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

Check #

Date of Notification (1)		Name of Building Owner/Operator (2)																
March 24, 2014			E	Bridgewater Site														
Agencies Notified Type Notification					Street Address 10 Finderne Avenue MAR 2 6													
⊠ EPA	Initial		1	0 Finde	erne Ave	enue				MAF	1 2	b 1	2014	1	-			
DEP	Amended							111										
DOL	Amendment #		— E	Bridgewa	ater, NJ	7												
DOH	justification)	licidaling		Name of	Contact			TelephoneNumber										
DCA	F	Project Manager																
		FACIL	ITY INFO	RMAT	ION													
Name of Facility Where)					Type of Facility (4)												
Building 7		tii				School (K-12) Subchapter 8 (Other than K-12)												
Street Address									napter 8 (Oth (i.e. private			huild	inas	home	20			
10 Finderne Avenue								Other etc.)	(i.e. private	a commi	Croidi	Duna	mgo,	nome	.0,			
City (5)			13,72					Square Fe	et # o	f Floors		BI	dg. A	ge				
Bridgewater, NJ 088	07																	
County (6)				County C				Current Us	e (Prior if be	ing demo	olishe	d)			- 10			
SOMERSET				(SIAIE O	SE ONLY)	-				ousines	SS							
Name of Monitoring Firm	n Hired by Bu <mark>i</mark> lding C	wner (8)		ASCM	No.	2	Name	of Abatemer	nt Contractor	(9)								
AET		N		0021			The M	ACK Gro	up, LLC									
Street Address				- 233			Street	Address										
907 Doolittle Drive						8	1500 k	0 Kings HWY N, STE 209										
City, State, Zip Code							City, S	State, Zip Code										
Bridgewater, NJ 08807							Cherry	erry Hill, NJ 08034										
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telephone No. License No.											
Eric Houseknecht			(908) 21	8-1108		(973) 759 - 5000 00781											
Start Date (10) Scheduled C			d Cor	npletion [Date (11)		Name	ame of OSHA Monitor										
4/5/14		4/5/15			The M	MACK Group, LLC.												
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street	et Address										
Facility Closed/Vac	ated During Entire P	eriod of A	bater	nent			1500 F	Kings HWY N, STE 209										
	ned Outside of Norma	al Facility	Hours	S			City, S	, State, Zip Code										
Other - Describe:						_	Cherry	rry Hill, NJ 08034										
Scope of Work (Check A	All That Apply)																	
≥3 sf or ≥3 lf		-	enova					Full Containment with Negative Pressure										
≥160 sf or ≥260 lf			emoli	tion			K	Mini-End										
						Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
	Locat	ion	92		10.000	. <u>)</u>		Abatement										
Locatio	n of		Norma			De	escription				Туре							
Asbestos-Containing			d Sole		Asbest			laterial (ACI	M) Amount					ш				
TO BE AB		0.100.000		Staff?	(i.e.			insulation,		Specify		Re	Z.	nca	Enc			
In Faci (13)			(12)	9			acing, VA miscellar		5	F or LF)		Remova	Repair	Encapsulate	Enclosure			
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		Yes	No	N/A								Les sus						
Bld 7 Rms 7	113-7119		X			meta	al pan c	n ceiling 1			00 s/f							
"			X		1x	2 tran	site wa	Il panels				X						
"			$ \bigcirc $															
		-	\triangle	-		pipe	e IliSula	ulation 120										
											1011		12					
Name of Registered Waste Hauler				NJ DEP W Hauler ID		of Wa	c Yards aste	Na	me of Regist	ered Lan	idtill							
Newark Carting / Freehold / Rovic Disposal				45(15.6	Cur	mberland (County	Lan	dfill						
City, State						Dispo	osal Date		y, State									
Newark / Freehold / Riverdale, NJ				4/5/15				V 200 TO TO TO THE TO T										
Completed by	1 2 3 3 3	Title		Signatu					, , , ,		Dat	е						
Mike Cooper		Presid	lent			-	Her.	//-	-		3/24	1/14			Ž.			
Language Park							012411						•					

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-102		(Pursua	int to NJAC	8:60	and 12:120)				.; r	7 [: -	$\overline{}$		
Check#M5														
Date of Notification (1)	Name	of Building Owne	r/Operator (2)				14	40 00	001					
0 3 /1 9 /1 4	JOH	N CECIRE					, M	AR 26	201	4		1		
Agencies Notified Type Notification	Street /	Address												
☐ ☐ Amondod	73 V	ALLEY ROA	D				5 (157)	1						
DEP Amendment #:	City, St	ate, Zip Code						12	1.4.1			J		
☑ DOL ☐ Emergency	_ MO	NTCLAIR, NJ	07042											
DOH (including		of Contact		Telephone	Number									
justification)	IOI	IN CECIRE			_									
Cancellation	1 301		ITY INFORMA	TION					24	_		_		
	t-1:I (0					III	pe of Facility (4	4)	_					
Name of facility where abatement is	taking place (3)						(K - 12)						
JOHN CECIRE					-	_	Subcha	apter 8 (Ot	her th	an K-	12)			
Street Address								Private/Co		cial				
72 1141 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1		Homes, et # of Floors		Blo	g. Ag	ie		
73 VALLEY ROAD	County (6)	- Val		Cou	nty Code (7)	= `	iquare i coi	# 01 1 1001C			99	-		
City (5)	County (o)		1		ounty Code (7) tate use only) Current Use (Prior if being demolished)									
MONTCLAIR		•			3	- Control of the Cont	an amantan da d	N.						
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatem	ent Con	tractor (9)							
		1			D & S REST	ORATI	ION, INC.		9					
Street Address	\dashv	Street Address												
					20 California									
City, State, Zip Code					City, State, Zip Co	ode								
		Paterson, N.		3	<u> </u>									
Project Manager for Monitoring Firm		Phone Number	er		Telephone Numb		cense Number							
					973-345-80		01169							
Start Date (10)	Sched. Con	npletion Date (11)		Name of OSHA Monitor D & S Restoration, Inc.									
04/01/14	04/21/14				Street Address									
Occupancy Status During Abatemen		ne)		_	20 California Avenue									
Facility closed/vacated during					City, State, Zip Code									
Abatement performed outside														
Describe: NORMAL H	OURS		<u> </u>	_	Paterson, N.	J 07503	3							
Scope of Work (check all that apply						Full	Containment v	v/negative	press	ure				
	Renovation						i-enclosure							
≥160 sf or ≥260 lf	Demolition						vebag procedu n-Exempted (*)		friable	proc	adura			
		mally used solely	7			NOI	-Litempleu ()	and Non-	R	R	E			
Location of asbestos-containing	by maintenand			on of a	asbestos-containin	na	Amount		e m	e	n	E n		
material (acm) to be	staff(12)		material (3	(Specify S	SF or	0	a	c a	C		
abated in facility (13)	Yes	No N/A							v e	l i	р	_		
BASEMENT		X	BOILER IN	NSUL	AITON		42 SQ FT		X					
TO A ROYALD AND A STATE OF THE								white-						
Registered Waste Hauler	NJDEP H	duloi ibii	ubic Yards of	Waste		tered La	ndfill	FOOTET	37					
D & S RESTORATION, INC.	13506		l yd			VN, RI	ESOURCE RI	ECOVER	X					
City, State		Disposal D 04/02/1			City, State TULLYTO	WNI D	Δ		ē					
PATERSON, NJ 07503	Title	04/02/1	Signature		· L TOLLTIO	1111,17	•	Date						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	Γ						03/19/	14			7120 - 174		
		s form for asbest	os licensure ex	empte	ed activities.			1			-			

4CR-/11

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

D&S Proj. #: 2014-103			(Pursuar	t to NJAC	8:60	and 12:120)			` =.		5	F		
(NOCK # 1059	562												1	
Date of Notification (1)	Name	of Build	ing Owner/	Operator (2)				M	AR 2 6	2014	4	,		
0 3 /12 0 /1 4			RIE FERD	INAND									+	
Agencies Notified Type Notification EPA Initial	Street	Address	3									1	-	
Amended	37	OAK G	ROVE R	OAD						185			_	
Amendment #:	City, S	State, Zip	Code											
DOL Emergency	CA	LDWE	LL, NJ 0		VI - 6									
DOH (including justification)	Name	of Conta	act	Number										
DCA Cancellation	RO	OSEMA	RIE FER				_		_					
			FACIL	TY INFORMA	ATION	1								
Name of facility where abatement is t	aking place (3)						Type of Facility (4	+) (K - 12)					
ROSEMARIE FERDINAND							_	The second secon	pter 8 (Otl			12)		
Street Address				1			71	Other (Private/Co Homes, etc	mmer	cial			
							11	100 C	# of Floors		Bld	g. Age	9	
37 OAK GROVE ROAD	County (6)			Col	inty Code (7)	=	oqua.oo.						
City (5)	County (6)					ate use only)	11	lishe	d)					
CALDWELL	<u> </u>				Name of Abater		entractor (9)	2)						
Name of Monitoring Firm Hired by Bl	3)		ASCM No.		0.75									
					_	D & S REST	ORA	TION, INC.			_		—	
Street Address														
					_	20 Californ City, State, Zip C		;,			-			
City, State, Zip Code					Paterson, N		0.3							
. M. II.	TDho	ne Numbe	ar .	_	Telephone Num	License Number								
Project Manager for Monitoring Firm		PIIC	ne Numbe	al .		973-345-8	01169							
	10-1-1-0		Doto (11)		_	Name of OSHA	Monito	or						
Start Date (10)	ompietio	n Date (11	Į.		D & S Rest	toratio	n, Inc.							
04/03/14	04/25/14													
Occupancy Status During Abatement	(Check only	one)				20 Californ		nue						
Facility closed/vacated during e	ntire period	of abater	nent. s-		- 1	City, State, Zip	Code							
- Describe:		inty riour			_	Paterson, I	VI 075	603						
Other-Describe: NORMAL HO						1 atcison, i		ull Containment v	w/negative	nress	ure		_	
Scope of Work (check all that apply)								dini-enclosure	Willegative	proco	u.o			
	Renovation						⊠ G	alovebag procedu	ire					
≥160 sf or ≥260 lf	Demolition							Non-Exempted (*)	and Non-	R	Proc	E		
Location of	Is location no by maintena	ormally unce/cust	ısed solely odial				inc	Amount		е	е	n	E n	
asbestos-containing material (acm) to be	staff(12)		The state of the s	Descript material		asbestos-contain	iiig	(Specify	SF or	m o	p a	a	c	
abated in facility (13)	Yes	No	N/A		N.	78		LF)		v e	i	p	-	
D A CIENTENTE		~		PIPE INST	ULA'	ΓΙΟΝ		123 L FT		×				
BASEMENT WATER TANK		♦		BARE HE	_	The second secon		30 L FT				\boxtimes		
DASEMENT WATER TAINE														
					_									
-														
Registered Waste Hauler		Hauler I		ubic Yards of	Wast	e Name of Regi	istered	Landfill	ECOLET	ov				
D & S RESTORATION, INC.	13506	5		YDS	-		WN,	RESOURCE R	ECUVE	(I		_		
City, State			Disposal D 04/04/1			City, State TULLYTO	NWC	PA						
PATERSON, NJ 07503	Titl		04/04/1	Signature	_	- LIULLII	J 11 11,		Date					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	NT							03/20)/2014	4			
BOGDAIN JOEDZIC			for ashest	os licensure é	exemp	ted activities.								

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

D&S Proj. #: 2014-97 Name of Building Owner/Operator (2) Date of Notification (1) 0 3 /1 19 MILDRED MIKA Type Notification Agencies Notified 4014 Street Address EPA 51 Grand Avenue Amended DEP City, State, Zip Code Amendment #: DOL × atlantic highlands, nj Emergency Telephone Number (including Name of Contact DOH. justification) ☐ DCA MILDRED MIKA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) MILDRED MIKA Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 51 Grand Avenue County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MONMOUTH atlantic highlands 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 Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 04/10/14 03/31/14 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: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf □ Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure Demolition ≥160 sf or ≥260 lf Is location normally used solely Ε Location of e n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or С material (ACM) 0 material (acm) to be a a LF) abated in facility (13) ٧ N/A Yes No 40 SQ FT X **BOILER INSULATION** BASEMENT BOILER Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 vd Disposal Date City, State City, State 08 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 03/19/14 BOGDAN JOLDZIC PRESIDENT Do not use this form for ashestos licensure exempted activities.

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

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-105 Name of Building Owner/Operator (2) Date of Notification (1) 0 3 / 2 1 / 1 4 MAR 2 6 2014 KAREN POMA Type Notification Agencies Notified Street Address ☐ EPA 33 WAGNER PLACE Amended DEP City, State, Zip Code Amendment #: DOL HAWTHORNE, NJ 07506 Emergency (including Telephone Number DOH Name of Contact justification) ☐ DCA KAREN POMA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) KAREN POMA Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 33 WAGNER PLACE County (6) County Code (7) (State use only) Current Use (Prior if being demolished) **PASSAIC HAWTHORNE** 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 Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 04/05/14 04/24/14 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 X Renovation Glovebag procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (*) and Non-friable procedure E Is location normally used solely E Location of е n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or material (acm) to be material (ACM) C 0 a а abated in facility (13) Yes N/A V No p PIPE INSULATION 20 L FT X BASEMENT 82 L FT X BARE HEATING PIPES BASEMENT Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 yd Disposal Date City, State City, State 04/06/14 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 03/21/14 **BOGDAN JOLDZIC** PRESIDENT

Do not use this form for asbestos licensure exempted activities.

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

(Neck # 40 14117	25/U (F	ursuant t	to NJAC 8	:60 and 12:1	120)			1	30						
Date of Notification (1) March 24, 2014			Building C Bayonn	Owner/Operat	tor (2))		2016			4				
Agencies Notified Type Notification	ies Notified Type Notification					Street Address									
EPA DEP DOL Amended Amendment # Emergency (in justification) Cancellation		250 East 22nd Street City, State, Zip Code Bayonne, New Jersey 07002 Name of Contact						2014 MAR	- KIN-AL	PH	6. _Š	7			
X DCA Cancellation		Aubrey Hotard FACILITY INFORMATION													
Name of Facility Where Abatement is Taking IMTT - Bayonne Street Address	Place (3)	FACIL	LITYINFO	RMATION) (Other than		6. 314		h			
250 East 22nd Street				D	e	etc.)	vate & comm					:S,			
City (5) Bayonne, New Jersey 07002		December 1		S	Squar	e Feet	# of Floors		Bldg. Age 30+						
County (6) Hudson	-	County C	Code (7) USE ONLY)		C	Curre	nt Use (Prior	if being dem	olishe	d)					
Name of Monitoring Firm Hired by Building Of EnviroVision Consultants, Inc.	wner (8)	0007					tement Control, Inc.	ractor (9)					22		
Street Address 20 - 21 Wagaraw Road, Bldg. 34A					Street Address 1101 Edwards Avenue										
City, State, Zip Code Fair Lawn, New Jersey 07410				ty, State, Zip Code arahan							0				
Project Manager for Monitoring Firm Guillermo Morales	Telephor 973-63	ne No. 36-9145	2.00	ephone No. License No. 4-733-5033 01120											
	mpletion [Date (11)	100000000000000000000000000000000000000		ne of OSHA Monitor viroVision Consultants, Inc.										
Occupancy Status During Abatement (Check			Stre	eet Ad	et Address										
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: area unoccupied	eriod of Abate Il Facility Hou	ment rs		City	p Code	garaw Road, Bldg. 34A Code New Jersey 07410									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demol				×	Min	i-Enclosure vebag Proce			e Procedure					
	Is Loca	ntion							Abatement						
Location of	Norma Used Sol	ally	100.00		escription of ntaining Material (ACM) all systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Туре					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintena Custodial (12)	ance/ Staff?		thermal syste surfacing,						Removal	Repair	Encapsulate	Enclosure		
Vest	Yes No														
Yard 4	X	-		tar pa	ar paper 6					X					
Name of Registered Waste Hauler		N IDED V	lacto	Cubia Vard	le .	-	Name of D	egictored I -	oden						
Freehold Cartage		NJDEP Waste Hauler ID No. S-2265 Cubic Yard of Waste 7 cy													
City, State Dunmore, PA				Disposal Da 03/31/201						5 ×					
Completed by Aubrey Hotard	te Safety Director							Date 03/		24/2014					