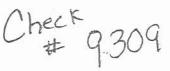
Check 9310

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

				5		<u> </u>				
Date of Notification (1) 5-11-1	5	Re		perator (2)	ecycli	ns Dem	sli	hio.		
Agencies Notified Type Notification	7. 92	Street Ad	idress P.C	. Bo	0x 21	26				
□ EPA Initial □ Amended Amendment #		City, Sta	te, Zip Code	1 B	20 K	DITO	75	70	1	
DOH Emergency (in justification) Cancellation	cluding	Name of		Ker		Telephone Num	her		-4 ;	
a box a a cancellation		FACIL	LITY INFORMAT							
Name of Facility Where Abatement is Taking Street Address	Place (3) Du	selli	ing		Subchapter	per .		9	home	es,
City (5)		eer	5-771	S	etc.) quare Feet	# of Floors	B	ldg. A	ge	
County (6) County	SN	County C	Oode (7) ISE ONLY)	C	urrent Use (Pric	or if being demolish	177	11:)+'	
Name of Monitorina Firm Hired by Building O	wpor (8)	ASCM		Name of	Abatement Cor	7 7	00	[[[19	
EPC Technolo	63	ASCIV	MA	in the	fc Te	Lhaolog	ie s		In	16
Ro. Box 33	57			Street Ad). Box	337				
City, State, Zip Code	NJ	08	533	City Stat	e, Zip Code	At AJ	0	8.	13	
Project Manager for Monitori Igy-irm		Telephor	ne No. 758- 3365	Telephon	16 No. 334	License No.		9	4	
Start Date (10) 5-26-15	Scheduled Co		Date (11)	Name of	OSHA Monitor	hnologies	7	0.0	-0,	
Occupancy Status During Abatement (Check		20	10	Street Ad	Idress	7		16		
Facility Closed/Vacated During Entire Pe					Box e, Zip Code	33+				
Other – Describe:	ar addity riod				Egypt	NJC	183	53	3	
Scope of Work (Check All That Apply)					(1			ĝ		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi			000	Mini-Enclosure Glovebag Pro-	cedure				
	Γ				Non-Exemple	d (*) and Non-Friab	Frio		ement	
Location of	Is Loca Norma	ally	De	escription of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Used Sol Mainten Custodial	ance/	Asbestos Cor (i.e. therma	I systems in	nsulation,	Amount (Specify SF or LF)	Ren	Re	Encapsulate	End
In Facility (13)	(12			acing, VAT, miscellaned		SF OI LF)	Removal	Repair	osulai	Enclosure
	Yes No	N/A							е	
Exterior walls		×	Sidins	Shi	ngles	1500 SF	X			
		-			0					
		+								
Name of Registered Waste Hauler		NJDEP W		Yards	Name of	Registered Landfill				
EPC Technologies		Hauler ID	00	sai Date	City, Stat	te Manager	nen	to	F P)V
City, State New Egypt Completed by	NJ.					isville F	A			
Steve Schenker	Presio	len+		Signature Signature	Sch	h Da		11-	15	5

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



Date of Notification (1)		Name of	Building Owner/0	Operator (2)		11								
5-11-18	5	F	Ranchi I	emoliti	o∩ +	Excava.	h'n	5	In	C				
Agencies Notified Type Notification	1 V V	Street A	P.O.	Box 7				J						
☐ EPA Initial ☐ Amended ☐ Amended ☐ Amended		City, Sta	ite, Zip Code	4	NJ	- 0810	112							
DOL Amendment #			Can	nden	107		100	11	-					
DOH justification)		Name of	Contact	" - L'		Telenhone Num	iner –							
□ DCA □ Cancellation		EACI	LITY INFORMAT			J	- -	-						
Name of Facility Where Abatement is Taking	Place (3)				of Facility	(4)	, C	3	111					
Dingle tamily	r Du	vel	ling		School (K-		. =	***						
Street Address 503 Fairv	iew	Roa	d) DEC		r 8 (Other than K-12 private & commercia		lings,	home	ės,				
City (5)	(MONTH OF MAIN)	809)((re Feet	# of Floors	B	idj. A	ge					
County (6)	<u> </u>	County (Сигте	nt Use (Pr	ior if being demolish	ed)	1	ノて					
Gloucester	**	(STATE I	USE ONLY)	— Si	ingle	family	D	ur	16	nc				
Name of Monitoring Firm Hired by Building On	wner (8)	ASCM	No.	Name of Aba	GLIFTON .	ntractor (9)	100	2						
Street Address	72		0.80	Street Address		777)	30 7	200	100				
City, State, Zip Code		AO	E99	City State, Z	ip Code	a la glan	es.	As	7 9	43				
Project Manager for Monit rid g Firm	M2	Telepho	333 ne No	Telephone N	Egy	License N	U	B	13					
Steve Schenker		609	758-3365	365 609 758-3365 00 344										
Start Date (10) 5-21-15	Scheduled Co	mpletion (-155	Name of OSI	-	hnologies	τ	20	· ·					
Occupancy Status During Abatement (Check	The second secon	<u> </u>		Street Address										
Facility Closed/Vacated During Entire Pe	eriod of Abate	ment		P.O.	BOX	337								
☐ Abatement Performed Outside of Norma	I Facility Hour	rs .		City, State, Z	ip Code									
□ Other – Describe:				New i	Egypt	NJC	185	53	3					
Scope of Work (Check All That Apply)					-(1									
≥3 sf or ≥3 lf	☐ Renov	ation				ent with Negative P	ressu	re						
≥160 sf or ≥260 lf	Demol	ition			ni-Enclosur ovebag Pro									
* *						d (*) and Non-Friab	le Pro	cedur	e					
	Is Loca	tion				Abatement								
Location of	Norma	ally	De	escription of			-	I y	ре	_				
Asbestos-Containing Material (ACM)	Used Sol Maintena			taining Material		Amount	-		Ē	m				
TO BE ABATED In Facility	Custodial	Staff?		I systems insula acing, VAT, or	auon,	(Specify SF or LF)	(em	Repair	cap	nclo				
(13)	(12))		miscellaneous)			Remova	oair	Encapsulate	Enclosure				
	Yes No	N/A							te					
Pyterior walls		X	Sidins	Shing	es	26505F	K							
CATO			J	Ü										
							<u></u>							
Name of Registered Waste Hauler		NJDEP W Hauler ID		Yards	1	Registered Landfill		,	_ (λ,(
EPC Technologies	.	170	Dispo	lod osal Date	City, Sta	te Manager	non	0	Et	M				
City, State New Equat	VJ:		5-	22-15		risville F	A							
Completed by	Title	0 1		Signature	50). Da		_//	. 1	5				
Steve Schenker	Presic	yen r		- Diese	- Che	o Real	ن	-11	-1:	ر				

(K1299)

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

Date of Notification (1) May 8, 2015				Name of Building Owner/Operator (2) HPF VIII 55 Market Street, LLC												
Agencies Notified	Type Notification			Street Address Hampshire Companies 22					Avenue	15 KS	W 19	£ 1,	: 12:	31		
EPA DEP DOL	Amended Amendment	#	City, State, Zip Code Morristown, NJ 07960													
DOH DCA	Cancellation		Name of Contact Bob Van Schepen													
Name of Facility Where A	Abatament is Taking	Dlace (3)		FACI	LITY INFO	RMATI	ON	Type of English (A)								
Commercial Buildin	그 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은	riace (5)				-11		Type of Facility (4) School (K-12)								
Street Address 49-55 Market Stree	t							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								s,
City (5) Morristown, NJ		3						Squar 2,000	are Feet # of Floors				Bldg. Age 50			
County (6) Morris					Code (7) ISE ONLY)				nt Use (Prio mercial	r if beir	ng demo	lishe	d)			
Name of Monitoring Firm Whitestone Associa		wner (8)		ASCN	1 No.		000000000000000000000000000000000000000		ement Cont t Unlimite							
Street Address 35 Technology Driv	re						Street 4332		s rd Avenu	е						
City, State, Zip Code Warren NJ							107.10	State, Zip Code onx, NY 10466								
Project Manager for Mon	7	Telephone No.			Teleph	elephone No. License No. 30012										
Start Date (10) 05/20/2015		Scheduled		The Control of the Co				me of OSHA Monitor vatement Unlimited, Inc.								
Occupancy Status During	g Abatement (Check	Only One		Stree				Addres								
Facility Closed/Vac	ated During Entire P			ment				32 Bullard Avenue State, Zip Code								
Abatement Perform Other – Describe:		ar i aomity i i	ours					onx, NY 10466								
Scope of Work (Check A	II That Apply)	*))														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		processor.	novat moliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		lo I	ocatio	n.			li-	Nor	1-Exempted	(*) and	Non-Fr	lable		No. of Park	ment	
Location	n of	No	rmall	y		De	scription	of					Туре		ре	
Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	ATED lity	Custo	tenan	ce/		therma surfa	taining M I systems icing, VA miscellan	s insula T, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Store Front	Facade	103	140	X	Non-fr	iable	window	//door	caulk	9	0 LF		X			-
Misc. Tar on				X			iable ro				5 SF		Х			
Name of Registered Was	eta Haular		T N	JDEP W	/acte	Cubic	Yards		Name of F	Peniste	red I and	dfill				
Express Waste Serv			Ha	auler ID J-608	200000	of Wa		Name of Registered Landfill Minerva Enterprises								
City, State Newark, NJ 07114							sal Date @ 5/2	#3.00ml								
Completed by John L. Barone		Title Senior					Signature	gnature Date 5/8/15								

CK 005991

D&S Proj. #: 2015-157

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

Date of Notification (1)	Name of	Building Own	er/Operator (2)				14.4		1	2			
Agencies Notified Type Notifica	14	ine doyle		-									
EPA Initial	Otreet At					4							
DEP Amended		OUNTAINV	IEW ROAD										
Amendment #		te, Zip Code											
Emergency		THAM TWF	P., NJ 07928	_									
justification)	Name of	Contact				Telephone	e Number						
DCA Cancellation	n <u>g</u> eral	dine doyle							_				
		FACI	ILITY INFORMA	OITA	N								
Name of facility where abatement	is taking place (3)					Type of Facility (4	4) (K - 12)						
geraldine doyle						1 📙	apter 8 (C)ther th	nan K	-12)			
Street Address						Other (Private/C	omme		1-/			
21 MOUNTAINVIEW ROA	D						Homes, e	*****	BI	dg. A	ae		
City (5)	County (6)		1	Cou	County Code (7)								
	200000000000000000000000000000000000000				ate use only)	Current Use (Pr	ior if bein	g dem	olish	ed)			
CHATHAM TWP.	MORRIS				INI (A)	<u> </u>					1		
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement								
Street Address				_	D & S RESTOR	LATION, INC.							
Street Address						102							
City, State, Zip Code				-	20 California A City, State, Zip Code				_		_		
,,, -,					Paterson, NJ 0								
Project Manager for Monitoring Firm	n	Phone Numb	er	-	Telephone Number	7303	License	Numb	er				
					973-345-8020)	0	1169					
Start Date (10)	ISched, Comp	letion Date (11	1)	_	Name of OSHA Mor	nitor							
			*		D & S Restorat	ion, Inc.							
05/19/15 Occupancy Status During Abateme	05/29/15	\		_	Street Address								
Facility closed/vacated during		**//			20 California A								
Abatement performed outside					City, State, Zip Code								
Describe: NORMAL I	HOURS			-	Paterson, NJ 0	7503							
Scope of Work (check all that appl						Full Containment w	/negative	press	ure				
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$						Mini-enclosure	3						
≥160 sf or ≥260 lf	Demolition				≅	Glovebag procedur		دا دا داد					
Location of	Is location norma	ally used solely	/			Non-Exempted (*)	and Non-	R	R	E	T		
asbestos-containing	by maintenance/			n of a	asbestos-containing	Amount		e m	e	n	l E		
material (acm) to be abated in facility (13)	staff(12)		material (A			(Specify S LF)	For	0	a	a	C		
addica in identity (10)	Yes No	N/A						v e	i	р	_		
BASEMENT			PIPE INSU	LAT:	ION	66 L FT		X					
Pagintarna Wests Hauts			which Version (1)	V/2 = 4	IN 25								
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		ubic Yards of W yd.	vaste		d Landfill , RESOURCE RE	COVER	ξY					
City, State		Disposal D	ate	y 72	City, State								
PATERSON, NJ 07503		05/20/1.			TULLYTOWN	, PA							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	13	Signature		4		Date	2015			100000		
	* Do not use this fo	orm for ashest	os licensura evo	empto	nd activities		05/07/	2013	-				

CK 005990

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

D&S Proj. #: 2015-156

Date of Notification (1)	Name o	of Building Owne	er/Operator (2)					144.	10 2	- 5			
0 5 / 0 6 / 1 5		ld dameron											
Agencies Notified Type Notification Type Notification Initial	on Street A	ddress									Ú		
_	401 v	west elm stree	t										
DEP Amendment #:	011 01	ate, Zip Code									1900		
DOL Emergency		DEN, NJ 0703	36										
DOH (including		f Contact	30	en nedera		Telephone Number							
justification)		Comaci					1						
☐ DCA ☐ Cancellation	rona	ld dameron					<u> </u>			=			
*		FACI	LITY INFORMA	ATION									
Name of facility where abatement is	taking place (3)					Туре	of Facility		9				
			(4)				=	ol (K - 12)			4.01		
ronald dameron						-		napter 8 (C			-12)		
Street Address								(Private/C ./Homes, e		rciai			
401 west elm street						Squ	are Feet	# of Floor		Ble	dg. A	ge	
City (5)													
				(Sta	te use only)	Cur	rent Use (F	Prior if bein	ig dem	olishe	ed)		
LINDEN	UNION		ASCM No.		INI CAL	<u> </u>	-t (D)						
Name of Monitoring Firm Hired by E	sidg. Owner (8)	Name of Abateme											
			West and the second	_	D & S RESTO	RATIO	N, INC.						
Street Address					Street Address								
	7.500		4	_	20 California								
ity, State, Zip Code		0.00	1		City, State, Zip Coo	de							
					Paterson, NJ								
roject Manager for Monitoring Firm		Phone Numb	er		Telephone Numbe			License		er			
					973-345-802				1169				
Start Date (10)	Sched. Com	pletion Date (11	1)		Name of OSHA M								
05/18/15	05/20/15				D & S Restoration, Inc. Street Address								
Occupancy Status During Abatemer	05/28/15	0)		_									
Facility closed/vacated during					20 California								
Abatement performed outside Describe:					City, State, Zip Co	ae		#					
Other-Describe: NORMAL H	OURS			_	Paterson, NJ	07503							
Scope of Work (check all that apply	r)					Full Co	ntainment	w/negative	press	ure			
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation				Ţ		nclosure						
≥160 sf or ≥260 lf	Demolition				<u> </u>		ag procedi		fui a la la		a ala		
	Is location norm	ally used solely	./			Non-E	xempted (*) and Non-	R	R	E	1	
Location of asbestos-containing	by maintenance	e/custodial			ah aataa aantaining		Amount		е	е	n	E	
material (acm) to be	staff(12)		material (sbestos-containing		(Specify	SF or	m o	p a	С	n c	
abated in facility (13)	Yes N	lo N/A	1	,			LF)		v	i	a p	L	
			Tome provi	T 4 / T	1011		2.1.6		e ISZI	r		-	
BASMENT			PIPE INSU	LAT	IUN	52	21ft			牌	片	井	
			<u></u>						#	닏	닏	븯	
									44	Ш	닏	닏	
	9												
egistered Waste Hauler	NJDEP Ha		Cubic Yards of \	Vaste		red Landf	ill	FOOT	227				
D & S RESTORATION, INC.	13506		1 yd.		TULLYTOW	N, RESC	OURCE R	ECOVE	ΚΥ			_	
City, State		Disposal D			City, State	DI D.							
PATERSON, NJ 07503		05/19/1			TULLYTOW	N, PA		15.					
Completed by (Print or Type)	Title		Signature					Date 05/06	/2015				
BOGDAN JOLDZIC	PRESIDENT	form for asha-t	oo ligeneure er	omnt-	ad activities			05/06	12013				
ASB-41	Do not use this	TOTAL TOT ASDEST	os nochsule ex	cilibre	activities.								

CK 005992

D&S Proj. #: 2015-158

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

													i.			
Date of Notification (1)		lame of Bu	iilding Owne	er/Operator (2)	1732190000000			14,7		- 5			1			
0 5 / 0 7 / 1 5		ARNIE I	PEDOWIT	Z												
Agencies Notified Type Notificat EPA Initial	ion S	treet Addre	ess				-		4							
DEP Amended		285 OLI	SHORT	14												
Amendment #:		ity, State,	Zip Code													
DOL ☐ Emergency		SHORT	HILL, NJ													
DOH (including justification)	N	ame of Co	ntact	Telephor	ne Numbe	er										
☐ DCA ☐ Cancellation	- 11	ARNIE	PEDOWI	TZ				_								
			FACIL	LITY INFORM	ATION											
Name of facility where abatement i	s taking pla	ace (3)					Тур	pe of Facility								
ARNIE PEDOWITZ								=	ol (K - 12) napter 8 (0		an K	12)				
Street Address					-		-	Other	(Private/C	Comme		12)				
285 OLD SHORT HILLS RO	MD								/Homes, e		RI	dg. A	ne ne			
City (5)		nty (6)			Сош	nty Code (7)	- 50	quare Feet	# 01 1100	15	Dic	ig. A	ge			
		1 1-1				te use only)	0	urrent Use (P	rior if beir	ng dem	olishe	ed)				
SHORT HILLS		SEX							,							
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abateme			7 1 10 10 10 10							
					_	D & S RESTO	ORATIO	ON, INC.								
Street Address						Street Address										
Dity, State, Zip Code					_	20 California City, State, Zip Co	-									
Dity, State, Zip Code																
Project Manager for Monitoring Firm	1	I p	hone Numbe	ar .		Paterson, NJ Telephone Number			License	e Numb	er					
roject warager for wormoring i im		1,	none radino	51		973-345-80			The state of the s	01169						
Start Date (10)	ISchoo	Complet	ion Date (11	Y		Name of OSHA N	Nonitor									
Start Date (10)	Sched	. Completi	ion Date (11	L.		D & S Restor	ration, l	Inc.								
05/26/15	06/12				_	Street Address										
Occupancy Status During Abatemer						20 California		e								
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode									
Describe:NORMAL F	IOURS				-11	Paterson, NJ	07503									
Scope of Work (check all that apply	y)						Full (Containment	w/negative	e press	ure					
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation	nc						enclosure								
≥160 sf or ≥260 lf	Demolition	n						ebag procedu -Exempted (*)		-friable	proce	edure	3			
Location of			used solely							R	R	Е	E			
asbestos-containing	by mainte staff(12)	enance/cus	stodial			sbestos-containing	g	Amount (Specify)	SE or	e m	e p	n	n			
material (acm) to be abated in facility (13)	Yes	No	N/A	material ((ACM)			LF)	3F 0I	0	a	а	L			
	163	140	IN/A					2.0		e	r	р				
BASEMENT/CRAWL SPACE		LX.		PIPE INSU				1050 L FT			Ц	ᆜ	十二			
BASEMENT		LX		DUCT INS				120 SQ FT				닏	부			
GARAGE		LX.		PIPE INSU	LATI	ON		55 L FT			닏	닏	14			
										ᆛ		片	부			
Registered Waste Hauler	LAUID	EP Hauler	JD# 1.0	ubic Yards of	Naste	Name of Registe	ared I an	dfill		_						
D & S RESTORATION, INC.		506		0 YDS	vuolt	TULLYTOW			ECOVE	RY						
City, State			Disposal D			City, State										
PATERSON, NJ 07503			05/29/1:			TULLYTOV	VN, PA		75							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 05/07	7/15						
ASB-41			n for asbesto	s licensure ex	empte	d activities.						-				