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

Date of Notification (1) Name of Building Owner/Operator (2) 7 19 City of Camden Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial PO Box 95120 ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Camden, NJ 08101 □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation John Bond FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North 25th STREET RESIDENCES School (K-12)
Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 43, 45, 57, 115, 930 North 25th STREET Residences homes, etc.) City (5) Square Feet # of Floors Blda, Age Camden varies varies 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Health and Safety Services 117 Controlled Environmental Systems Street Address Street Address PO Box 365 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor C 609-839-2432 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 21 / 16 10 / 15 / 16 CES Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/ Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SEE ATTACHED 200 YD per res Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management of NJ **GROWS** 17273 200/residenc City, State City, State Disposal Date Fairless Hills, PA 10/15/16 Tullytown PA Completed By (Print or Type) Title Signature Patricia Visco Office Manager

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

Date of Notification (1) Name of Building Owner/Operator (2) 7 19 16 City of Camden 2016 20 Agencies Notified Type Notification Street Address **⊠** EPA PO Box 95120 ASBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code LICENSING ☑ DOH Amendment # Camden, NJ 08101 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Bond **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North 26th STREET RESIDENCES ☐ School (K-12) ☐ Subchapter 8 Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 45, 1014, 1113, 1239, 1241 North 26th STREET Residences homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden varies varies 50± County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Controlled Environmental Systems Street Address Street Address PO Box 365 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor C 609-839-2432 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __7__ / _21__ / _16__ 10 / 15 / 16 CES Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/___ PM-Spring House, PA 19477 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 If ☐ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SEE ATTACHED 200 YD per res M П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management of NJ GROWS 17273 200/residenc City, State City, State Disposal Date Fairless Hills, PA 10/15/16 Tullytown PA Completed By (Print or Type) Signature Date Patricia Visco Office Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					of Building	g Owner/Operator (2	2)		0 1	V E		-		
7 /19 /16					of Cam	den	LL 2 0 2016							
Agencies Notified Type Notification					Address				20	CU1	0			
⊠ EPA	1					20	Part of the second	1				, T		
⊠ DOLWD	☐ Amended				State, Zip C	Code		ASBESTOS CONTROL &						
□ DOH	Amendment #				nden, NJ	08101	-	LICENS.NG						
□ DCA				Name	of Contac	t		Telephone Numb	er					
Cancellation					n Bond									
				FAG	CILITY IN	FORMATION		::- :		32				
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)														
North 27th STREET					☐ School (K-12)									
Street Address					□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,									
856, 858, 910, 912 N	side	nces			homes, etc.)									
City (5)					Square Feet	# of Floors Bldg. Age								
Camden					varies	varies		50+	ā.v					
County (6)				Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	Prior if being demolished)						
CAMDEN		1			HOUSING DEEMED UNSAFE									
Name of Monitoring Firm	Hired by Building C	Owner (8	3)	ASCM	No.	Name of Abateme	tement Contractor (9)							
Health and Safety Services								ental Systems						
Street Address			_	117		Street Address								
PO Box 365						1121 N. Bethlehem Pike - Suite 60								
City, State, Zip Code		City, State, Zip Code												
Berlin, NJ 08009	Spring House, PA 19477													
Project Manager for Monit	No	Telephone No. License No.												
Jim Proctor		phone	39-2432	00847										
Start Date (10)				215 542 7000 Name of OSHA M	onitor	00047								
Start Date (10) Scheduled Completion Date (11 7 / 21 / 16 10 / 15 / 16						CES								
Occupancy Status During Abatement (Check only one)						Street Address								
☐ Facility Closed/Vacate		ment		The second contract of	ehem Pike -Su	ito 60								
☐ Abatement Performed Outside of Normal Facility Hour					cribe	City, State, Zip Co								
Time of Abatement: 7:00AM-5:00PM/PM-						Spring House								
Scope of Work (Check all	that apply)					□ Full Coot	eigenest with No.	ative December						
≥3 sf or ≥3 lf	ainment with Neg losure	gative Pressure												
≥160 sf or ≥260 lf		□ Der	nolitio	on Glovebag Procedure										
			T		mpted (*) and No	Non-Friable Procedure								
Location	Locat orma			.				Abatement Type						
			Sole		Asbe	Description o stos Containing Mar		Amount	Re	Repair	E	E		
TO BE ABATED			ntena			., thermal systems i	(Specify	Remova	pair	cap	Enclosure			
IN Facility Custodia (13)			(12)	otali!		surfacing, VAT, or other miscellaneous)		SF or LF)	<u>a</u>		Encapsulate	ure		
(13)		Yes	No	N/A		other miscenaries	ous)				ite			
SEE ATTACHED					SEE AT	TACHED		200 YD per res						
		П	П	П					П	П	П			
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill	_	_	_	_		
					No.	Waste 200/residenc	GROWS							
City, State						Disposal Date	City, State		1,500					
Fairless Hills, PA					10/15/16 Tullytown PA									
Completed By (Print or Type) Patricia Visco Office Management						Signature_	1	Date	e .					
						Not	1 ///	now -	1/	0/	1			
ASB-41			-	-0.5		rauca	a / 10%	100	11	0/1	6			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name of Building Owner/Operator (2)									
					City of Camden									
Agencies Notified Ty		Street Address JUL 2 0 2016												
⊠ EPA ⊠		PO Box 95120												
□ DOLWD □		City, State, Zip Code												
⊠ DOH	Amendment #_ Emergency (inc	duding		Camden, NJ 08101 ASTESTES CONTROL &							-			
□ DCA (NJAC 5:23-8)		Name of Contact Telephone Number												
(NJAC 5:23-8) justification) Cancellation					John Bond									
		14000		FAC	ILITY INF	ORMATION								
Name of Facility Where Aba	3)				Type of Facility (4)									
North 24th STREET R					School (K-12)									
Street Address					□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,									
638, 1012 North 24th					homes, etc.)									
City (5)							Square Feet	Square Feet # of Floors			Bldg. Age			
Camden							varies	varies	5	0+				
County (6)					v Code (7)	(STATE USE ONLY)	Current Use (Pri	Use (Prior if being demolished)						
CAMDEN				,	HOUSING DEEMED UNSAFE									
Name of Monitoring Firm Hi	rod by Building O	lumar (8	2) [ASCM N	vio.	Name of Ahateme	nent Contractor (9)							
	" [1 D 2000 C 2000			Environmental Systems									
Health and Safety Ser		111		Street Address	arthonium oyotomo									
Street Address							plehem Pike - Suite 60							
PO Box 365				1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code						-		_		
City, State, Zip Code														
Berlin, NJ 08009					hone No. Telephone No. License No.									
Project Manager for Monitor	ring Firm			A										
Jim Proctor	- 350			215 542 7000										
Start Date (10) 7 / 21 / _	(100)	tion Dat /		Name of OSHA N	Nonitor									
		Street Address								-				
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement							lehem Pike -Suite 60							
					cribe									
Time of Abatement: 7:0														
Scope of Work (Check all th	nat apply)													
□ >3 sf or >3 lf □ Renova					☐ Full Containment with Negative Pressure ation ☐ Mini-Enclosure									
□ ≥3 sf or ≥3 lf □ Renova □ ≥160 sf or ≥260 lf □ Demoli					ition Glovebag Procedure									
					○ Non-Exempted (*) and Non-Friable Procedure									
	Locat							Abatement Type						
Location of Norr					Asha	Description stos Containing Ma		Amount	Re	Repair	E	En		
Mainte			ntena	nce/		, thermal systems		(Specify	Removal	pair	Encapsulate	Enclosure		
IN Facility Custodia				Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>			ure		
(13)		Yes	(12) No	N/A		other miscellane	ous)				te	50		
SEE ATTACHED	SEE ATTACHED				SEE AT	TACHED		200 YD per res						
F		П	П	П										
		Ħ		h										
Name of Registered Waste Hauler				NJDEP Waste Cubic Yards of Name of Registered Landfill										
Waste Management of NJ					D No.	Waste	GROWS							
					3	200/residence Disposal Date	City, State							
City, State Fairless Hills, PA						10/15/16 Tullytown PA								
	(a) T:41	0				Signature	/11	Dat	e		1			
Completed By (Print or Type) Title Patricia Visco Office Ma									7/	10	1,			
Patricia Visco		mice i	vial id	gei		Yalu	ceal (1 62	100	1/	14/	10	N Topicological		

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

(Pursuant to NJAC 8:60 and 12:120) P&S Froj. #: 16-214 Name of Building Owner/Operator (2) Date of Notification (1) JUL 20 2016 0 7 / 1 1 / 1 6 JANE MAGUIRE Agencies Notified Type Notification Street Address Initial EPA EDITOR CONTROLS Amended DEP City, State, Zip Code Amendment #: DOL Emergency CARLSTADT, NJ 07072 (including DOH. Name of Contact Telephone Number justification) ☐ DCA JANE MAGUIRE Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) JANE MAGUIRE Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) CARLSTADT 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 Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/21/16 08/15/16 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 \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure R Is location normally used solely Location of E by maintenance/custodial е е asbestos-containing Amount Description of asbestos-containing m n staff(12) p С (Specify SF or material (acm) to be material (ACM) C 0 а a abated in facility (13) Yes No N/A ٧ BASEMENT PIPE INSULATION 120 L FT BASEMENT 20 L FT BARE HEATING PIPES Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. TULLYTOWN, RESOURCE RECOVERY 13506 2 yds. Disposal Date City, State City, State PATERSON, NJ 07503 07/22/16 TULLYTOWN, PA Completed by (Print or Type) Signature Date BOGDAN JOLDZIC PRESIDENT 07/11/2016 ASR-41 Do not use this form for asbestos licensure exempted activities.

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-217 Name of Building Owner/Operator (2) Date of Notification (1) 07/7 //1 /5 //1 /6 joyce GARDNER Agencies Notified Type Notification Street Address LICENSING Initial EPA Amended DEP City, State, Zip Code Amendment #: X DOL Emergency rutherford, nj 07070 (including Telephone Number DOH DOH Name of Contact justification) DCA LEE SHILARE Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) joyce GARDNER Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) BERGEN rutherford Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 07/26/16 08/15/16 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 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 If □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure E Is location normally used solely E Location of е e by maintenance/custodial n Amount asbestos-containing n Description of asbestos-containing m p C staff(12) (Specify SF or material (acm) to be C material (ACM) 0 a abated in facility (13) L Yes No N/A p X BASEMENT PIPE INSULATION 821 ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 yd. Disposal Date City, State City, State 07/27/16 TULLYTOWN, PA PATERSON, NJ 07503

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PRESIDENT

Completed by (Print or Type)

BOGDAN JOLDZIC

A CD 44

Signature

07/15/16

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

C&S Proj. #: 16-216 Name of Building Owner/Operator (2) Date of Notification (1) 0 7 /1 5 /1 6 JUL 20 2016 erhan erdan Type Notification Agencies Notified Street Address ☐ EPA Initial Amended DEP City, State, Zip Code LIVENDING Amendment #: DOL Emergency metuchen, nj 08840 (including DOH. Name of Contact Telephone Number justification) ☐ DCA bobbie galkin Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) erhan erdan Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) metuchen middlesex 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 License Number Project Manager for Monitoring Firm Telephone Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/15/16 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 Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of F е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) 0 C a a abated in facility (13) Yes No N/A V D BASEMENT PIPE INSULATION 1521ft X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 07/28/16 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 07/15/2016

State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-215 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JUL 20 2016 0 7 /1 3 /1 robert seela, poa Agencies Notified Type Notification Street Address Initial EPA ASBESTOS CONTROL & Amended DEP City, State, Zip Code Amendment #: DOL Emergency hawthorne, nj 07506 (including DOH. Name of Contact Telephone Number justification) DCA robert seela, poa Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) robert seela, poa Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) **PASSAIC** hawthorne 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. 07/28/16 08/15/16 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 \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely R Location of e by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A V BASEMENT PIPE INSULATION 1971 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 07/29/16 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date **BOGDAN JOLDZIC** PRESIDENT 02/13/16

Do not use this form for asbestos licensure exempted activities.

ASB-41

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

D&S Proj. #: 16-212 Date of Notification (1) Name of Building Owner/Operator (2) 0 7 /1 3 /1 6 julie kelly Agencies Notified Type Notification Street Address Initial EPA ASBESTOS CONTROL & Amended LICENSING DEP Amendment #: City, State, Zip Code DOL ☐ Emergency MAPLEWOOD, NJ 07040 DOH (including Name of Contact Telephone Number justification) ☐ DCA Cancellation julie kelly **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) julie kelly 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) MAPLEWOOD 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 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/28/16 08/15/16 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 \boxtimes >3 sf or >3 lf 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 by maintenance/custodial E asbestos-containing е e n Description of asbestos-containing Amount staff(12) m n material (acm) to be p material (ACM) (Specify SF or C abated in facility (13) C 0 a а Yes No N/A ٧ p BASEMENT PIPE INSULATION 85 1 ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd. City, State Disposal Date City, State PATERSON, NJ 07503 07/29/16 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 07/13/16