

D&S Proj. #: 15-283

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



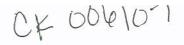
|  |                                   |                             |   |                  |         |                                     | Δi                                | G 19               | 2015      |        |       |        |  |
|--|-----------------------------------|-----------------------------|---|------------------|---------|-------------------------------------|-----------------------------------|--------------------|-----------|--------|-------|--------|--|
| Date of Notification                             |                                   | Name o                      | f Building Owr  | ner/Operator (2) | )       |                                     |                                   |                    |           |        |       |        |  |
| Agencies Notified                                |                                   |                             |   |                  |         |                                     |                                   |                    |           |        |       |        |  |
| EPA  | Initial                           | On Street A                 | ddress  |                  |         |                                     |                                   |                    |           |        |       |        |  |
| ☐ DEP  | Amended                           |                             | akview Aver   | nue              |         |                                     |                                   |                    |           |        |       |        |  |
| □ DOL  | Amendment #:                      |                             | ite, Zip Code   |                  |         |                                     |                                   |                    |           |        |       |        |  |
| ☑ DOH  | Emergency<br>(including           |                             | Maplewood, NJ, 07040  Name of Contact  Telephone Number   |                  |         |                                     |                                   |                    |           |        |       |        |  |
|  | justification)                    |                             |   | ie ivuilibei     |         |                                     |                                   |                    |           |        |       |        |  |
| DCA  | Cancellation                      | Judy                        | Lewis   |                  |         |                                     |                                   |                    |           |        |       |        |  |
|  |                                   |                             | FAC   | CILITY INFORM    | IOITAI  |                                     |                                   |                    |           |        |       |        |  |
| Name of facility w                               | here abatement is                 | s taking place (3)          |   |                  |         |                                     | Type of Facility School           | (4)<br>ol (K - 12) |           |        |       |        |  |
| Private Resider                                  | nce                               |                             |   |                  |         |                                     | =                                 | apter 8 (O         | ther th   | nan K  | -12)  |        |  |
| Street Address                                   |                                   |                             |   |                  |         |                                     | Other                             | (Private/Co        | omme      |        |       |        |  |
| 72 Oakview A                                     | venue                             |                             |   |                  |         |                                     | Square Feet                       | /Homes, e          |           | Blo    | dg. A | ge     |  |
| City (5)   |                                   | County (6)                  |   |                  | Cou     | unty Code (7)                       |                                   |                    |           |        |       |        |  |
|  |                                   |                             |   |                  | (Sta    | ate use only)                       | Current Use (F                    | rior if bein       | g dem     | olishe | ed)   |        |  |
| Maplewood, Name of Monitorin                     | a Eirm Wirod by E                 | Essex                       |   | LACOMAI          | Ц,      | Name of Abatement Co                | entractor (0)                     |                    |           |        |       |        |  |
| Name of Worldon                                  | ig riiiii riiled by E             | olag. Owner (o)             |   | ASCM No.         |         |                                     | 8.5                               |                    |           |        |       |        |  |
| Street Address                                   |                                   |                             |   |                  |         | D & S RESTORA' Street Address       | HON, INC.                         |                    |           |        |       |        |  |
|  |                                   |                             |   |                  |         | 20 California Ave.                  |                                   |                    |           |        |       |        |  |
| City, State, Zip Coo                             | de                                |                             |   |                  | _       | City, State, Zip Code               | 70.                               |                    |           |        |       |        |  |
|  |                                   |                             |   |                  |         | Paterson, NJ 0750                   | 03                                |                    |           |        |       |        |  |
| Project Manager for Monitoring Firm Phone Number |                                   |                             |   |                  |         | Telephone Number                    |                                   | License            |           | er     |       |        |  |
|  |                                   |                             |   |                  |         | 973-345-8020<br>Name of OSHA Monito | ,                                 |                    | 1169      |        |       |        |  |
| Start Date (10)                                  |                                   | Sched. Comp                 | oletion Date (1   | 1)               |         | D & S Restoration, Inc.             |                                   |                    |           |        |       |        |  |
| 8/24/15  |                                   | 9/7/15                      |   |                  |         | Street Address                      | -,                                |                    |           | _      |       |        |  |
| Occupancy Status                                 | 930                               | 20                          |   |                  |         | 20 California Avenue                |                                   |                    |           |        |       |        |  |
|  | d/vacated during erformed outside |                             |   |                  |         | City, State, Zip Code               |                                   |                    |           |        |       |        |  |
| Describe:  | be: NORMAL H                      | 177                         |   |                  | _       | Paterson, NJ 0750                   | 73                                |                    |           |        |       |        |  |
| Scope of Work (ch                                |                                   |                             |   |                  |         |                                     | III Containment v                 | y/nogativo         | proce     | uro    |       |        |  |
| >3 sf or >3 lf                                   |                                   | Renovation                  |   |                  |         |                                     | ini-enclosure                     | wilegative         | piess     | uie    |       |        |  |
| ≥160 sf or ≥2                                    |                                   | Demolition                  |   |                  |         |                                     | ovebag procedu<br>on-Exempted (*) |                    | حاما ماما |        | ad    |        |  |
| Location of                                      |                                   | Is location norm            | ally used solel   | ly               |         |                                     | on-Exempled ( )                   | and Non-           | R         | R      | E     | 0.050  |  |
| asbestos-cor                                     |                                   | by maintenance<br>staff(12) | custodial   | Descripti        | on of a | sbestos-containing                  | Amount                            |                    | e<br>m    | e      | n     | E<br>n |  |
| material (acr<br>abated in fac                   |                                   | Yes No                      | N/A   | material         | (ACM)   |                                     | (Specify S                        | SF or              | 0<br>V    | a      | а     | C      |  |
|  |                                   | 100                         | IN/A  |                  |         |                                     |                                   |                    | е         | r      | р     | -      |  |
| Basement   |                                   |                             |   | Pipe Insula      | tion    |                                     | 156 LF                            |                    | ×         | 부      | 屵     | 뷰      |  |
|  |                                   |                             |   | 1                |         |                                     | -                                 |                    | ዙ         | 屵      | 뷰     | ዙ      |  |
|  |                                   |                             |   |                  | -       |                                     | _                                 |                    | 쓹         | 片      | 片     | H      |  |
|  |                                   |                             |   | 1                | -       | The second second second second     |                                   | ******             | 片         | 片      | H     | 卅      |  |
| Registered Waste F                               |                                   | NJDEP Hat                   | 11 C-10 (1 C-10 1 C-10 | Cubic Yards of   | Waste   |                                     |                                   | -                  |           |        | _     | 1      |  |
| D & S RESTOR                                     | ATION, INC.                       | 13506                       |   | 2 CY             |         | TULLYTOWN, R                        | ESOURCE R                         | ECOVER             | Y         |        |       |        |  |
| City, State<br>PATERSON, N                       | IJ 07503                          |                             | Disposal I<br>8/25  |                  |         | City, State<br>TULLYTOWN, P         | ΡΔ                                |                    |           |        |       |        |  |
| Completed by (Prin                               |                                   | Title                       |   | Signature        | _       | TOLLETTO WIN, F                     | 4.4                               | Date               |           |        |       |        |  |
| BOGDAN JOL                                       |                                   | PRESIDENT                   |   |                  |         |                                     |                                   | 8/13/1             | 5         |        |       |        |  |
| ASR-41   | *                                 | Do not use this f           | orm for asbest  | tos licensure ex | empte   | d activities.                       |                                   |                    |           |        |       |        |  |

CK 006092

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

| D&S Proj. #: 15-284                             |                        |             | (Pursu       | iani io NJAC    | 0.00     | anu 12.120)                      |                                    |                           | - 3    | - 300  |        |        |  |
|---|------------------------|-------------|--------------|-----------------|----------|----------------------------------|------------------------------------|---------------------------|--------|--------|--------|--------|--|
|   |                        |             |              | 51              |          |                                  |                                    | EUO 1                     |        |        |        |        |  |
| Date of Notification (1)                        |                        | Name of B   | Building Own | er/Operator (2) | )        |                                  |                                    | 1100                      | G (    | -117   |        |        |  |
| 0 8 /1 3 /1 5                                   |                        | June Tr     | nex          |                 |          |                                  |                                    |                           |        |        |        |        |  |
| Agencies Notified Type Notificat                |                        | treet Add   |              |                 |          |                                  | 37                                 |                           |        |        |        |        |  |
| EPA Initial Amended                             | - 11                   | 23 Win      | throp Road   | ı               |          |                                  |                                    |                           |        |        |        |        |  |
| DEP Amended Amendment #:                        | . 1                    |             | , Zip Code   |                 |          |                                  |                                    |                           | _      |        |        |        |  |
| M DOI I—  |                        |             |              | Ř               |          |                                  |                                    |                           |        |        |        |        |  |
| □ Emergency (including)                         |                        | ame of C    | , NJ 08817   |                 |          |                                  | Telephone                          | Number                    |        |        | -      |        |  |
| justification)                                  |                        |             |              |                 |          |                                  | T Glophon.                         | , (u.i.bo.                |        |        |        |        |  |
| DCA Cancellation                                | n                      | June T      | ruex         |                 |          |                                  |                                    |                           | _      |        |        |        |  |
|   |                        |             | FAC          | ILITY INFORM    | IATION   |                                  |                                    |                           |        |        |        |        |  |
| Name of facility where abatement                | is taking pla          | ace (3)     |              |                 |          |                                  | Type of Facility (4                |                           |        | 7.11   |        |        |  |
| D' D -'-1                                       |                        |             |              |                 |          |                                  |                                    | (K - 12)                  |        |        |        |        |  |
| Private Residence                               |                        |             |              |                 |          |                                  |                                    | pter 8 (Oth               |        |        | 12)    |        |  |
| Street Address                                  |                        |             |              |                 |          |                                  |                                    | Private/Con<br>Homes, etc |        | ciai   |        |        |  |
| 23 Winthrop Road                                | (%)                    |             |              |                 |          |                                  |                                    | # of Floors               | T      | Blo    | lg. Ag | ge     |  |
| City (5)  | Cour                   | nty (6)     |              |                 | Cou      | nty Code (7)                     |                                    |                           |        |        |        |        |  |
|   | -                      |             |              |                 | (Sta     | te use only)                     | Current Use (Pr                    | ior if being              | dem    | olishe | d)     |        |  |
| Edison  |                        | idlesex (   | County       |                 | <u> </u> |                                  |                                    |                           |        |        |        |        |  |
| Name of Monitoring Firm Hired by                | Bldg. Owne             | er (8)      |              | ASCM No.        |          | Name of Abatement Co             |                                    |                           |        |        |        |        |  |
|   |                        |             |              |                 |          | D & S RESTORAT                   | ΓΙΟΝ, INC.                         |                           |        |        |        |        |  |
| Street Address                                  |                        |             |              |                 |          | Street Address                   |                                    |                           |        |        |        |        |  |
|   |                        |             |              |                 | _        | 20 California Ave.               |                                    |                           |        |        |        |        |  |
| ity, State, Zip Code                            |                        |             |              |                 |          | City, State, Zip Code            |                                    |                           |        |        |        |        |  |
| -iM   |                        | T           | N N 1        |                 | _        | Paterson, NJ 0750                | )3                                 | Licence M                 | umb    | 0.5    | _      |        |  |
| roject Manager for Monitoring Firm              | 1                      | 1           | Phone Numb   | er              |          | Telephone Number<br>973-345-8020 |                                    | License N<br>01           |        | er     |        |        |  |
|   |                        |             |              |                 |          | Name of OSHA Monito              | r                                  |                           | 107    |        |        | _      |  |
| Start Date (10)                                 | Sched                  | i. Comple   | tion Date (1 | 1)              |          | D & S Restoration                |                                    |                           |        |        |        |        |  |
| 8/25/15   | 9/8/1                  | 5           |              |                 |          | Street Address                   | .,                                 |                           |        |        |        |        |  |
| Occupancy Status During Abateme                 | nt (Check c            | nly one)    | -            |                 |          | 20 California Avenue             |                                    |                           |        |        |        |        |  |
| Facility closed/vacated during                  |                        |             |              |                 |          | City, State, Zip Code            |                                    |                           |        |        |        |        |  |
| Abatement performed outside<br>Describe:        | of normal              | facility ho | urs-         |                 |          |                                  |                                    |                           |        |        |        |        |  |
| Other-Describe: NORMAL I                        | HOURS                  |             |              |                 | _        | Paterson, NJ 0750                | 03                                 |                           |        |        |        |        |  |
| Scope of Work (check all that appl              | y)                     |             |              |                 |          | Fu                               | III Containment w                  | /negative p               | ressi  | ure    |        |        |  |
| $\boxtimes$ >3 sf or >3 lf                      | Renovation             | on          |              |                 |          |                                  | ini-enclosure                      |                           |        |        |        |        |  |
| ≥160 sf or ≥260 lf                              | Demolition             | n           |              |                 |          |                                  | ovebag procedur<br>on-Exempted (*) |                           | able   | proce  | dure   |        |  |
| Location of                                     | Is locatio             | n normall   | y used solel | у               |          |                                  | 1                                  |                           | R      | R      | Е      | E      |  |
| asbestos-containing                             | by mainte<br>staff(12) | enance/cu   | ustodial     | Descripti       | on of a  | sbestos-containing               | Amount                             |                           | e<br>m | e<br>p | n      | n      |  |
| material (acm) to be<br>abated in facility (13) |                        | T           | T            | material        | (ACM)    |                                  | (Specify S<br>LF)                  |                           | 0      | a      | a      | C<br>L |  |
| abatod in rability (10)                         | Yes                    | No          | N/A          |                 |          |                                  |                                    | - 1                       | v<br>e | r      | р      | -      |  |
| Attic   |                        | X           |              | Pipe Insula     | tion     |                                  | 140 LF                             |                           | X      |        |        |        |  |
| Attic   |                        | X           |              | Transite Pa     | inel     |                                  | 25 SF                              |                           | X      |        |        |        |  |
|   |                        |             |              |                 |          |                                  |                                    |                           |        |        |        |        |  |
|   |                        |             |              |                 |          |                                  |                                    |                           |        |        |        |        |  |
|   |                        |             |              |                 |          |                                  |                                    |                           |        |        |        |        |  |
| egistered Waste Hauler                          |                        | EP Haule    |              | Cubic Yards of  | Waste    | Name of Registered L             |                                    | 2001 7777                 | ,      |        |        |        |  |
| O & S RESTORATION, INC.                         | 135                    | 006         | Disposal D   | 3 CY            |          | TULLYTOWN, R                     | ESOURCE RE                         | COVERY                    |        |        |        |        |  |
| ity, State<br>PATERSON, NJ 07503                |                        |             | 8/25         |                 |          | City, State TULLYTOWN, F         | ΟΔ                                 |                           |        |        |        |        |  |
| completed by (Print or Type)                    | Title                  |             | -L           | Signature       |          | 100001101111,1                   |                                    | Date                      | -      | _      |        |        |  |
| BOGDAN IOI DZIC                                 | DRESID                 | ENT         |              |                 |          |                                  |                                    | 8/13/15                   |        |        |        |        |  |

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



Type Notification

Initial

Amended

Amendment #:

D&S Proj. #: 12-285

Date of Notification (1)

Agencies Notified EPA

☐ DEP

□ DOL

0 8 /1 5 /1 5

|                         |                 | pesto  | IJ<br>os Abatement<br>0 and 12:120) | TALE EL TEN   |                   |                         |            |  |  |  |
|-------------------------|-----------------|--------|-------------------------------------|---|-------------------|-------------------------|------------|--|--|--|
| Name of Building Owner  | er/Operator (2) | )      |                                     |   | Al                | <del>13 1 9 201</del>   | 5          |  |  |  |
| Ed Mulgrey              |                 |        |                                     |   |                   |                         |            |  |  |  |
| Street Address          |                 |        |                                     |   |                   |                         |            |  |  |  |
| 37 Brookfield Road      | 1               |        |                                     |   |                   |                         |            |  |  |  |
| City, State, Zip Code   |                 |        |                                     |   |                   |                         |            |  |  |  |
| Upper Montclair, 1      | NJ 07042        |        |                                     |   |                   |                         |            |  |  |  |
| Name of Contact         |                 |        |                                     |   | Telephon          | e Number                |            |  |  |  |
| Ed Mularey              |                 |        |                                     |   | Į.                |                         |            |  |  |  |
| Ed Mulgrey              |                 |        | 544                                 | _   |                   | _                       |            |  |  |  |
| FACII                   | LITY INFORM     | ATIO   | N                                   |   |                   |                         |            |  |  |  |
| place (3)               |                 |        |                                     | Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) |                   |                         |            |  |  |  |
|                         |                 |        |                                     | 1   |                   | Private/Comme           |            |  |  |  |
|                         |                 |        |                                     |   |                   | Homes, etc.             |            |  |  |  |
| ounty (6)               |                 |        | -1.0-1-77                           |   | Square Feet       | # of Floors             | Bldg. Age  |  |  |  |
| Junty (0)               |                 | 100000 | ounty Code (7)<br>state use only)   |   | Current Use (Pr   |                         |            |  |  |  |
| ssex                    |                 |        | , ,                                 |   | Current Ose (F)   | ior il bellig dell      | iolistied) |  |  |  |
| vner (8)                | ASCM No.        | Ы      | Name of Abateme                     | nt (  | Contractor (9)    |                         | 4-4        |  |  |  |
|                         |                 |        | D & S RESTO                         | R A   | ATION INC.        |                         |            |  |  |  |
|                         |                 | =      | Street Address                      |   | 111011, 1110.     |                         |            |  |  |  |
|                         |                 |        | 20 California                       | Αv  | re.               |                         |            |  |  |  |
|                         |                 | _      | City, State, Zip Coo                | _   |                   |                         |            |  |  |  |
|                         |                 |        | Paterson, NJ                        | 075   | 503               |                         |            |  |  |  |
| Phone Number            | er              | -      | Telephone Numbe                     |   |                   | License Number<br>01169 |            |  |  |  |
|                         |                 |        | 973-345-802                         | 0.0   |                   |                         |            |  |  |  |
| ed. Completion Date (11 | \               | _      | Name of OSHA M                      | onit  | tor               | 4                       |            |  |  |  |
| ed. Completion Date (11 | )               |        | D & S Restora                       | atio  | on, Inc.          |                         |            |  |  |  |
| 1/2015                  |                 |        | Street Address                      |   |                   |                         |            |  |  |  |
| k only one)             |                 |        | 20 California                       | Ave   | enue              |                         |            |  |  |  |
| eriod of abatement.     |                 |        | City, State, Zip Coo                |   |                   |                         |            |  |  |  |
| al facility hours-      |                 |        |                                     |   |                   |                         |            |  |  |  |
|                         |                 | _      | Paterson, NJ                        | 075   | 503               |                         |            |  |  |  |
|                         |                 |        | Г                                   |   | ull Containment w | /negative press         | sure       |  |  |  |
| ition                   |                 |        | 5                                   | _   | //ini-enclosure   | ogaavo piese            |            |  |  |  |
| ion                     |                 |        |                                     | _   | Slovebag procedur | e -                     |            |  |  |  |

| M DOL                          | Emergency                                 |                        | Upper Montclair, NJ 07042 |                    |                  |  |   |                                      |                           |            |         |            |        |
|--------------------------------|---|------------------------|---------------------------|--------------------|------------------|--|---|--------------------------------------|---------------------------|------------|---------|------------|--------|
| □ DOH                          | (including justification)                 | N                      | ame of Co                 | ontact             |                  |  |   | Telephon                             | e Number                  |            |         |            |        |
| ☐ DCA                          | Cancellation                              |                        | Ed Mulgrey                |                    |                  |  |   |                                      |                           |            |         |            |        |
|                                |   |                        |                           | FAC                | ILITY INFORM     | ATION  |   | · ·                                  |                           | Size -     |         |            |        |
| Name of facility wh            | nere abatement is                         | taking pla             | ace (3)                   |                    |                  |  |   | Type of Facility (                   |                           |            |         |            |        |
| Private Resider                | 100                                       |                        |                           |                    |                  |  |   | 1 =                                  | I (K - 12)                |            |         |            |        |
| Street Address                 | ice                                       |                        |                           |                    |                  |  |   |                                      | apter 8 (Ot<br>Private/Co |            |         | -12)       |        |
|                                |   |                        |                           |                    |                  |  |   |                                      | Homes, et                 |            | ICIAI   |            |        |
| 37 Brookfield I                | Road                                      | T Cour                 | nty (6)                   |                    |                  |  |   | Square Feet                          | # of Floors               |            | Bl      | dg. A      | ge     |
| City (5)                       |   | Cour                   | ity (o)                   |                    |                  |  | nty Code (7)<br>te use only)              | Current Use (Pr                      | ior if bains              | dom        | oliche  | 24/        |        |
| Montclair                      |   | Esse                   | ex                        |                    |                  | ×  | ,,  | Current Ose (F)                      | ioi ii beilig             | uen        | UliSile | su)        |        |
| Name of Monitorin              | g Firm Hired by B                         | ldg. Owne              | er (8)                    |                    | ASCM No.         |  | Name of Abatement                         | Contractor (9)                       |                           |            |         |            |        |
|                                |   |                        |                           |                    |                  |  | D & S RESTOR                              | ATION, INC.                          |                           |            |         |            |        |
| Street Address                 |   |                        |                           |                    |                  |  | Street Address                            |                                      |                           |            |         |            |        |
| City, State, Zip Cod           | e   |                        |                           |                    |                  |  | 20 California Ar<br>City, State, Zip Code | ve.                                  | -                         |            |         | _          |        |
| 0.0,, 0.0.0, <u>1.</u> p 000   |   |                        |                           |                    |                  | Paterson, NJ 07503                           |   |                                      |                           |            |         |            |        |
| Project Manager for            | r Monitoring Firm                         |                        | F                         | hone Numb          |                  |  |   | License Number                       |                           |            | er      |            |        |
|                                |   |                        |                           |                    |                  |  | 973-345-8020                              |                                      | 01                        | 169        |         |            |        |
| Start Date (10)                |   | Sched                  | . Comple                  | tion Date (1       | 1)               | Name of OSHA Monitor D & S Restoration, Inc. |   |                                      |                           |            |         |            |        |
| 8/26/2015                      |   | 8/31/                  | 2015                      |                    |                  |  | Street Address                            | on, Inc.                             |                           |            |         |            |        |
| Occupancy Status I             | During Abatement                          | (Check o               | nly one)                  |                    |                  |  | 20 California Av                          | enue                                 |                           |            |         |            |        |
|                                | d/vacated during e<br>erformed outside of |                        |                           |                    |                  |  | City, State, Zip Code                     |                                      |                           |            |         |            |        |
| Describe:                      |   |                        | lacility 110              | u15-               |                  | _  |   |                                      |                           |            |         |            |        |
|                                | oe: NORMAL HO                             | UKS                    |                           |                    |                  | - 11   | Paterson, NJ 07                           |                                      |                           |            |         |            |        |
| Scope of Work (ch              |   | Renovatio              | n                         |                    |                  |  |   | Full Containment w<br>Mini-enclosure | /negative p               | ress       | ure     |            |        |
| ≥160 sf or ≥2                  |   | Demolition             |                           |                    |                  |  | ☒   | Glovebag procedur                    |                           |            |         |            |        |
|                                |   |                        |                           | used solely        | vl               |  | Ш   | Non-Exempted (*)                     | and Non-fr                | iable<br>R | proce   | edure<br>E | Т      |
| Location of<br>asbestos-con    | taining                                   | by mainte<br>staff(12) |                           |                    |                  | on of as                                     | sbestos-containing                        | Amount                               |                           | e<br>m     | е       | n          | E<br>n |
| material (acm<br>abated in fac | i) to be                                  | Yes No                 |                           | 1                  | material (ACI    |  |   | (Specify S<br>LF)                    | For                       | 0          | а       | c<br>a     | C      |
| 9                              |   | 163                    | INO                       | N/A                |                  |  |   |                                      |                           | v<br>e     | l<br>r  | р          |        |
| Basement                       |   |                        | X                         |                    | Pipe Insulat     | tion   |   | 246 LF                               |                           | X          |         |            |        |
|                                |   |                        |                           | 4                  | 1                |  |   |                                      |                           | 닏          | ᆜ       | <u> </u>   | 붜      |
|                                |   |                        |                           | -                  | 1                |  |   |                                      |                           | 뷔          | 屵       | Η          | 붜      |
|                                |   |                        |                           |                    | 1                |  |   |                                      |                           | 붜          | 片       | +          | 片      |
| Registered Waste H             |   |                        | EP Hauler                 | 200                | Subic Yards of V | Vaste  | Name of Registered                        |                                      |                           |            |         |            | 1      |
| D & S RESTOR                   | ATION, INC.                               | 135                    | 06                        |                    | 3 CY             |  | TULLYTOWN,                                | RESOURCE RE                          | COVERY                    | Y          |         |            |        |
| City, State<br>PATERSON, N     | J 07503                                   |                        |                           | Disposal D<br>8/27 | 7/2015           |  | City, State TULLYTOWN,                    | PA                                   |                           |            |         |            |        |
| Completed by (Print            | or Type)                                  | Title                  |                           |                    | Signature        |  | 1   |                                      | Date                      |            |         |            |        |
| BOGDAN JOLI                    |   | PRESID                 |                           |                    |                  |  |   | -                                    | 8/15/20                   | 15         |         |            |        |
| ASB-41                         | * [                                       | JO NOT USE             | e this form               | n for asbesto      | os licensure ex  | empted                                       | activities.                               |                                      |                           |            |         |            |        |