Stre	et Address		S. Blackho					
Amendment Amendment	# _# ## includin		City,	State, Zlp		Ephraim, N	J 08059				
DOH Justification Cancellation			Nam	e of Contac	ct 'erry Shannon		Telephona Nu	inber			
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is Take Mt. Ephrian			ation	3		Type of Facili	A A A A A A A A A A A A A A A A A A A				*20-01-10
Street Address 121 S. Bl				1		Other (i.e.,	r 8 (Other than K- private & comme	12) clal bu	llding	8,	
City (5)	Ephra					Square Feet	# of Floors	T	ildg.	Age	
County (8) Camden	DPIII a	1111		inty Code (7) (STATE	Current Use (F	Prior if being demo				
Name of Monitoring Firm Hirad by Building	Owner		ASCIV	and the second	Name of Abatem	ent Contractor (Police Stati	on			
(8) MECS		- 1	.0017	1110.			on mental Servi	ces. I	nc.		
Street Address					Street Address						******
PO Box 34	1						Box 322				
City, State, Zip Code Crosswicks, NJ	0851				City, State, Zip C		n, NJ 08501				
Project Manager for Monitoring Firm William Weisgarber Jr.		100000000000000000000000000000000000000	ohone	No. 98-4070	Telephone No. (609) 25	0 0600	Licenso No.	0049	2		R-2007-
	duled C	-	-		Name of OSHA N			0049			
10/28/11		0/28/		2.0 (.1)	realite of Oor IA to		IECS				
Occupancy Status During Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire P☐ Abatement Performed Outside of Normal	eriod of	Abaten	nent				30x 341			-	NACTOR T
Other - Describe: 8AM - 4:30PM	ai raciii. 1	y mours	,		City, State, Zip Co		ks, NJ 08515				
Scope of Work (Check all that apply)					<u> </u>				==		
☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		novatio			☐ Mini-Enc Gloveba	losure g Procedure	igative Pressure on-Friable Procedi	100			
	No	ocation			IN THORESON	mples () and (v	TELLIBORE F. 100.00	-	bate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Main Cu S	Solely itenanci istodial staff? (12)	e/	(l.e., 1	Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosura
	Yes	No	N/A							ate	w
basement mechanical room			×		transite flue p	ipe	6 LF	×			
								1			
							***	+		_	
Name of Registered Waste Hauler			DEP V	Vaste I	Cubic Yerds	Hame of Regis	stered Landill	11	1	1	
Stevens Environmental Service	s Inc.		182	No. 192	of Waste		T.R.R.F., I	nc.			
City, State Allentown,	VJ				Disposal Date	City, State	Tullytown,	PA			
Completed By Mahlon E. Stevens		oject l	Man	ager	Aghelure		Date	10/25	5/11		

Agencies Notified		Notification	Туре		Street Add	ress	111 11	! —			1,227
					Rt 130	1000	1111	ריים	-		1,5
(x) EPA () DEP		(X) Initial No			City, State,	Zin Codo	1 32		25	2017	
(x) DOL		() Amende () Cancelle		cation		er, NJ 08069	I = I			-011	11-
(x) DOH		() Cancelle	u		beepwat	ei, 143 00009	1	ANDEST			1
(x) DCA					Name of Co	ontact	i.		25.00	<u> 1967 7</u>	
		1			Bryan Mu	**************************************	1	el-Numbe		ີ່. ຄະວາ	
				FACILITY I	NFORMATION	arriirix		00) 040	-004		
Name of Facility Where A	batement i	s Taking Place	(3)		Type of Fac	cility (4)					
Chambers Works					() School ((K-12)					
					() Subchar	oter 8 (other than K-	12)				
Street Address					(x) Other (i.i	e. private & comme	rcial bldgs.,	homes, et	C.		
Route 130					So Feet	#	of E1				
0: (5)	_				Oq. r eet	#	of Floors_				
	County (6)			y Code (7)	Bldg. Age_(Duteide					
Deepwater	Salem		State	Use Only)							
Name of Monitoring Firm	Hirad by DI	da O (0)	4001		Current Ose	(prior if being demo	The second secon		Mani	ufactu	re
Harvard Environmen		ag. Owner (8)	ASCM	1 No.			e of Contra				
riai vaid Liiviioiiiiieii	tai iiic.				County Environmental						
Street Address											
760 Pulaski Highway	,				Street Address						
					461 New Churchmans Rd.						
City, State, Zip Code	20				City State, Z						
New Castle, DE 1972					New Cast	le, DE 19720					
Project Manager for Monit	oring Firm	Telephone N			Telephone N		Lic	ense Num	ber		
Wesley Morrison		(302) 326-	2333		(302) 322-	8946		578			
0.1.1.10											
Scheduled Start Date (10) 10/20/2011		Scheduled C	ompletion	n Date (11)	Name of OSHA Monitor						
10/20/2011		12/31/2011	l		County En	vironmental Co.	ě.				
Occupancy Status During	A la a 4 a a a a a 4	(0)									
Occupancy Status During () Facility Closed/Vacated	During En	tire Period of A	<u>e)</u> bataman		Street Addres						
() Abatement Performed (Outside of I	Normal Facility	Hours -	·	461 New C	Churchmans Rd					

Describe Work h	ours are	7:00 am to 3	30 pm	ν							
			TOO PIT		City State 7	in Code					
Other - Describe Area v	vill be de	marcated			City, State, Zip Code New Castle, DE 19720						
Source of Work (Check all					1 Cubil	5, DE 10720					
() Demolition (x) Rend	ovation										
() Large Proj. (>160 SF or x) Full Containment with N	>260 LF A	CM) (x) SM Pro	j. (>25<	160 SF or >10 <	260 LF ACM)	(x) Minor Proj. (<25	5 SF or <10	LF ACM)			
x) Full Containment with N Location of Asbestos-	cguttive i it	essure () Mation Normally	lini-Enclo	isure (x) Gi	ovebag Procedu	ire					
Containing Material		olely by		Description of (i.e.thermal sy		Amount (Specify	SF or LF)	Abate	ment T	уре	
(ACM)in Facility (13)		CustodialStaff?	(12)	insulation,surfa	acing VAT or						
	YES	NO	NA	othermiscell.)	doing, vitt, or						
Thru-out plant	X	T		Thermal Syste	me	350 LF/SF			Rep. E	ncap En	close
Thru-out plant	X			Thermal Syste	Marie			X			
Thru-out plant	X			Floor Tile / Ma		1900 LF				X	
Name of Reg. Waste Haule	and the second second	NJDEP Waste	Hautest			1500 SF		X			
DuPont Company	<u>.</u>	NJUEP Waste	Hauler I	<u>D#</u>	Cubic Yards of	f Waste		e of Reg. I			
but one company		20		- 1			DuP	ont Cha	ımber	s Worl	ks
City, State								W_W			
Deepwater, NJ						Disp. D	ate		ity, Sta		
Josephator, No				\$3				D	eepw	ater, N	17
Completed by (Print or Type	1	Title			<u> </u>						
Greg Godwin	4	Project Man	2005		<u>Signature</u> <u>Date</u>						
9 00011111	i Toject Mari	ayei		Greg Godwin 10/20/2010							

Mail to:NJDEP-DSHW-BRRTPTelephone 609-984-6620C:\WORD\MYDOCS\ASBESTOS

401 E. State St., PO 4149/18/00 Trenton, NJ 08625-0414

 	/				Street	Address	1 1500	Y 12 // /	In 1 (+ 2	17-5
Agencies Notified	Type of N				213 W	ASHINGTON STREET			F 1 W	FIN
EPA		Initi				tate, Zip Code				(40 (1 1)
DEP			ended			RK, NJ 07102	1:17			11
☑ DOH	_		endme		Name	of Contact		Teleph	no Milimbia: a	
DOL DOL		Eme	ergenc	y w/ justification		MCKNIGHT	141 4	reighil	ne Nümber 1	
☐ DCA		Can	cellatio				1			
					FACILITY	INFORMATION		1100	ST TREE LOCKER D	- 10 - 1
Name of Engility Mile	Al(-						§		计是 基本	- 1 134
Name of Facility Wh PRUDENTIAL	ere Abaten	nent i	s Takir	ng Place (3)		Type of Facility (4)	7		7 1	
PRODENTIAL								3 7-18		
Street Address						☐ School		[-]	CCT	O.E. COSS
213 WASHINGTON S	TREET					☐ Subcha	pter 8 (Othe	er than K-1		2 5 2011
210 11/10/11/10/10/10	TINELI					Other (I.	e., private	& cmmerci	al.	
City (5)	County (6	1		County C. I	(71)	bldgs., l	nomes, etc.)	Ĺ	16.3
NEWARK	ESSEX	,		County Code	(1)	Square Feet	# Of Floo	ors (Building Age	3 11 9
				1		200,000		14 L		45+
						Current Use (Prior	if being de	molished)	1	9
Name of Monitoring	Firm Hired	by BI	da Ov	vner (8)	IACCEA I	OFFICE				
AET		٠, ٥,	ug. O	viiei (o)	ASCINI	O Name of Abatemen	t Contracto	or (9)		
						IVI Environ				
Street Address						LVI Environmental S Street Address	ervices Inc.			27
8 PENNELL ROAD						Sueet Address				
City, State, Zip Code						462 Getty Avenue				
MEDIA, PA 19063						City, State, Zip Cod				
roject Mngr. For Mo		rm		Telephone Nu	mber	- State, Zip Cod	e			(2)
RIC HOUSEKNECH				908-218-1108		Clifton, NJ 07011				
heduled Start Date	(10)	Sche	d. Com	pletetion Date (1	1)	Telephone Number		Trans.		
11 / 05	/_11_		11	/ 07 /	11	i siopiione Rumber		License N	lumber	
/ /				//		973-772-3660			00117	
ccupancy Status Di	uring Abate	ment	(Chec	k Only 1)		Name of OSHA Mon	itor		00117	
☐ Facility Cl	osed/Vacate	ed Du	ring E	ntire Period of		LVI Environmental Se	rvices Inc			
Abatemen						Street Address				
Abatement	Performed	Outs	side of	Normal Facility						
Hours - De						462 Getty Avenue				
Other - Des	scribe:	7:00AI	M-3:30	РМ		City, State, Zip Code				
cope of Work (Chec	All That A					Clifton, NJ 07011				
cope of work (chec	N All Illat A	фріу								
☐ Demolition		T	7]	Renovation						
		L	<u> </u>	Renovation	\vdash	Full Containment wit	h Negative	Pressure		
☐ ≥160 sf or					H	Mini - Enclosure				
	•				占	Glovebag Procedure				
						Non-Exempted (*) and	d Non-Friat	ole Procedi	ıre	
Location of			s		Descript	ion of		A b - 4		
Asbestos Contai	ning	Loc	ation			ontaining	1	Abatement R		le.
TO DE 1511	_		mally		Material	(ACM)	Amount	EF	R N	E
TO BE ABATE	□		ed	(I.e.	, thermal	systems	(Specify	M E		N C
in Facility			lely	insula	tion, surf	acing, VAT,	SF or LF)	0 F		L
(13)		310,55,00	/lain-	or ot	her misc	ellaneous)		V A		0
			nce/ odial					A		s
			odiai (12)					L R	4. 100000	U
			IQ N/A	-				1720	L	R
H FL TV STUDIO				EIVTURE CORE						
		715		FIXTURE CORD		3	30 LF	V		
	-									Th
		5 -								
me of Registered W			111	NIDED W. I I-						
WARK CARTING	-ste Haulel			NJDEP Waste Co Hauler ID No. Ya		Name of Registered La	ndfill			
				4509 of		.E.S.I.				
y, State						City Ct-t-				
WARK, NJ					sposal (City. State				
W				108		BETHLEHEM, PA 1810				
mpleted by (Print or	Type)			Title		Signature				
EVEN STILES	CONTRACTOR OF THE STATE OF THE			PROJECT MANAC	SER	gignature	(15	1	Date	
					oomoved in	Noon.	1/1	X		40.5
B-41						y neck				10/24/11

Floring # 511 up					THE W	49).		เบบ บบโ	Υ
Date of Notification 11 10 1/12 15	1(1)	Nan	ne of Bull	ding Owner/Operati	1	DOI	1 6		y.
Agencies Notified	Type Notificati		EN PEN	A	01 (2)	DUL	70 DA	7	
☐ EPA	Initial	Stree	Addres:	3				7 /	
☐ DEP	Amended	23	RIDGE	LAND ROAD		0CT 2	5 2011	market ment of	MACALINA DINGCA MANAGA
⊠ DOL	Amendment #:	City,	State, Zip	Code			1/201/	1 1	
Ø DOH	Emergency (including	I PA	RAMU of Conta	S. NI	I VAV	AIVEDA	/UVIII	1	
DCA I	justification)	11				TINE DE	FFU	JED I	
The state of the s	Cancellation	BE	N PEN	1	Contraction of the second	The Grand Control of Control	Telephone N	umber 2	A CONTRACTOR OF THE
Name of facility who		E .		FACILITY INFOR		Maria Company		Private	
Name of facility whe	re abatement is to	aking place (3)						10-11-1
HEN PENA						Type of	Facility (4)		
Street Address							School (K		
23 RIDGELAND	ROAD						Subchapter Other (Peter	r 8 (Other i	than K-12)
City (5)	ROAD	Ta				i	Other (Priva Bidgs:/Hom	ita/Commi as, atc.	erclai
		County (6)			County Code (7)	Square	eet # of	Floors	Bldg. Age
PARAMUS		BERGEN	ř		(State use only)				1
Name of Monitoring F	rm Hired by Bldg	Owner (8)		T.			Jse (Prior if	being dem	iolistreri)
				ASCM No.	Name of Abatem	nent Contractor (9)	Total Control of the	
Street Address					D&SREST	ORATION, IN	íC		
City, State, Zip Code			(4)		Street Address				Andrew Control of the
Chy, State, Zip Code					20 California	Ave.			
Project Manager for Mor		-			City, State, Zip Co		ALKANIA PROPERTY OF THE PERSON NAMED IN COLUMN 1	application of the second	COME MANUFACTURE TO SERVICE A
The manager for Mor	iltoring Firm		Phone No	ımber	Paterson, NJ	07503			
Start Date (10)					973-345-802	or and	Licen	se Number	1
55.0 64.0	IS	ched. Comple	tion Date	(11)	Name of OSHA Me			00159	
10/26/11	1.			E 35	D & S Restora	onnor			the first of the state of the s
Occupancy Status During	Abatement (Ch.				Street Address	ALOH, THE.			COMPANIE TO A STATE OF THE STAT
Land Carrier Blussennyare	trid divide		ement.		20 California A	venue			
Describe:	an adraige of Holl	mai facility hou	ırs-		City, State, Zip Code	0			
The state of the s	ORMAL HOURS				-				
Scope of Work (check at	that apply)				Paterson, NJ 0	7503			
		ation				Full Containmer	nt w/negative	Dressure	
☐ ≥160 sf or ≥260 lf	Demoii	tion				Mini-enclosure		F. 00.001.0	
Location of	Is loca	tion normally i	used sole	W	H	Glovebag proce Non-Exempted	dure (*) and Nove		
asbestos-containing material (acm) to be	staff(1:	I Italiance/cire	todial	1		1	Jana Non-	R R	
abated in facility (13)	Yes		T	material (ACI	of asbestos-containing	Amount		e e	E E
BASEMENT		No	N/A			(Specify	SF or	m p	c n
		X		BOILER INSU	LATION	-		0 1	PL
						30 SQ FT	THE PARTY OF THE P	図口	Din
									可值
						-			
gistered Waste Hauler	INID	EP Hauler ID:				THE PERSON NAMED IN COLUMN			
& S RESTORATION,	INC. 13.	506	S7. # 33/3	bic Yards of Waste YD		andfill	[
y, State ATERSON, NJ 07503	,	[Di	sposal Da		TULLYTOWN, RI	ESOURCE RE	COVERY	3	
mpleted by (Print or Type)			0/27/11		ord, orace		1210		Minister of the last of the la
OGDAN JOLDZIC	Title	123 200	T	Signature	TULLYTOWN, P.	A			
8-41	PRESID	ENT	1				Date	-	
	Do not use	uns form for	asbestos	licensure exempted	activities.		10/25/11		

			W-122	59.		T DOI 4	
Date of Notificatio	n (1)	Na	me of Building O	wner/Operator (2	?)		U-UAY-LLL
1/10/1/12/15]]	OHN LEAHY				
Agencies Notified	Type Notifica	tion _ me	eet Address	THE RESERVE OF THE PERSON NAMED IN			franksis in the
☐ DEP	Amended		68 MAIN STR	Tਧ ਸ		001213	
	Amendment #	1	, State, Zip Code			- / W W	Ar I I
⊠ DOL	⊠ Emergency		WOODBRIDG		1 -	WAIVER AF	DDDOVED
⊠ DOH	(Including	Non	ne of Contact	15, 143		The state of the s	
☐ DCA	justification)				1	Telepho	one Number
Farmer to the second se	Cancellation	<u> </u>	OHN LEAHY		2		34-7610 See
			FA	CILITY INFORM	IATION		
Name of facility wi	here abatement i	s taking place	(3)			Type of Facility	(4)
JOHN LEAHY	,					Type of Facility	v (4) pol (K - 12)
							hapter 8 (Other than K-12)
Street Address							(Private/Commercial
168 MAIN ST	REET					Bldgs	://Homes, etc.
City (5)		County	(6)			Square Feet	# of Floors Bldg. Age
			(-)		County Code (7) (State use only)		particularly party and a superior party of the superior party of the backford by the superior party of
WOODBRIDG		MIDE	LESEX		(State use only)	Current Use (F	Prior if being demolished)
Name of Monitorin	g Firm Hired by F	3ldg. Owner (3)	ASCM No.	Name of Abate	ment Contractor (9)	
					1 6	3.01%	
Street Address					Street Address	FORATION, INC.	
					20 Californ		
City, State, Zip Code	e				City, State, Zip (THE APPEARANCE OF THE RESIDENCE AND ADDRESS OF SECOND
					[13] Sec. 92 91		
Project Manager for	Monitoring Firm		Phone Num	har	Paterson, N Telephone Num		
			1	501	973-345-8		License Number
Start Date (10)		Sched C	empletion Date (1	7	Name of OSHA		00159
10/26/11			127	1)	D & S Resto		
-		11/07/11			Street Address	COLUMN TO SERVICE DE LA COLUMN	productive and product and productive and
Occupancy Status D	ouring Abatement	(Check only	one)		20 California	a Avenue	
Facility closed	rformed outside o	entire period o	f abatement.		City, State, Zip C		entertal en pais - desprission del communent succession entertain de la contra transcribent del contra del con
Describe:			ity nours-				
Other-Describ		THE RESERVE			Paterson, N.	J 07503	
Scope of Work (che					-1-1	Full Containment w	/gegative prescure
(max 20)		Renovation				Mini-enclosure	
≥160 sf or ≥26	50 If	Demolition				Glovebag procedure	a
Location of		ls location nor	mally used solely	Γ		Non-Exempted (*) a	and Non-friable procedure
asbestos-contr	alning	by maintenand staff(12)	ce/custodial	1	of asbestos-containing	Amount	RREE
material (acm) abated in facili		1929	———	material (A)	CM)	(Specify SF	or mpcn
		Yes	No N/A			ĹF)	O a a C L
BASEMENT				PIPE INSUL.	ATION	26 1 170	e l'e
				- 2 2 1 100 [112011	35 L FT	
	F						
egistered Waste Har		NJDEP H	uler ID# 1 Cu	blc Yards of Was	de Maria de		
D & S RESTORA	TION, INC.	13506		YD	I	ed Landfill N, RESOURCE REC	OVERV
City, State			Disposal Da	ALC: NO.	City, State	I, ALOUURUE REC	AUVIIII
PATERSON, NJ			10/27/11		_ TULLYTOW	N. PA	
completed by (Print o		itle	T	Signature			Date
BOGDAN JOLDZ		RESIDENT				3	10/25/11
ASB-41	* Do	not use this	form for asbestos	licensure exemp	ted activities.		

1			Jonathan Cass										
Agencies Notified EPA	Type Not	ification		Street Address 416 Evans Avenue							· .i		
DEP DOL	Amen	ded dment #_ gency (includia		City, State, Zip									
DOH DCA		cation)		Name of Conta	ect Jonathan Cass		Telephone Number						
				FACILITY IN	IFORMATION	kare .							
Name of Facility Where	Abatement	is Taking Plac Residen				Type of Facility School (K-12							
Street Address	41	6 Evans A	venue		Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)								
City (5)		Haddonfi	eld	:		Square Feet	# of Floors		Bldg	Age			
County (6)	Camden		1	County Code USE ONLY)	(7) (STATE	Current Use (Prior if being demolished) residence							
Name of Monitoring Fire	n Hired by Bu	uilding Owner	A	SCM No.	Name of Abaten	nent Contractor (9)							
(8)	MECS		_		Stev	Stevens Environmental Services, I							
Street Address	PO Bo	ox 341		Street Address PO Box 322									
City, State, Zip Code					City, State, Zip C								
		, NJ 0851			Allentown, NJ 08501								
Project Manager for Mo William W			115	one No.) 298-4070	Telephone No. License No. 00493					}			
Start Date (10)			completion 1/2/11	ion Date (11) Name of OSHA Monitor									
11/1/11	1		MECS Street Address										
Occupancy Status During Facility Closed/Vacat	70		PO Box 341										
☐ Abatement Performe			City, State, Zip Code										
Scope of Work (Check a					Crosswicks, NJ 08515								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	зіі (пас арріу)	⋉ Re	novation molition		☐ Mini-Enc ☐ Gloveba	 ✓ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure 							
		No	ocation mally					1	Abatement Type				
Location of Used So Asbestos-Containing Material (ACM) Mainten			Solely by tenance/		Description of os Containing Mate	rial (ACM)	Amount	Removal					
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		S	stodial taff? (12)	(i.e.,	thermal systems in surfacing, VAT, o other miscellaneou	sulation, or	(Specify SF or LF)		Repair	Encapsulate	Enclosure		
	Yes		/A						ē				
baseme	nt		×		boiler insulati	on	40 SF	×	-	\dashv	-		
								+	-	\dashv	\dashv		
								\Box		1			
Name of Registered Was					Cubic Yards of Waste	Name of Register	ed Landfill	8					
Stevens Environm	iental Serv	vices, Inc.		8292	1 CU_		R.F., Inc. L	andfi	11		_		
City, State	Allentow	'n, NJ			Disposal Date	City, State	ullytown,	PA					
Completed By Mahlon E. Stev		Title	Signeture Date										
Mainon E. Stev	CHS		ject Ma	-1-41-	_!		10/21	/11	_				

EMPRESCRICY, NO HEAT		4	111	Ceas	IIDLII —	IVIMIL I	IN TIMOU O	UTI		د . ويسريونون	GREAT	2 E30	partition of the same of the s	
REQUEST FOR WAIV	en.	N	1 4 1 1 Cal	HUMU	F ASBEST NJAC 8:60	OR ARAT	CARCATA	Constant Te			* 17°	T.E.	r kelogist omi matot	
Date of Notification (1)							6				A 5 /	, 	\neg	
10-25-2011			uilding Cwn		or (2)	DOL	-1t	1	HY		+			
Agencies Notified Type Notificat		MS. SCOLANO Street Address 145 ST TOSEPH B								Ï				
EPA (i) Initial							- 2 5/	201	1	T				
D DEP D Amende	City	, State.	Zip Code	-P4 5	SLUD-	00	I2,5	20)	1/					
M DOL Amendm	ent:E			_	-	070	1111	1-1	on VA	NV	/	1		
Lustification Lustification	(דוכ	aing		Name of Contact			1		alanta - I		-	_ - / ∈1	\perp	
□ DCA □ Cancellat	lon		M	5. 5	SCOLA	wn.	1 W	AIVE	alephena I	demo	NU,	V [_]	7	
Name of Facility Where Abatement is Ta	Mar Pile	483	F	ACILIT	Y INFORMA	TION	N .			200	na Familia	-	-	
Ms. SCOLANO	rangi Piad	28 (3)					Type of Faci	ity (4)	granitation of				<u> </u>	
Street Address							☐ School	(K-12)	personal reservoir					
145 ST. JOSEPH P			(e-)				Li Subcha	oter 8 (O	her than K-	-12)				
City (6) .	277	_					Other (i. etc.)		& comme	cial b	ulidin	gs, ho	mes,	
60D1							Square Feet	#	of Floors	1	Fild	t. Age	_	
County (6)			Cour	ity Code	(7)		2100		2		186,405		25	
BERGEN			STA	TE USE	ONLY)		Current pae (Prior if being demolshed)						i	
Name of Monitoring Firm Hired by Building	Owner	(8)	TAS	CM No.			RESIDENCE							
		(-)	1	COM 160			of Abatement Contractor (8)							
Street Address							Address	Removal Inc						
						7		D 2	0.				!	
City, State, Zip Code			· · · · · ·			450 South River St City, State, Zip Code								
Periodical						1		r N	7 0	761	11		1	
Project Manager for Monitoring Firm			Telepi	hone No	,	i elepho	Hackensack , N. J. 07601 Telephone No. License No.							
Start Date (10)	Stord Date (45)						01-329-7444 00388							
10-27-2011	Siched	uled Co	mpletio	n Date (11)		of OSHA Monitor							
Occupancy Status During Absternent (Che	10-	28.	20	11			a Environmental Services							
		100000				Street A								
Abatement Performed Outside of None	nal East	f Abate	ment .			280	O Huyler St State, Zip Code							
Dither - Describe: SAM 5	PIN	ny i iou	a				· · · · · · · · · · · · · · · · · · ·		•	Commission of the Commission o			T	
Scope of Work (Check All That Apply)						Sout	h Hacke	nsac	k , N.	J.	07	506		
Ø ≥3 sf or ≥3 lf	т	Renov	otion	150		922								
☐ ≥160 af or ≥260 lf	10000	Demoli	10.500 FOR				Full Contains Mini-Enclosu	tent with	Negative P	ressu	78		B	
<u> </u>		•	20 20			П	Glovebag Pro	cedure '					1	
	T ,	s Locat	ion	T			Non-Exempte	d (") and	Non-Friab	le Pro		-		
Location of		Norma		Da							Abatement Type			
Asbestos-Containing Material (ACM)		ed Sole aintena		Ast	estos Conta	contion of Sining Mate	erfal (ACM)	Δ	Amount				宀	
JO BE ABATED In Facility		todlet 8		(i.e. thermal systems in			eulation,	(9)	(Specify	20	77	Encapsulate	ğ	
(13)		(12)	other			ing, VAT, or niscellarisous)		SF or LF)		Remova	Repair	april 1	Enciosura	
	Yes	No:	N/A	1			,			型	ř	ale)	ura-	
BASEMENT	1		1.	معر في حي	A-4								_	
1006-10-0-1	-	-	X	1 175	PMIAL 1K	SULAT	rion	5	5 SF	X				
	-				···		, "							
														
lame of Barrier													11	
ame of Registered Waste Hauler			NJDEP Waste Cubic of Was 22393				Name of	Registere	d Landfill		L		+	
DJM Transport ,Inc						Paramor.	Cumbe	rlan	d Cou	ntv	· 1.	and	fi	
City, State					Disposa		City, State							
South Kearny N.J. 0	7032						- 1		D A	170	40		1	
	Title				Sign	nature		41.511	Date	PERMIT	44		-	
K. VELDEAD	_ Bst	1ma	ror	-	18.	Volla	Ann				, `	201	1	
South Kearny N.J. O Controllered by R. VELDRAD	Title	ima	tor	-	10-28 Sign	-204	Newb					20 l	-	

10/20/11	RD ELM	100D AS	SOCIATES PL		2	FIG. C.	ir-	l W	ίζ	11		
Agencies Type Notification	Street A	ddress:			- ;					-w! 1		
(X) EPA (X) Initial Notification		te, Zip Co	NECK AVE.	<u> </u>			- 00	353				
(X) DEP () Amendment	WHITE	PLAINS 1	NY 10605		36 	111 00	1 2	5 3	JII			
(X) DOL Notification () Emergency		Contact:	2	Telephone Number:								
(X) DOH () Cancellation () DCA	GO 1 SA											
			FACILITY INF	ORMATION	1	No. Applicability		A 1 - + 4				
Name of Facility Who	re Abateme): Type of Facility (4):										
COMMERCIAL		() School (K-12) () Subchapter 8 (Other than K-12)										
Street Address: 100 BROA	WAY					ın K-12) ommercial building	gs,					
City & State (5): ELMWOO	Square Feet: 1	Square Feet: NA # of Floors: 2 Bldg. Age: 1										
County (6): BERGEN		County C (STATE	ode (7) USE ONLY)	Current Use (Prior if being demolished): COMMERCIAL								
Name of Monitoring Fir	Name of Abatement Contractor (9):											
Owner:(8) CNS MANAGEMENT				S/M Enterpr	ise of NJ,	Inc.						
Street Address:				Street Address:								
208 NEWTOWN RD.				339 North 6 th Street								
City, State, Zip Code: PLA	NVIEW NY	11803		City, State, Zip Code:								
				Prospect Park, NJ 07508								
Project Manager for Monitor	Telephone No.: License No.:											
MICHAEL NOLAN	(973) 595-6955 00641											
Start Date (10): 11/03/11	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.											
Occupancy Status During Abater	ent (Check on	ly one)		Street Address	:							
() Facility Closed/vacated Durin	P.O. Box 8265											
(X) Abatement Performed Outsid () Other – Describe:	City, State, Zip Code: Haledon, NJ 07538											
Scope of Work (Check all that an	oly):			L								
() ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf			Renovation Demolition		(X) Glo	Containment wi p & Cut vebag Procedure Friable Procedure		ative	Pressu	ire		
Location of	Is Loc Norm	ally	Des	scription of			T		emer	it		
Asbestos-Containing Materia (ACM)	Used So Mainter		Asbestos Conta (i.e., thermal	ining Material systems insula	(ACM)			T	T	T		
TO BE ABATED	Custo	dial/	surfac	ing, VAT, or		Amount	Removal	70	Encapsulat	Enclosure		
IN Facility	Staf		other n	niscellaneous)		(Specify	nov	Repair	psu	lost		
(13)	Yes No	N/A				SF or LF)	al	7	llat	lre		
BASEMENT	X		PIPE INSULATI	PE INSULATION			X					
BASEMENT	X		FLOOR TILES		2,385 SF	X			1			
BASEMENT	X		WALLBOARD C	OMPOUND		12,100 SF	Х					
I-ma of Decision - 1 W 11			NIDED W	10111								
Name of Registered Waste Ha NEWARK CARTING, INC	iler:		NJDEP Waste Hauler ID No.: 18693	Cubic Yar of Waste:		Name of Regis IESI	tered l	andfil	l:			
City, State: NEWARK, NJ		posal Date 30/11		City, State: IMPERIAL, PA 15126								
Completed By:		Signature: Date:										
MIKE ALTADOUKA			DENT	Signature. Date:								