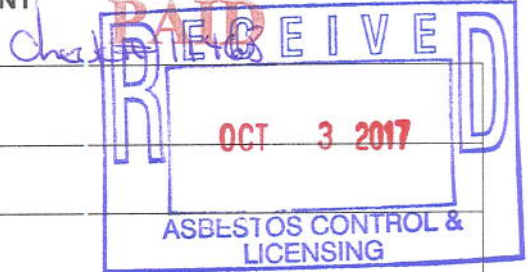


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK# 11468



Date of Notification (1) 9 / 29 / 17		Name of Building Owner/Operator (2) City of Camden	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120	
		City, State, Zip Code Camden, NJ 08101	
		Name of Contact James Rizzo	Telephone Number 856-757-7032

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2013, 2217 RIVER AVE STRUCTURE		Type of Facility (4) <input type="checkbox"/> School (K-2) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2013, 2217 RIVER AVE STRUCTURE			
City (5) Camden	Square Feet varies	# of Floors varies	Bldg. Age 50+
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 215 542 7000	License No. 00847
Start Date (10) 10 / 2 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor CES	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/____PM-____AM		Street Address 1121 N Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management of NJ	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS
City, State Fairless Hills, PA		Disposal Date 11/30/17	City, State Tullytown PA
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 9/29/17

CHK# 7141

D&S Proj. #: 17-263

PAID

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



Date of Notification (1) 10/19/17		Name of Building Owner/Operator (2) Donna Williams	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code RIDGEWOOD, NJ 07450	
		Name of Contact Donna Williams	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Donna Williams			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

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 973-345-8020	
Start Date (10) 10/12/17		Sched. Completion Date (11) 10/31/17	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Min-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		PIPE INSULATION	1101 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/13/17		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 09/27/2017

CHK#7140

D&S Proj. #: 17-264

PAID

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



Date of Notification (1) 10/19/17		Name of Building Owner/Operator (2) frank schulz	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code montclair, nj 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact frank schulz	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) frank schulz			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) montclair	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			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 973-345-8020	License Number 01169
Start Date (10) 10/10/17	Sched. Completion Date (11) 10/31/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)			<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Glovebag procedure			
			<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	45 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		duct insulation	70 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/11/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/27/ 2017