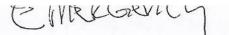
| MYR KLOCK | : 07 215! ソトしいつ | 54259 | | | -State-of | New Jersey | g realist | 3/ 5 | | PA | GE. | 0 | |
|--|--|--|--|--|------------------------------|------------------------------------|--|---------------------------------------|------------------|-------------|--------------------|-----------|--|
| THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | 11 12 | .1 7:2 | NOT | IFICAT | ION DE | SBESTOS ABA AC 8:60 bhd sh | EVENT'S | Merk | + | | 70 | 3 | |
| RESPERIOED MAN | MILLAND | MAM | | 2 7 | | | - U 14 VA | 2012, 11 | 10 | n/ | V | - | |
| Tidle of Notification (7) | 24 / | 12 | 10. 11 | No | anden | ing Owner/Operator | (2) | | 1 | 1,4 | 7 | | |
| Agencies Notified | Type Notificati | an. | - 1 | 2.9 | et Addres | A - F 19-1 | A | T | | | | | |
| ⊠ EPA | I Initial | OII | F | 11 | 71 | JAN | | j | | 717 | \neg | | |
| ⊠ DEP | ☑ Amended | | 4 | 11/20 | | 0.00 G | Asal I | mail of the english comm | | | | | |
| DCA (NJAC 515) | Amendmen | d #7 | . 5 | | | L NJ 08003 | MILE I | | 55 | DC | 77/5 | ٠. | |
| DCA | / Justineation | 1) | 6 | Anuska . | ne of Cont | act | | * | ر _د ت | Щ | IAL | 1 | |
| (NJAC 5:23-8) | Cancellatio | R | | A AMERICAN THE P | im Lex | Harris III | all a second | | | | | | |
| | | | | | ACILITY | INFORMATION | | | | 44: | | _ | |
| Name of Facility Where A | | dng Pk | ce (| n | | | Type of Facility | (4) | | 2/// | - | | |
| Former W.T. Grants | s Complex | | | | 200 | | School (K-1 | 2) | | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than K-1 | 2) dal but | l-tions | | | |
| 130-230 White Hors | e Like | | | | ,,,,,,,,,,, | ton, arrangement from | homes, etc. |) | ciet dui | King. | a. | | |
| City (5) Clementon, NJ | | | | | | | Square Feet | # of Floors | 5 | gidg . | | | |
| County (8) | | | - | Ice | Into Cook | (T)(STATE USE ONLY) | 100,000 | 1 | | 40+ | | | |
| Camden | | | | Con | uny cooe | () (OTHIE USE UNLT) | Vacant | rial if boing damo | usned) | | | | |
| Name of Monitoring Firm | Hired by Budden | g Öwns | 7 (8) | ASCR | A No | Name of Abatem | |) | | | | _ | |
| Environmental Rese | | • | | | | | nviromental S | | | | | | |
| Street Address | | | \neg | | | Street Address | | | Was | | - | - | |
| 528 Fellowship Ros | ď | | | | | 1121 N Both | ohom Pike | | | | | | |
| City, State, Zip Gode | | | | | | City, State, Zip C | | | | | | | |
| Mount Laurel, NJ 0 | | | | | | Spring Hous | e, PA 19477 | | | | | | |
| Project Monager for Monit Rick Lake | oring Firm | | 1 | elephone | | Telephone No. | | Homse No. | | | | | |
| Start Date (10) | Dah | o de alon d | | 856 ZJ | | 215 542 7000 | Land to the second seco | | | | | | |
| | | 3 | | 16 / | | Nume of OSHA N | | | | | | | |
| _2_ / _29 / | | | | | | | | | | | | _ | |
| 2 / 29 / Occupancy Status During | | ck only | - 1 | | | Street Address | | · · · · · · · · · · · · · · · · · · · | | | | - | |
| Occupancy Status During | Abatement (Cho i During Entire P | erlod a | one Abo | dement | | Street Addiness | | | | | | | |
| Occupancy Status During Facility Closed/Vacated Abotement Ferformed | Abatement (Cho i During Entire P Outside of Norm | erlod o | one Abo | nement nura - De | | Street Address City, State, Zip Co | | | | | | | |
| Occupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A | Abatement (Cho i During Entire P Outside of Norm M-5PM/ | erlod o | one Abo | dement | | | | | | | | | |
| Occupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A | Abatement (Cho i During Entire P Outside of Norm M-5PM/ | erlod o | one Abo | nement nura - De | | City, State, Zip Co | ∞e | ather December 1 | | | | | |
| Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all of | Abatement (Cho i During Entire P Outside of Norm M-5PM/ | reriod o | one f Abc | dement nurs - Dei M | | City, State, Zip Co | cirment with Neg | ative Prossure | | | | | |
| Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all of | Abatement (Cho i During Entire P Outside of Norm M-5PM/ | reriod o | one Abc | dement nurs - Dei M | | City, State, Zip Co | cirment with Neg | | ro | | | | |
| Occupancy Status During Pacility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all of | Abatement (Cho i During Entire P Outside of Norm M-5PM/ | rerlod o | enor | nterment mura - Dei M etion ullon | | City, State, Zip Co | cirment with Neg | ative Prossure | | atem | ent Tv | pe | |
| Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 7A ☐ Scope of Work (Check all of 1) = 3 st or ≥3 if ☐ ≥3 st or ≥2 if ☐ ≥150 at or ≥260 if ☐ Location of | Abatement (Cho i During Entire P Outside of Norm M-5PM/ f that apply) | reriod o | enor | richment Mura - Dei M etion Mon | scripe | City, State, Zip Co | cirment with Neg pours Procedure noted (*) and No | n-Frizble Procedu | Ab | _ | ent Ty | _ | |
| Decupancy Status During Facility Closed/Vacated Abatement Performed to Time of Abatement: 7A Scope of Work (Check all to 3 3 st or 23 if 3 2160 at ar 2280 if | Abatement (Cho i During Entire P Custaide of Norm M-5PM/ that apply) steried (ACM) | reriod o | enor | dement nurs - De M stion stion ration nutly plety by | acrihe Asbe | City, State, Zip Co | etriment with Neg paura Procedure inpled (*) and Nor | n-Frizible Procedu | Ab | _ | 1 | _ | |
| Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all of 23 of or 23 if 2160 of or 280 if Location of Asboctos-Containing M TO BE ARAT IN Facility | Abatement (Che f During Entire P Outside of Norm M-5PM/ that apply) steried (ACM) | reriod o | enovernet stock | dement nurs - De M ation ation raily slely by | acrihe Asbe | City State, Zip Co | cirment with Neg paura Procedure inpled (*) and Nor erful (ACM) tion, surfacing, | n-Frizble Procedu | | otem Repair | 1 | _ | |
| Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all 1 23 st or 23 if 2160 at or 280 if Location of Asbactos-Containing M TO BEARAT | Abatement (Che f During Entire P Outside of Norm M-5PM/ that apply) steried (ACM) | reriod o | enormal Local Normal Stocks Stocks Stocks (1) | terment mura - Dei M etion formally plety by nonec/ al Steff? ?) | acrihe Asbe | City State, Zip Co | cirment with Neg paura Procedure inpled (*) and Nor erful (ACM) tion, surfacing, | Arnount (Specify | Ab | _ | ent Ty Encapsuiste | _ | |
| Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all of 2-3 st or 2-3 if 2-150 at ar 2-260 if Location of Asboctos-Containing M TO BE ARAT IN Facility (13) | Abatement (Che i During Entire P Outside of Norm M-5PM/ that apply) I sterial (ACM) EQ | reriod o | enover a Local Normal Stocks (1) | dement mura - Dei M etion Milon etion mully policy by none; d Steff? N/A | Astoc (I.e., the | Criy, State, Zip Co | cirment with Neg paura Procedure applied (*) and No ential (ACM) tion, surfacing, | Amount (Specify SF or LF) | A Removal | Repair | Encopsulate | Enciosure | |
| Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 7A ☐ ≥3 sf or ≥3 if ☐ ≥3 sf or ≥280 if ☐ Location of Asboctos-Containing M ☐ EE ARAT IN Facility (13) | Abatement (Che i During Entire P Outside of Norm M-5PM/ that apply) I sterial (ACM) EQ | reriod of the Frail Frai | enovier street s | definent muss - Des M etion allon mally plety by names is Staff? 2) N/A | Astoc (I.e., the | City State, Zip Co | cirment with Neg paura Procedure applied (*) and No ential (ACM) tion, surfacing, | Arnount (Specify | Ab Remoral | Repair | Encapsuiste 🔲 | Enciosure | |
| Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 7A ☐ ≥3 sf or ≥3 if ☐ ≥3 sf or ≥280 if ☐ Location of Asboctos-Containing M ☐ EE ARAT IN Facility (13) | Abatement (Che i During Entire P Outside of Norm M-5PM/ that apply) I sterial (ACM) EQ | reriod of the Fredit Fr | enorrell Carrell Carre | dement must be | Astoc (I.e., the | Criy, State, Zip Co | cirment with Neg paura Procedure applied (*) and No ential (ACM) tion, surfacing, | Amount (Specify SF or LF) | A Remoral 🛛 🗆 | Repair 🔲 🗆 | Encapsulate 🔲 🔯 | Enciosure | |
| Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 7A ☐ ≥3 sf or ≥3 if ☐ ≥3 sf or ≥280 if ☐ Location of Asboctos-Containing M ☐ EE ARAT IN Facility (13) | Abatement (Che i During Entire P Outside of Norm M-5PM/ that apply) I saterial (ACM) EQ | reriod of the Frail Frai | enormali and the control of the cont | definent murs - Dei M etion ation mally blety by nonce/ di Staff? 2) N/A | Astoc (I.e., the | Criy, State, Zip Co | cirment with Neg paura Procedure applied (*) and No ential (ACM) tion, surfacing, | Amount (Specify SF or LF) | Ab Remoral | Repair | Encapsuiste 🔲 | Enciosure | |
| Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed of Time of Abatement: 7A Goope of Work (Check all to 23 st or ≥3 if ☑ ≥160 at or ≥280 if Location of Asboctos-Containing M ☐ BE ARAT IN Facility (13) | Abatement (Che i During Entire P Outside of Norm iM-5PM/ that apply) steries (ACM) | reriod of the Fredit Fr | enor endi | ation | Asto (I.e., the | Criy, State, Zip Co | cirment with Neg paura Procedure npled (*) and Nor erful (ACM) tion, surfacing, | Amount (Specify SF or LF) | A Remoral 🛛 🗆 | Repair 🔲 🗆 | Encapsulate 🔲 🗆 🕦 | Enciosure | |
| Occupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all 1 23 of or 23 if 2150 of or 280 if Location of Asboctos-Containing M TO BE ARAT IN Facility (13) Exterior Parapet Walls | Abatement (Che Abatement (Che Dutaide of Norm M-5PM/ Sterial (ACM) Se | reriod of the Frail Frai | enor endi | ation | Astro (I.e., the | City, State, Zip Co | cirament with Negosuro Procedure Inpled (*) and No erial (ACM) tion, surfacing, us) Name of Regist | Amount (Specify SF or LF) | Ab Remoral 🛛 🖂 | Repair 000 | Encapsuiste 🔲 🗆 🕦 | Enciosure | |
| Decupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all of 23 of or 23 of Asbostor-Containing M TO BE ARAT IN Facility (13) Exterior Parapet Walls Exterior Parapet Walls Exterior Registered Waste Service Transport Gr | Abatement (Che Abatement (Che Dutaide of Norm M-5PM/ Sterial (ACM) Se | reriod of the Frail Frai | enor endi | ation | Astronomic (i.e., the Roof M | City State, Zip Co | otrament with Negosuro Procedure Inpled (*) and Nor Prior (ACM) Ition, surfacing, Iting | Amount (Specify SF or LF) | Ab Remoral 🛛 🖂 | Repair 000 | Encapsuiste 🔲 🗆 🕦 | Enciosure | |
| Occupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all it 3 st or 3 lf 2 3 st or 23 lf 2 160 at or 220 lf Location of Asbostos-Containing M TO BE ARAT IN Facility (13) Exterior Parapet Walls arre of Registered Waste Service Transport Grilly, State | Abatement (Che i During Entire P Outside of Norm iM-5PM/ ithat apply) sterial (ACM) EQ Hauler oup, Inc. | reriod of the Footile Phylipse District Phylipse District Phylipse District Phylipse District Physics Distri | enor endi | etion ation at | Astronomic (i.e., the Roof M | City State, Zip Co | note comment with Negrossura Procedure inpled (*) and Normal (ACM) tion, surfacing, surfacing, surfacing (ACM) tion, surfacing (ACM) | Amount (Specify SF or LF) 13,000 | Ab Remoral 🛛 🖂 | Repair 000 | Encapsuiste 🔲 🗆 🕦 | Enciosure | |
| Occupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all the second of the sec | Abatement (Che i During Entire P Outside of Norm iM-5PM/ that apply) saterial (ACM) EQ Hauler Outp, Inc. | reriod of the Fredit Fr | enor endi | etion ation at | Astronomic (i.e., the Roof M | Crity, State, Zip Co | note comment with Negrossura Procedure inpled (*) and Normal (ACM) tion, surfacing, surfacing, surfacing (ACM) tion, surfacing (ACM) | Amount (Specify SF or LF) 13,000 | A Removal 🛛 🗆 🗆 | Repair 000 | Encapsuiste 🔲 🗆 🕦 | Enciosure | |
| Occupancy Status During Facility Closed/Vacated Abatement Performed of Time of Abatement: 7A Scope of Work (Check all it 3 st or 3 lf 2 3 st or 23 lf 2 160 at or 220 lf Location of Asbostos-Containing M TO BE ARAT IN Facility (13) Exterior Parapet Walls arre of Registered Waste Service Transport Grilly, State | Abatement (Che i During Entire P Outside of Norm iM-5PM/ that apply) steries (ACM) EQ Hauler oup, Inc. | reriod of the Fredit Fr | enormal E Local Stocks of | ation | Astronomic (i.e., the Roof M | City State, Zip Co | note comment with Negrossura Procedure inpled (*) and Normal (ACM) tion, surfacing, surfacing, surfacing (ACM) tion, surfacing (ACM) | Amount (Specify SF or LF) 13,000 | A Removal 🛛 🗆 🗆 | Repair 000 | Encapsuiste 🔲 🗆 🕦 | Enciosure | |



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

Check # 7038

| Date of Notification (1) 2 / 24 / | 12 | | | | Owner/Operator (2 unty Improveme | | 長代長丁 | 177 | | 7) | 7 | | | | |
|---|----------------------|---------------------------|-----------------------------------|--------------------|---|---|--|----------------|--------|-------------|-----------|--|--|--|--|
| Agencies Notified | | | | Address P Route | 70 East, Suite 30 | 00 | FFB 28 2 | 012 | | | | | | | |
| □ DCA (NJAC 5:16) | ent #1 | | | tate, Zip C | ode NJ 08003 | 1 1 1 | | UIZ | | Sammer Co. | | | | | |
| ☐ DHSS ☐ Emergence ijustification | cy (including on) | 1 | | of Contact | | | Telephone Numb | per . | | į | | | | | |
| (NJAC 5:23-8) Cancellat | ion | | | Lex | | 4 m m m m m m m m m m m m m m m m m m m | | | | CHARGOS | | | | | |
| | | | FAC | ILITY IN | IFORMATION | No. | The state of the s | Seas deligion, | | -mu | 4" | | | | |
| Name of Facility Where Abatement is T | aking Place | (3) | | | | Type of Facility (| 4) | | | Parties, | 4 | | | | |
| Former W.T. Grants Complex | | | | | | School (K-12) | | | | | | | | | |
| Street Address | | | | | | Subchapter 8 | (Other than K-12) ivate & commercia | l d buildi | nge | | | | | | |
| 130-230 White Horse Pike | | | | | | homes, etc.) | | | | | | | | | |
| City (5) | | | | | | Square Feet | # of Floors | 200 | lg. Ag | е | | | | | |
| Clementon, NJ | | | | | | 100,000 | 1 40+ | | | | | | | | |
| County (6) Camden | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Price Vacant | or if being demolis | hed) | | | | | | | |
| Name of Monitoring Firm Hired by Build | ling Owner (| 8) | ASCM | No | Name of Abateme | ent Contractor (9) | | | | | | | | | |
| Environmental Resolutions, In | | , | 7100111 | 110. | | nviromental Sy | stems | | | | | | | | |
| Street Address | | | | | Street Address | | | | | | | | | | |
| 525 Fellowship Road | | | | | 1121 N Bethl | | | | | | | | | | |
| City, State, Zip Code | | - | | | City, State, Zip Co | | | | | | | | | | |
| Mount Laurel, NJ 08054 | | | | | Spring House | se, PA 19477 | | | | | | | | | |
| Project Manager for Monitoring Firm | | Tele | phone l | No. | Telephone No. | | License No. | | | | | | | | |
| Rick Lake | | 8 | 56-235 | -7170 | 215 542 7000 | | 00847 | | | | | | | | |
| | Scheduled C | | | | Name of OSHA M | FOSHA Monitor E AS ABOVE | | | | | | | | | |
| 2 / 29 / 12 | | | <u> </u> | 12 | 33.000000000000000000000000000000000000 | SOVE | | | | | | | | | |
| Occupancy Status During Abatement (| | | | | Street Address | | | | | | | | | | |
| □ Facility Closed/Vacated During Enting □ Abatement Performed Outside of Normal Time of Abatement: 7AM-5PM/ □ Abatement: 7AM-5PM/ □ Time of Abatement: 7AM-5PM/ □ Abatement: 7AM-5PM/ □ Abatement: 7AM-5PM/ □ Abatement: 7AM-5PM/ □ Abatement Performed Outside of Normal Abatement: 7AM-5PM/ □ Abatement Performed Outside of Normal Abatement □ Abatement Performed Outside Outside of Normal Abatement □ Abatement Performed Outside Ou | ormal Facility | / Hou | | cribe | City, State, Zip Co | ode | | 22724000 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | ☐ Full Con | tainment with Neg | rative Pressure | | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | ☐ Re 図 De | novat molitic | | | ☐ Mini-End | | | re | | | | | | | |
| | Is | Loca | tion | | 23 Hon Exe | | | | atem | ent T | уре | | | | |
| Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility (13) | M) Use | Norma ed Sol intena | ally ely by ance/ Staff? | | Description of estos Containing Ma ermal systems insul- VAT, or other miscellane | aterial (ACM) ation, surfacing, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | | | | |
| * * | Yes | No | N/A | | | | | - | | | | | | | |
| Exterior Parapet Walls | | | | Roof N | lembrane flashir | ng | 13,000 | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | П | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | - | NJDEP \ | Waste | Cubic Yards of | Name of Regis | stered Landfill | 1 | - | | | | | | |
| Service Transport Group, Inc. | | 101 | dauler II | D No. | Waste 100 | Minerva | | | | | | | | | |
| City, State New Castle, DE 19720 | | | 2000 | | Disposal Date 3/16/12 | City, State Waynesbu | rg, OH 44688 | | | | | | | | |
| Completed By (Print or Type) Patricia Visco | Title Office | Mana | ager | | Signature_ | ricialle | E | ate/2 | 4/ | 12 | - | | | | |

| | | Notific | State of Asb | | Abatement | 2.65 | nmment m | | | ı | | | | |
|---|---|-----------------------|------------------------|-------------|--|---|----------------------------|---------------|----------|-------|--|--|--|--|
| D&S Proj. #: MS 12-76 | | | | | and 12:120) | APPROVED AMDept officeth & Senior Services | | | | | | | | |
| 003471 | | | | | er er som det im betrikking stilleng sinne | Marsh CV | Hong | 1 | <u>/</u> | | | | | |
| Date of Notification (1) | | | n/Operator (2) | | 胃的胃胃 | | 17-Time: | 3:3 | 46 | m | | | | |
| Agencies Notified Type Notification | | BRMAN | | | the VO to the | | | - August | | | he-A | | | |
| EPA Initial | 1 Oliver Madi | SON TE | RRACE | | EED GO | 0010 | | | | | | | | |
| Amendment #: | City, State, | | **** ******** 195 | | TED E | ZUIZ promi | _m_ can | | | | | | | |
| DOL Emergency | 11 | DE PARI | C, NJ | | | R Tolephone | Alimbor | | | | | | | |
| DOH (Including Justification) | Name of Co | | | | artzoiva odii. Bostallii | | 3 1401 110-01 | | | | | | | |
| DCA Cancellation | MARK | BERMAN | | | | | | | | | - | | | |
| | | FACI | LITY INFORMA | ATION | | 15 25 274./ | 4) | _ | | | | | | |
| Name of facility where abatement is | taking place (3) | | | | | Type of Facility (| 4) (K - 12) | | | | | | | |
| MARK BERMAN | | | | | | | apter 8 (Othe | | | 12) | | | | |
| Street Address | | | | | | Other (| Private/Com Homes, etc. | mer | cial | | | | | |
| 661 HUDSON TERRACE | 8 | | | | | | # of Floors | Т | Bk | dg. A | ge | | | |
| City (5) | County (6) | - VOVior - | | | ity Code (7) | | | | | | | | | |
| OX INDURAN DA ANA | DEBCEN | | | (Stat | e use only) | Current Use (Pr | ior if being d | g demolished) | | | | | | |
| CLIFFSIDE PARK Name of Monitoring Firm Hired by 5 | BERGEN Sidg, Owner (8) | · | ASCM No. | 1 | Name of Absternent | of Absternant Contractor (9) | | | | | | | | |
| | | 1 | | | D & S RESTOR | LATION, INC. | | | | | | | | |
| Street Address | to professional and a state of the state of | | | - | Street Address | TOTAL NOTES AND IN | | | | MC. | | | | |
| | ¥. | | | | 20 California A | | | _ | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Code | | | | | | | | | |
| Project Manager for Monitoring Firm | 15 | hone Numb | | _ | Paterson, NJ 0 Telephone Number | 7503 | License Nu | imb | er | -200 | | | | |
| Lioloct Manadai tot Montottiid Litti | | HORE HUHIN | 5 1 | |) | 001 | | | | | | | | |
| Start Date (10) | Sched. Complet | ion Date (11 |) | | Name of OSHA Mo | | | | | 11 | | | | |
| 02/24/12 | 02/29/12 | | | | D & S Restorar Street Address | ion, inc. | | | | | | | | |
| Occupancy Status During Abatemen | 22 23 24 25 25 25 | *** | | | 20 California A | | | | | | | | | |
| Facility closed/vacated during Abatement performed outside | entire period of abate of normal facility hou | sment. Irs- | | | City, State, Zip Code | | | | | | | | | |
| Describe: NORMALH | OURS | | | -11 | Paterson, NJ 0 | 7503 | | | | | | | | |
| Scope of Work (check all that apply | | | | lal | | Full Containment v | /Inegative pr | 289 | ure | | | | | |
| ≥3 et ot >3 it | Renovation | | | | | Mini-enclosure | 200 | | | | | | | |
| ≥160 sf or ≥260 lf | Demotition | | | | | Glovebag procedu Non-Exempted (*) | | able | pmor | adure | 1 | | | |
| Location of | is location normally | | 1 | | | | | R . | R | E | F. | | | |
| asbestos-containing material (acm) to be | staff(12) | | Description material (| | sbestos-containing | Amount (Specify 8 | E or | m o | P | C | n | | | |
| abated in facility (13) | Yes No | N/A | | , , | | LF) | , | v e | 1 | p | 1 | | | |
| BASEMENT | X | | PIPE INSU | LATI | ON | 108 L FT | | Ž | | | 忙 | | | |
| BASEMENT CRAWL STACE | | | PIPE INSU | | The second second second | 34 L FT | | X | | | T | | | |
| FIRST FLOOR FIVE LOCATIONS | | | PIPE INSU | LATIC | NC | 80 L FT | | X | | 旦 | | | | |
| | | - | | | | | | 4 | | H | 1 | | | |
| Registered Waste Hauler | NJDEP Hauler | | ubic Yards of \ | Waste | Name of Registers | | | ا ليا | Щ | | <u> </u> | | | |
| D&S RESTORATION, INC. | 13506 | | YDS | | | , RESOURCE RE | COVERY | | | | | | | |
| City, State PATERSON, NJ 07503 | 20 | Disposal D 02/27/1 | | | City. State TULLYTOWN | I. PA | | | | | | | | |
| Completed by (Print or Type) | Titlo | 1 | Signature | | | , | Date | - | | - | | | | |
| BOGDAN JOLDZIC | PRESIDENT · | | | | <u> </u> | | 02/22/12 | 2 | | | | | | |
| ASB-41 | Do not use this form | for ashesto | s licensure ex | empted | activities. | | | | | 200 | | | | |

1 un •

D&S Proj. #: MS 12-76

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

| | ESIDENT not use this form for asbest | tos licensure exen | noted activities | 02/22 | /12 | | | | | |
|---|---|----------------------------|---|--|------------------|------------------|------------|------------------|--|--|
| Completed by (Print or Type) Title |) | Signature | — I TOLLTTOWN, | Date | 110 | | | | | |
| City, State PATERSON, NJ 07503 | Disposal I 02/27/1 | | City, State TULLYTOWN, | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | | Cubic Yards of Wa 2 YDS | | Landfill RESOURCE RECOVE | RY | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| FIRST FLOOR FIVE LOCATIONS | | PIPE INSUL | ATION | 80 L FT | X | | | | | |
| BASEMENT CRAWL SPACE | | PIPE INSUL | ATION | 34 L FT | × | | | | | |
| BASEMENT | | PIPE INSUL | ATION | 108 L FT | e | 6 | | | | |
| asbestos-containing material (acm) to be | maintenance/custodial ff(12) es No N/A | | of asbestos-containing CM) | Amount (Specify SF or LF) | e m o v | e p a i | n c a p | E n c L | | |
| ≥160 sf or ≥260 lf Dem | novation molition ocation normally used solel | ly l | | Mini-enclosure Glovebag procedure Non-Exempted (*) and Non | -friable | proce | edure E | | | |
| Scope of Work (check all that apply) | | | | Full Containment w/negative | e press | ure | | | | |
| Other-Describe: NORMAL HOUR | S. | | Paterson, NJ 07 | 503 | | | | | | |
| Facility closed/vacated during enting Abatement performed outside of no | re period of abatement. ormal facility hours- | | City, State, Zip Code | | | | | | | |
| Occupancy Status During Abatement (Ch | | | 20 California Av | ramua. | | | | | | |
| 1000 | 02/29/12 | | D & S Restoration | on, Inc. | | | | | | |
| Start Date (10) | Sched. Completion Date (1 | 11) | Name of OSHA Moni | | | | | | | |
| Troject Manager for Monitoring Fifth | Filone Numi | ng. | Telephone Number 973-345-8020 | Licens | 00159 | | | | | |
| Project Manager for Monitoring Firm | Phone Num | hos | Paterson, NJ 07 | | - N | | | | | |
| City, State, Zip Code | | | City, State, Zip Code | | | | | | | |
| | | | 20 California Av | ve. | | | | | | |
| Street Address | | | D & S RESTORA | A HON, INC. | | | | | | |
| Name of Monitoring Firm Hired by Bldg. | Owner (8) | ASCM No. | Name of Abatement | | | | | | | |
| CLIFFSIDE PARK | BERGEN | | III CO | | | | | | | |
| Ony (0) | | | County Code (7) (State use only) Current Use (Prior if being demol | | | | | | | |
| 661 HUDSON TERRACE City (5) | County (6) | | County Code (7) | Square Feet # of Flo | ors | В | ldg. A | ge | | |
| | | | | Bldgs./Homes, | etc. | | | | | |
| MARK BERMAN Street Address | | | | Subchapter 8 (Other (Private/ | | | (-12) | | | |
| | · , , | | | School (K - 12 | ?) | | | | | |
| Name of facility where abatement is take | | OILITTIN OTANI | T | Type of Facility (4) | | | | | | |
| | | CILITY INFORMA | | | - 4 | | | | | |
| DCA Cancellation | MARK BERMA | ιN | Andrew . | | | | | | | |
| DOH (including justification) | Name of Contact | 101, 113 | 1.3 - 8-4-1-2-1-2-2 | Telephone Numb | er | 1 | - | _ | | |
| DOL Emergency | CLIFFSIDE PAR | RK NI | | Act of the second | | 1 | | | | |
| DEP Amended Amendment #: | 661 HUDSON T | ERRACE | | FEB 2 8 2012 | NS HIP | 1 | | | | |
| ☐ EPA ☐ Initial | Street Address | EDD 4 CE | | FED 2 0 0000 | | | | | | |
| Agencies Notified Type Notification | MARK BERMAN | N - | | | _(() | | | | | |
| Date of Notification (1) | Name of Building Ow | | | BUBLINE | TE | VI | | 1378 | | |
| | | | | 1 | | 10 | | | | |

088 Proj. #: MS 12-77

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

| | | | | | | | | - | | | - | | _ | | | | | |
|---------------------------|---------------------------|----------------------------|-----------------------------|-------|----------------|---------------------------------------|--------------------------------------|----------------------|--------------------|-------------------------|------------------------|---------------|--------|---------------|--|--|--|--|
| Date of Notification | 1/112 | PETE | of Building Ov ER SCHESS | | | | | | 40 | | | | | | | | | |
| Agencies Notified EPA | Type Notificatio | 0,,,,,,, | | | | | | FF | EB 2 8 20 | 12 | 1) | | | | | | | |
| □ DEP | Amended | | VILDWOOI | | VENUE | | | | | 1 | | | | | | | | |
| ☑ DOL | Amendment #:_ | 11 ' | ate, Zip Code | | | | 1 1 | | | | 1 | | | | | | | |
| | Emergency | | NTCLAIR, | NJ | 07042 | | | 701 | I Telephon | | | | - | | | | | |
| □ DOH | (including justification) | Name of | f Contact | | | | Lan appropriate to the | aka ra- | Telephone | Number | | | | | | | | |
| ☐ DCA | Cancellation | PET | ER SCHES | SLI | ER | | - breeds a | * 1 | | | | - | | | | | | |
| | | | | CILI | ITY INFORMA | TION | | T- | (F. 35) | | | | | | | | | |
| Name of facility w | here abatement is | taking place (3) | | | | | | l l l y | pe of Facility (4 | (K - 12) | | | | | | | | |
| PETER SCHE | SSLER | | | 1/2 | | | | | Subcha | apter 8 (Ot | | | 12) | | | | | |
| Street Address | | | | | | | | | Bldgs./ | Private/Co Homes, et | c. | | | | | | | |
| 89 WILDWO | OD AVENUE | | | | | | | S | quare Feet | # of Floor: | 3 | Bld | g. Ag | е | | | | |
| City (5) | | County (6) | | | | County | | | | | | | | | | | | |
| | | EGGEV | | | | (State use only) Current Use (Prior i | | | | | r if being demolished) | | | | | | | |
| MONTCLAI | | ESSEX | | _ | ASCM No. | TIN | lame of Abateme | ement Contractor (9) | | | | | | | | | | |
| Name of Monitori | ing Firm Hired by B | sidg. Owner (6) | ASCIVI NO. | | D & S RESTO | | | | | | | | | | | | | |
| | | | | | | | treet Address | KAII | OIV, IIVC. | | _ | | | | | | | |
| Street Address | | | | | | ° | | Aug | | | - | | | | | | | |
| | | | | | | | 20 California ity, State, Zip Coo | | | | | | | | | | | |
| City, State, Zip Co | ode | | | | | | 0.501.0 | | | | | | | | | | | |
| | | | | | | _ | Paterson, NJ 07503 | | | | | icense Number | | | | | | |
| Project Manager f | for Monitoring Firm | | Phone Nu | mbe | er | I | Troiophiene manner | | | | | 00159 | | | | | | |
| | | | | | | | Name of OSHA Monitor | | | | | | | | | | | |
| Start Date (10) | | Sched. Cor | mpletion Date | (11) |) | D & S Restoration, Inc. | | | | | | | | | | | | |
| 03/05/12 | | 03/16/12 | | | | 3 | Street Address | | | | | | | | | | | |
| Occupancy Status | s During Abatemer | | ne) | _ | | | 20 California | Avenu | ie | | | | | | | | | |
| | sed/vacated during | | | | | | City, State, Zip Co | de | | | | | | | | | | |
| Abatement | performed outside | of normal facilit | y hours- | | | | | | | | | | | | | | | |
| Describe:_ | cribe: NORMAL H | IOURS | | - | | | Paterson, NJ | 07503 | 3 | | | | | | | | | |
| Other-Desc | cribe: | 10010 | | _ | | | | | Containment v | v/negative | press | ure | | TO DE LA COMP | | | | |
| | check all that appl | | | | | | i | | i-enclosure | | | | | | | | | |
| $\ge 3 \text{ sf or } >3$ | . If | Renovation | | | | | | | vebag procedu | | | | | | | | | |
| ≥160 sf or 3 | ≥260 If | Demolition | | | | | | ☐ Nor | n-Exempted (*) | and Non- | | | | т — | | | | |
| Location of | f | Is location nor | | olely | | | | | | | R | R | E n | E | | | | |
| asbestos-c | containing | by maintenand staff(12) | ce/custodial | | | | bestos-containing | 3 | Amount (Specify | SE or | m | p | C | n | | | | |
| material (a | | | T | _ | material | (ACM) | | | LF) | 01 | O V | a | a | L | | | | |
| abated in fa | acility (13) | Yes | No N | Α | | | | | | | е | r | р | _ | | | | |
| BASEMENT | | | X | | PIPE INSU | JLATIO | ON | | 96 L FT | | M | | | 口 | | | | |
| BASEMENT CRAW | /L SPACE | | X | | PIPE INSU | JLATIC | ON | | 6 L FT | | X | Ш | 빝 | 1 | | | | |
| DIOCHIERT CION | | | | | | AP - 1 - | | | | | | | | | | | | |
| | | | | - | | | | -9/ 10-37 | | | | | | | | | | |
| | | | | - | | | | | | | | | | | | | | |
| Registered Waste | e Hauler | IN IDED I | Hauler ID# | TC | ubic Yards of | Waste | Name of Registe | ered La | ndfill | | | | • | | | | | |
| D & S RESTO | ORATION, INC. | | | 1 | YD | | TULLYTOW | N, RE | SOURCE R | ECOVE | RY | | _ | _ | | | | |
| City, State | | | Dispos | | | | City, State | UNT D | | | | | | | | | | |
| PATERSON, | , NJ 07503 | | 03/0 |)6/1 | | | TULLYTOV | VN, PA | A | 15: | | | | | | | | |
| Completed by (P | | Title | | | Signature | | | | | Date 02/23 | /12 | | | | | | | |
| BOGDAN JO | OLDZIC | PRESIDEN | | | | | activities | | | 02/23 | 114 | _ | | | | | | |
| ACD 44 | | * Do not use thi | is form for asl | pesto | os licensure e | xempted | activities. | | | | | | | | | | | |

003476 D&S Proj. #: MS 12-80

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

| | | | | | . 10 | 2 | | 1955 75 7 | | 9 0 9 | Toronton and | | - | | - | | | | |
|----------------------------|---------------------------|-----------------------|-------------|---------------------|------|-----------------------|---------|---|---|----------------------|-------------------------------------|-------------|-------|--------|--------|--|--|--|--|
| Date of Notification | 1/112 | G | | lding Own ADINSK | | Operator (2) | , E | | | | | | | | | | | | |
| Agencies Notified | Type Notification | n Stre | et Addre | ss | | | | | | | | | | | | | | | |
| - EPA | Initial | 1 | 221 DA | RBARA | Δ٦ | ENLE | | IIII FF | B 2 | 8 2012 | U | | | | | | | | |
| DEP | Amended | | , State, Z | | TX Y | LIVEL | _ | 1 1 | | 2012 | 1 | _ | | | | | | | |
| ⋈ DOL | Amendment #:_ | ' | | X | 2 | | | L | | | | | | | | | | | |
| | Emergency (including | | ne of Con | NJ 0708 | 3 | | - | Telephone Number | | | | | | | | | | | |
| □ DOH | justification) | Nan | ne or Con | itaci | | | | lar management of the state of | | | | | | | | | | | |
| ☐ DCA | Cancellation | | GARY I | LADINS | ΚI | | | | 100-00-00-00 | | · ding | 4. | _ | _ | | | | | |
| | * | | | FAC | ILIT | TY INFORMA | TION | | - | - (E W) (A | , | | | | | | | | |
| Name of facility w | here abatement is | taking place | e (3) | | | | | | 13 | pe of Facility (4 | (K - 12) | | | | | | | | |
| GARY LADIN | NSKY | | | | | | | | | Subcha | pter 8 (O | | | 2) | | | | | |
| Street Address | | | | | | | | | | Other (I Bldgs./I | Private/Co Homes, et | mmero c. | ciai | | | | | | |
| 1221 BARBA | RA AVENUE | | | | | | | | S | Quare Feet | of Floor | S | Bld | g. Ag | е | | | | |
| City (5) | | County | y (6) | | | | | ty Code (7) | _ | | | | | | | | | | |
| | | IDII | 011 | | | | (State | e use only) | | Current Use (Pr | ent Use (Prior if being demolished) | | | | | | | | |
| UNION Name of Manitori | ing Firm Hired by B | UNIO | | | 1 4 | ASCM No. | П | Name of Abatement Contractor (9) | | | | | | | | | | | |
| Name of Monitori | ing Fillii Filled by B | iug. Owner | (0) | | ' | ACCIVITIO. | | | | | | | | | | | | | |
| | | | | | _ | | | Street Address | STORATION, INC. | | | | | | | | | | |
| Street Address | | | | | | | | 20 California | Ave. | | | | | | | | | | |
| 00 00 to 70 00 | 4. | | | | _ | | - | City, State, Zip Cod | 100000000000000000000000000000000000000 | | | | | 17// | | | | | |
| City, State, Zip Co | ode | | | | | | | Paterson, NJ | | 3 | | | | | | | | | |
| | | | In | hone Num | hor | | - | Telephone Number | | | License Number | | | | | | | | |
| Project Manager f | or Monitoring Firm | | | none mun | inei | | | 973-345-802 | | 00159 | | | | | | | | | |
| | | | | | | | _ | Name of OSHA Monitor | | | | | | | | | | | |
| Start Date (10) | | Sched. | Complet | ion Date (| 11) | | | D & S Restor | ation, | Inc. | | | | | | | | | |
| 03/06/12 | | 03/16 | /12 | | | | | Street Address | | | | | | | | | | | |
| | s During Abatemen | t (Check or | nly one) | - | | | | 20 California | Aven | ue | | | | | | | | | |
| ☐ Facility clos | sed/vacated during | entire perio | d of abate | ement. | | | | City, State, Zip Co | de | | | | | | | | | | |
| Abatement | performed outside | of normal fa | acility hou | ırs- | | | | | | | | | | | | | | | |
| Describe: | cribe: NORMAL H | OURS | | | | | | Paterson, NJ | 0750 | 3 | | | | | | | | | |
| | check all that apply | | | 18 12 | | | | | Full | Containment v | /negative | press | ure | | | | | | |
| >3 sf or >3 | | Renovation | n | | | | | Ī | | ni-enclosure | | 2 | | | | | | | |
| | | | | | | | | Ē | Glo | vebag procedu | re | friable | 22000 | duro | | | | | |
| ≥160 sf or | ≥260 lf | Demolition | | | . 1 | | | | No | n-Exempted (*) | and ivon | R | R | E | | | | | |
| Location of | | Is location by mainte | | used sole | ely | | | | | Amount | | е | е | n | E n | | | | |
| asbestos-c | | staff(12) | , idiloorod | | _ | Descripti material | | sbestos-containing | | (Specify S | SF or | m | p | c a | C | | | | |
| material (a abated in f | facility (13) | Yes | No | N/A | | material | (AOIVI) | | | LF) | | v | i | p | L | | | | |
| 200.00 | | 163 | 140 | IVA | | | | | | ET I PT | | e M | | | | | | | |
| BASEMENT | | | $\square X$ | | | PIPE INSU | JLAT. | ION | | 57 L FT | | | 片 | 片 | ዙ | | | | |
| | | | | | | | | | | | | ᅥ片 | 片 | 片 | 묶 | | | | |
| | | | | | | | | | 312 300 | | | 닉 | 片 | 片 | ## | | | | |
| | | | | | | | | | | | | | 님 | 님 | 片 | | | | |
| | | | | | | | | | | | | | Ш | Ш | | | | | |
| Registered Wast | e Hauler ORATION, INC. | NJDI 135 | EP Haule | r ID# | | ibic Yards of YD | Waste | Name of Registe TULLYTOW | red La N, RI | andfill ESOURCE R | ECOVE | RY | | | | | | | |
| City, State | Jidillon, Inc. | | | Disposa | _ | | | City, State | | | | 29 | | | | | | | |
| PATERSON, | NJ 07503 | | | 03/07 | | | 1 | TULLYTOW | /N, P | A | | | | | | | | | |
| Completed by (P | | Title | | | | Signature | | | | | Date | 11.0 | | | | | | | |
| BOGDAN JO | OLDZIC | PRESID | | | | | | | | | 02/24 | /12 | _ | | | | | | |
| ACD 44 | | * Do not us | e this for | m for asbe | sto | s licensure ex | kempte | d activities. | | | | | | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) | | | | | uilding Own gomery, | | erator (2) | | | | | | A CONTRACTOR OF THE PARTY OF TH | | | |
|--|---|---|------------------------------------|-------------------------|------------------------|-------------------------|--|---|--|-------------|---|-------------------------|--|-------------|-----------|--|
| 02/24/2012 Agencies Notified | Type Notification | | St | reet Add | ress | | | | FEB | 28 | 2012 | | A COLUMN TO A COLU | 3 | | |
| EPA DEP DOL | Initial Amended Amendment # | | Ci | ty, State, | Zip Code City, New | Jers | sey 0730 | 3 | | | 50. · . · . · · · · · · · · · · · · · · · | | and some account | | | |
| DOH DCA | Emergency (in justification) Cancellation | ncluding | | ame of C | Rito | | 11/100 | | | Telep | hone Nur | mber | | | | |
| | | | | FACILI | TY INFORM | AATIC |)N | | Facility (4) | | | | | is year | | |
| Name of Facility Where A | | Place (3) | | | | | T × | Sch Sul | nool (K-12 bochapter 8 ner (i.e. pri |) (Other | than K-1: | 2) ial buildi | ngs, I | nomes | 5, | |
| 95 Montgomery Str | eet | | | | | | | etc.) Square Feet # of F | | | | Blo | je | \neg | | |
| City (5) Jersey City | | | | | | | | 100 Current Use (Prior | | | - J lio | The same of the same of |)+ ye | ears | _ | |
| County (6) Hudson County | 24 | | | ounty Co | ode (7) E ONLY) _ | | E | Buildi | ng | | | | | | | |
| Name of Monitoring Firm EnviroVision Const | Hired by Building (| | 00079 | | | | | ment Cont tracting | | 9) | | | | | | |
| Street Address | - | 44 | | | | | Street Ad | | n Avenue | e. Uni | t 365 | 2 | | | | |
| 20-21 Wagaraw Ro | oad, Building #3 | 4A | | - | | | City, Stat | 360 Clifton Avenue, Unit 365 by, State, Zip Code | | | | | | | | |
| Fair Lawn, NJ 074 | | | 17 | elephone | a Na | | Clifton, NJ 07012 Telephone No. License No. | | | | | | | | - | |
| Project Manager for Mor Willie Morales | nitoring Firm | | | | 6-9145 | | 973-450-9500 01036 Name of OSHA Monitor | | | | | | | | | |
| Start Date (10) 02/25/2012 | | Scheduled 02/25/2 | | Completion Date (1.1) | | | | | Monitor tracting, | Inc. | No. | | | | | |
| Occupancy Status Durin | g Abatement (Ched | * # 1200 CO | Maria Caraca | | | | Street Ad | | n Avenu | e Un | t 365 | | | | | |
| Facility Closed/Vac Abatement Perform | ated During Entire | Period of Al | atem Jours | ent | | | City, Sta | | | - | | | | | | |
| Other – Describe: | | | | | | - | Cliftor | ı, NJ | 07012 | uran-sea | | | | | | |
| Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | All That Apply) | | enova emoliti | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce | | | | | | | | | |
| | | | | | | | | NON | -Exemple | 1 () an | a Holl I li | T T | t | | | |
| | | | Locati ormal | | | De | escription o | nf | | | | | Abater Typ | | _ | |
| Locatic Asbestos-Containin TO BE Al In Fac (13 | g Material (ACM) BATED illity | Used Mai Custo | f Sole ntena odial s (12) | ly by nce/ Staff? | (i.e. th | s Cor nerma surfa | taining Ma | Material (ACM) ns insulation, 'AT, or | | (| mount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | - | Ttan | site clear | מנו מ | | 1 | 00 SF | х | | | | |
| Base | met | + | Х | | | I Lai I | Site cicu | ТОР | | | | | | | | |
| | | | 11.57-11 | | | | | | | | | | | | - | |
| | | | | UDED ' | lasta | Cubi | c Yards | | Name of | Regist | ered Land | dfill | 1 | | | |
| Name of Registered W Atlantic Carting, LI | | | I HODE: TIESTS | | | | aste | | IESI P | A Bet | hlehem | | II Co | rpora | ation | |
| City, State | | | Disposal D TBD | | | | | | City, Sta Bethle | | Pennsy | Ivania | | | | |
| Wayne, NJ Completed by | 4 | Title | Signature Date 02/24 | | | | | | 24/2012 | | | | | | | |
| Beba Zoric | | J.cai) | | | | 10- | | | | | | | | | | |