NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) City of Camden 17 Street Address Type Notification Agencies Notified **⊠** EPA ☑ Initial PO Box 95120 ASBESTOS CONTROL & **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # LICENSING **⊠** DOH Camden, NJ 08101 ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) 856-757-7032 James Rizzo Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 2013, 2217 RIVER AVE STRUCTURE Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2013, 2217 RIVER AVE STRUCTURE homes, etc.) Square Feet # of Floors Bldg. Age City (5) varies varies 50+ Camden County Code (7)(STATE USE ONLY) Current Use (F'rior if being demolished) County (6) HOUSING DEEMED UNSAFE CAMDEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 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 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00847 215 542 7000 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 10 / 2 / 17 11 / 30 / 17 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 ☐ Full Containment with N∋gative Pressure
☐ Mini-Enclosure Scope of Work (Check all that apply) □ Renovation >3 sf or >3 lf ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclosure Removal Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A See Attached Notice of Hazard M See Attached Notice of Hazard 200 YD per res \boxtimes П П П П Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste **GROWS** Waste Management of NJ 200/residenc 17273 City, State City, State Disposal Date Tullytown PA Fairless Hills, PA 11/30/17 Completed By (Print or Type) Title Signature Patricia Visco Office Manager

State of New Jersey

MKD&S Proj.	#: 17-263	PA		(Pursu	ant to NJAC	pesto 2 8:6	J os Abatement 0 and 12:120)	DE		V E	The state of the s	The second second second			
Date of Notification			Name of Bui Donna W	1674) 1745)	er/Operator (2)		11 1 00	;1 3 21	17	L	1				
	Type Notifica Initial Amended	tion	Street Addre				ASBESTOS CONTROL & LICENSING								
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□ DCA	justification))	Donna W				Tele	priorie Numbe	=1						
	☐ Cancellation	FACILITY INFORMATION													
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Donna William		io taning pi	200 (0)					School (K - 12)							
Street Address	S		Subchapter 8 (Other than K-12) Other (Private/Commercial												
			Ble	dgs./Homes,	etc.		da A	20							
City (5)		Cour	nty (6)			Coi	ounty Code (7) Siquare Feet # of Floors					Bldg. Age			
RIDGEWOOD	,	BE	RGEN			(Sta	ate use only)	Current Us	Current Use (Prior if being demolished)						
Name of Monitoring					ASCM No.		Name of Abatemer								
-0-				D & S RESTORATION, INC.											
Street Address							Street Address								
City, State, Zip Code	e				_	= 20 California Ave. City, State, Zip Code									
				Paterson, NJ 07503											
Project Manager for	Monitoring Firm	n	Pho	er		Telephone Number									
Start Date (10) Sched. Completion Date (11)							Name of OSHA Monitor								
10/12/17		53	ii Date (i	1)		D & S Restora									
Occupancy Status D	During Abateme	nt (Check o	-	Street Address 20 California Avenue											
Facility closed Abatement pe	/vacated during			City, State, Zip Code											
Other-Describ						=	Paterson, NJ (7503							
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abated in facility (13)		Yes	No	indicinal (, (011)		ĹF)			i	a p	Ľ			
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Registered Waste H			P Hauler ID	1000	ubic Yards of V	Vaste			1.0000	<u>- — </u>					
D & S RESTORATION, INC. 13506 2 years City, State Disposal Date							TULLYTOWN, RESOURCE RECOVERY City, State								
PATERSON, N.				10/13/1	7		TULLYTOW	N, PA							
Completed by (Print BOGDAN JOLI		Title PRESID	ENT		Signature				Date 09/2	7/2017	,				

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

ASB-41

M D&S Proj. #: 17-264	PAI	D			estos	s Abatement and 12:120)	harmoni l),EG	EI	VI		71				
Date of Notification (1)	r/Operator (2)			11	OCT 3 2017											
Agencies Notified Type Notificat		frank schulz Street Address									#	4				
☐ EPA ☐ Initial ☐ Amended			<u>L</u> .	ASBESTOS	CONT	POL	2									
Amendment #:				INOUNG	_											
DOH Emergency (including		montclair, nj 07042						Telephone Number								
justification)																
Cancellation	1 1	frank schulz														
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Name of facility where abatement	s taking place	(3)					l ly	pe of Facility (4) (K - 12)							
frank schulz Street Address									☐ Subchapter 8 (Other than K-12) ☐ Other (Private/Commercial							
Street Address							L.	Bldgs./	Homes, et	C.						
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City (5)	County	(0)				nty Code (7) te use only)	current Use (Prior if being demolished)									
montclair	essex	_					<u></u> .									
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abatemen										
Street Address					-	D & S RESTOI	RA I	ON, INC.					-			
ou cot riduioss						20 California A	Ave.									
City, State, Zip Code					-	City, State, Zip Cod	е									
					_	Paterson, NJ 0										
Project Manager for Monitoring Firm	1	Pho	ne Numbe	er		Telephone Number 973-345-802			License 0	Numb I 169	er					
Charl Data (10)	I Cahad (ched. Completion Date (11)				Name of OSHA Monitor										
Start Date (10)						D & S Restoration, Inc.										
10/10/17 Occupancy Status During Abateme	10/31/1	-			_	Street Address 20 California Avenue										
Facility closed/vacated during	City, State, Zip Cod		e													
Abatement performed outside Describe:						O.1.5, O.1.0.1.0, E.1.0 000										
Other-Describe: NORMAL I	IOURS				=	Paterson, NJ (7503									
Scope of Work (check all that appl	y) Renovation							Containment w -enclosure	/negative	press	ure					
		E E		-enclosure rebag procedul	re											
≥160 sf or ≥260 lf	Demolition	II					Non	-Exempted (*)	and Non-f	riable R	proce					
Location of asbestos-containing	by mainten	cation normally used solely naintenance/custodial				sbestos-containing		Amount		e m	е	E n	E n			
material (acm) to be abated in facility (13)	staff(12)	material (ACI				obcolor containing		(Specify S LF)	F or	0	p a	c a	C			
abated in facility (13)	Yes	s No N/A						45 l ft 🔀 🗜					-			
basement						ON		45 l ft			무					
basement		duct insulation			tion			70 sq ft			井	片	ዙ			
					Marin Profession					H	屵	屵	片			
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Registered Waste Hauler		Hauler ID	1000	ubic Yards of	Waste	Name of Registere				<u> </u>						
D & S RESTORATION, INC.	1350		2 Disposal D	yds		TULLYTOWN City, State	N, RE	SOURCE RE	COVER	Y	_					
Oity, State		1-	בומטטטו ב			Oity, Otato										

BOGDAN JOLDZIC PRESIDENT

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

Title

PATERSON, NJ 07503

Completed by (Print or Type)

10/11/17

Signature

TULLYTOWN, PA

Date

09/27/ 2017