State of NJ

Notification of Asbestos Abatement

D&S Proj. #: 19-58

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

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	APR	_	2	2010		-	

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Date of Notification (1)		Name of Building Owner/Operator (2)					AF	n J	2019		become 5	200	
10 3 / 2 8 / 1 9		maryellen tramazzo											
Agencies Notified Type Notifica	ation	Street Address											
DEP Amended					V	at the second	- 1/18/L/I	45					
DOL Amendment #	t:	City, Sta	te, Zip Code										
Emergency	,	cedar	grove, nj 0'	7009									
DOH (including justification)	Name of	Contact		Telephone Number								
DCA Cancellation	n	mary	ellen tramaz	ZZO		1							
			FAC	ILITY INFORM	IATIOI	N							
Name of facility where abatement	is taking	place (3)					Type of Facility						
maryellen tramazzo							School (K - 12)						
Street Address		Subchapter 8 (Other than K-12) Other (Private/Commercial											
							Bldgs.	/Homes, 6		liciai			
City (5)	I Co	ounty (6)					Square Feet	# of Floo	rs	В	ldg. A	ige	
Oity (5)	City (5) County (6)				0.0000000	unty Code (7) ate use only)	Current Line (F				1)		
cedar grove	ssex			, , , ,	state use only) Current Use (Prior if being dem				iolished)				
Name of Monitoring Firm Hired by	Bldg. Ow	vner (8)		ASCM No.		Name of Abatement	Contractor (9)					_	
						D & S RESTORA	ATION, INC.						
Street Address						Street Address							
City State 7in Code						20 California Av	/e.						
City, State, Zip Code						City, State, Zip Code							
Project Manager for Monitoring Firm	ner	Paterson, NJ 07503 Telephone Number License Number											
,g		Phone Number			973-345-8020	01169							
Start Date (10)	ed Compl	d. Completion Date (11)			Name of OSHA Monitor								
	otion bate (1			D & S Restoration	on, Inc.								
04/10/19 04/26/19 Occupancy Status During Abatement (Check only one)					_	Street Address							
Facility closed/vacated during entire period of abatement.						20 California Av	enue						
Abatement performed outside	of norma	al facility h	ours-			City, State, Zip Code							
Describe: NORMAL F	HOURS				-	Paterson, NJ 07:	503						
Scope of Work (check all that appl	y)						Full Containment w	/negative	press	ure		_	
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renova	tion				⊠ r	Mini-enclosure	•	p.000				
≥160 sf or ≥260 lf				Glovebag procedu Non-Exempted (*)		۔ ا ۔ ا ۔ ا ۔							
Location of		ation normally used solely					voil-Exempted ()	and Non-	R	R	E		
asbestos-containing by mainte material (acm) to be						sbestos-containing	Amount	1		e	n	E n	
abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S	F or	o o	а	c a	C	
6- 00 10	100	I No	IN/A						v e	i r	р		
basement		LX		PIPE INSULATION		ON	20 l ft						
attic		<u> </u>		vermiculite			500 sq ft		M			10	
		#		1								11	
		1							닖	屵	屵	井	
Registered Waste Hauler	IN.II	DEP Haule	erID# IC	ubic Yards of V	Vaste	Name of Registered	Landfill		Ш		Ш		
D & S RESTORATION, INC.		3506	S 100000	yds		TULLYTOWN, I		COVER	Y				
City, State PATERSON, NJ 07503			Disposal Date 04/12/19			City, State							
Completed by (Print or Type) Title			- - -	Signature	_	TULLYTOWN,	rA	Date					
BOGDAN JOLDZIC PRESIDENT													

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-56 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 13 1/12 18 1/11 19 zack main Agencies Notified Type Notification Street Address Initial | EPA Amended DEP City, State, Zip Code Amendment #: DOL ☐ Emergency ridgewood, nj 07450 M DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation zack main **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) zack main Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) ridgewood bergen Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. 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 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 04/18/19 05/14/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip 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 pressure >3 sf or >3 If □ Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E E by maintenance/custodial asbestos-containing A n Amount Description of asbestos-containing staff(12) m n material (acm) to be p C (Specify SF or material (ACM) 0 abated in facility (13) a a Yes No N/A p e BASEMENT BOILER ROOM PIPE INSULATION 65 l ft M basement laundry room PIPE INSULATION 3 1 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/19/19 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date

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State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-57 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 3 /2 6 /1 9 Erma Czerepak Agencies Notified Type Notification Street Address ☐ EPA Initial Amended ☐ DEP Amendment #: City, State, Zip Code \boxtimes DOL M Emergency hawthorne, nj 07506 DOH (including Name of Contact justification) Telephone Number ☐ DCA Cancellation Erma Czerepak FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Erma Czerepak Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) hawthorne PASSAIC Name of Monitoring Firm Hired by Bldg. 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) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 03/29/19 04/15/19 Street Address Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. 20 California Avenue City, State, Zip 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 pressure ≥ 3 sf or >3 If Renovation Mini-enclosure ≥160 sf or ≥260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing Description of asbestos-containing е E staff(12) e Amount material (acm) to be n m n material (ACM) D abated in facility (13) (Specify SF or C Yes No C N/A a LF) а V L p basement crawl space е PIPE INSULATION 201ft X basement PIPE INSULATION 3 lft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 vd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/01/19 TULLYTOWN, PA Completed by (Print or Type) Title Signature **BOGDAN JOLDZIC** Date PRESIDENT 03/26/19 ASR-41