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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/14/14</td>
<td>KEITH REYNOLDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency</td>
</tr>
<tr>
<td></td>
<td>(including</td>
</tr>
<tr>
<td></td>
<td>justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of facility where abatement is taking place (3)</td>
</tr>
<tr>
<td>KEITH REYNOLDS</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>17 ADAMS AVENUE</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>CRANFORD, NJ 07016</td>
</tr>
<tr>
<td>County (6)</td>
</tr>
<tr>
<td>Union</td>
</tr>
<tr>
<td>County Code (7)</td>
</tr>
<tr>
<td>(State use only)</td>
</tr>
</tbody>
</table>

| Name of Monitoring Firm Hired by Bldg. Owner (8) |
| ASOM No. |

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>School, Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/14/14</td>
<td>11/28/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Facility closed during entire period of abatement.</td>
</tr>
<tr>
<td>- Abatement performed outside of normal facility hours.</td>
</tr>
<tr>
<td>Other: Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- &gt;300 ft or &gt;300 ft</td>
</tr>
<tr>
<td>- Renovation</td>
</tr>
<tr>
<td>- Demolition</td>
</tr>
</tbody>
</table>

| Location of asbestos-containing material (ACM) to be abated in facility (13): |
| Location normally used solely by maintenance custodial staff: |
| Description of asbestos-containing material (ACM) |
| Amount (Specify SF or LF) |

<table>
<thead>
<tr>
<th>BASEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location: PIPE INSULATION</td>
</tr>
<tr>
<td>Description: 195 L FT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
<tr>
<td>Hauler ID: 15506</td>
</tr>
<tr>
<td>Cubic Yards of Waste: 12 YDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>TULLY TOWN, RESOURCE RECOVERY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOGDAN JOLDAZIC</td>
</tr>
<tr>
<td>Title: PRESIDENT</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date: 11/12/2014</td>
</tr>
</tbody>
</table>

*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. #: 2014-469

Date of Notification (1)

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
KEITH REYNOLDS

Street Address
17 ADAMS AVENUE

City, State, Zip Code
CRANFORD, NJ 07016

Name of Contact
KEITH REYNOLDS

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
KEITH REYNOLDS

Street Address
17 ADAMS AVENUE

City (5)

County (6)

County Code (7)

(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs/Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
11/14/14

Sched. Completion Date (11)
11/28/14

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement
- Abatement performed outside of normal facility hours
- Describe:
- Other: Describe: NORMAL HOURS

Scope of Work (check all that apply)

- >3 sf or >3 if
- Renovation
- >160 sf or >260 if
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

BASEMENT

Is location normally used solely by maintenance/custodial staff (12)

Yes
No
N/A

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LFT)
195 LFT

Removal Repair Encapsulation

Full Containment W/ negative pressure
Mini-enclosure
Glovebag procedure
Non-Exempted (*) and Non-friable procedure

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID#: 13506
Cubic Yards of Waste: 12 YDS
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERNON, NJ 07503
Disposal Date
11/15/14

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature

Date
11/12/2014

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/14</td>
<td>JEFF TURK</td>
</tr>
</tbody>
</table>

**AGENCIES NOTIFIED**
- EPA
- DEP
- DOL
- DOH
- DCA

**ADDRESS**
- 144 COLEY AVENUE
- BERGEN, NJ 07645

**NOTIFICATION**
- Type of Facility: School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial
  Buildings, etc.)

**NAME OF FACILITY FOR ASBESTOS ABATEMENT**
- JEFF TURK

**NAME OF FIRM HIRING OWNER (4)**
- D & S RESTORATION, INC.

**PROJECT MANAGER FOR MONITORING FIRM**
- E. L. WRAY

**START DATE**
- 11/17/14

**DESCRIPTION OF SAFETY MEASURES**
- For removal of asbestos-containing materials
- For maintenance and disposal

**LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM)**

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>86.5 FT</td>
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</tbody>
</table>

**TITLE**
- PRESIDENT

**DATE**
- 11/13/14

**DATE OF DISPOSAL OF WASTE**
- 11/18/14

**NAME OF REGISTERED LANDFILL**
- TULLY TOWN, RESOURCE RECOVERY

**WASTE DISPOSAL PERMIT**
- TULLY TOWN, PA

**DISPOSAL DATE**
- 11/18/14

**CITY, STATE**
- PATERNON, NJ 07503

**CUBIC YARDS OF WASTE**
- 13506

**DISPOSAL DATE**
- 11/18/14

**CITY, STATE**
- TULLY TOWN, PA

**CUBIC YARDS OF WASTE**
- 13506

**TITLE**
- PRESIDENT

**SIGNATURE**
- E. L. WRAY

**DATE**
- 11/13/14

---

*Do not use this form for asbestos liberation exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**  
11/14/14

**Name of Building Owner/Operator (2)**  
JEFF TURK

**Agencies Notified**  
- [X] DOL  
- [X] DOH

**Street Address**  
144 COPLEY AVENUE

**City, State, Zip Code**  
TEANECK, NJ 07666

**Name of Contact**  
JEFF TURK

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**  
JEFF TURK

**Street Address**  
144 COPLEY AVENUE

**Project Manager for Monitoring Firm**  

**Phone Number**  

**Start Date (10)**  
11/17/14

**Scheduled Completion Date (11)**  
12/04/14

**Occupancy Status During Abatement (Check only one)**  
- [X] Other-Described: NORMAL HOURS

**Scope of Work (check all that apply)**  
- [X] Renovation
- [X] Demolition

**Location of asbestos-containing material (aCM) to be abated in facility (13)**  
- [X] Yes
- [ ] No
- [ ] N/A

**BASEMENT**  
- PIPE INSULATION

**Description of asbestos-containing material (ACM)**  
- 86 LFT

**Registered Waste Hauler**  
D & S RESTORATION, INC.

**Name of Registered Landfill**  
TULLYTOWN, RESOURCE RECOVERY

**Disposal Date**  
11/18/14

**Authorized Chairperson**  
BOGDAN JOLDZIC

**Signature**  

**Date**  
11/13/14

*Do not use this form for asbestos licensure exempted activities.*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1) 11/14

Agencies-Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment #:
☐ Emergency
☐ (Including justification)

Name of Building Owner/Operator (2) KATHRYN POLUCCI

Address
645 SHERWOOD ROAD

City, State, Zip Code
HO-HO-KUS, NJ 07423

Name of Contact KATHRYN POLUCCI

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
KATHRYN POLUCCI

Street Address
645 SHERWOOD ROAD

City (5)
HO-HO-KUS

County (6)
BERGEN

County Code (7) (State use only)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date: (10) 11/18/14

School, Completion Date (11) 12/04/14

Occupancy Status During Abatement (Check only one)
☐ Facility closed/evacuated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☐ ≥3,000 sf
☐ ≤3,000 sf
☐ ≥150 sf or ≤900 sf
☐ Demolition

Location of asbestos-containing material (ACM) to be abated in facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Material Type</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remedy</th>
<th>Removal</th>
<th>Encapsulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>82 LF</td>
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</tbody>
</table>

Registered Waste Handler
D & S RESTORATION, INC.

U.S. EPA Number: 13506

Cubic Yards of Waste: 1 yd

Name of Registered Handler
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Completed by (Print or Type) BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 11/13/2014

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)

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>Agency notified</th>
<th>Type Notification</th>
<th>Initial</th>
<th>Amended</th>
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<td>EPA</td>
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<tr>
<td>DEP</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>OCA</td>
<td></td>
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<td></td>
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</tbody>
</table>

**Name of Building Owner/Operator (2)**

KATHRYN POLUCCI

Street Address

645 SHERWOOD ROAD

City, State, Zip Code

HO-HO-KUS, NJ 07423

Name of Contact

KATHRYN POLUCCI

Telephone Number


**FACILITY INFORMATION**

Name of facility where abatement is taking place (8)

KATHRYN POLUCCI

Street Address

643 SHERWOOD ROAD

City, State, Zip Code

BERGEN, NJ 07423

Name of Monitoring Firm hired by Bldg. Owner (7)

ASCN No.


**Type of Facility (4)**

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Buildings, Homes, etc.)

**Square Feet**

- # of Floors

- Age of Building

- Current Use

- Prior Use (Prior if building demolished)

**D & S RESTORATION, INC.**

20 California Ave.

Paterson, NJ 07503

**License Number**

973-345-8020

**Name of OSHA Monitor**

D & S Restoration, Inc.

Street Address

20 California Avenue

Paterson, NJ 07503

Start Date (10)

11/13/14

Sched. Completion Date (11)

12/04/14

**Occupy Status During Abatement**

- Facility closed/closed during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other/Describe:

**Score of Work (check all that apply)**

- Asbestos Rm.
- Asbestos Rm. w/neg. pressure
- Maintenance
- Renovation
- Demolition

**Location of**

geosynthetic-containing material (ACM) to be abated in facility (10)

**Amount (Specify SF or Lp)**

<table>
<thead>
<tr>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPE INSULATION</td>
<td>82 LFT</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

13000 City, State

PATerson, NJ 07503

Date

11/13/2014

Title

President

Do not use this form for asbestos license exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-471

Date of Notification (1)
[1[1]1/1/13/1/14]

Name of Building Owner/Operator (2)
KATHRYN POLUCCI

Agency Noticed
☐ EPA
☐ DEP
☑ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☐ Emergency (including justification)
☐ Cancellation

Amendment #: ___

Street Address
645 SHERWOOD ROAD

City, State, Zip Code
HO-HO-KUS, NJ 07423

Name of Contact
KATHRYN POLUCCI

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
KATHRYN POLUCCI

Street Address
645 SHERWOOD ROAD

City (5)
HO-HO-KUS

County (6)
BERGEN

County Code (7) (State use only)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
PATERSON, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs., Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
11/1/14

Scheduled Completion Date (11)
12/04/14

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
☒ Other—Describe: NORMAL HOURS

Scope of Work (check all that apply)
☐ >3 sq ft or >21 sq ft
☒ Renovation

☐ >160 sq ft or >260 sq ft
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)
Yes ☒
No ☐
N/A ☐

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
82 LF FT

Full Containment w/ negative pressure ☒
Mini-enclosure ☐
Glovebag procedure ☒
Non-Exempted (*) and Non-friable procedure ☒

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID #: 13505
Cubic Yards of Waste
1 yd
Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503
Disposal Date
11/18/14

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature

Date
11/13/2014

TULLYTOWN, PA

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/17/2014

Name of Building Owner/Operator (2) W. David & Diana Goldstein

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
23 Dunbar Drive
City, State, Zip Code
West Windsor, NJ 08550

Name of Contact
DAVID J. D’ANDREA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PRIVATE RESIDENCE

Street Address
23 Dunbar Drive
City (5)
West Windsor, NJ 08550

County
Mercer

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
AMERITECH SERVICES

ASCM No.

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

Street Address
1 A ST. LAWRENCE AVENUE
SEASIDE HEIGHTS, NJ 08751

City, State, Zip Code
HAMILTON, NJ 08691

Project Manager for Monitoring Firm
ROD MORRIS

Telephone No.
732-664-7788

Telephone No.
609-890-7110

License No.
00676

Start Date (10) 11/19/2014

Scheduled Completion Date (11) 11/21/2014

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement performed outside of working hours 5PM-2 AM

ESSENTIAL PERSONNEL ONLY

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☐ ≥ 160 sf or ≥ 260 if

☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location

Location

Material

Material Normally Used

by Maintenance/Custodial Staff? (12)

Yes □ No □ N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)
asbestos drywall joint compound

Amount (Specify SF or LF)
200 YDS

Abatement Type
X

Location of Registered Waste Hauler
NJDEP Waste Hauler ID No.
17297

Cubic Yards of Waste
200 YDS

Name of Registered Landfill
GROWS

City, State
MORRISVILLE, PA

Completed By
DAVID D’ANDREA
Title
PRESIDENT

Date
11/17/2014

FILE NO. [24588]

* Do not use this form for asbestos licensure exempted activities
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  11 / 18 / 14
Name of Building Owner/Operator (2)  Holtac International

Agencies Notified  
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-B)
- Type of Notification  
  - Initial
  - Amended
  - Amendment # 
  - Emergency (including justification)
  - Cancellation

Street Address  
1 Holtac Drive
City, State, Zip Code  
Mariton NJ 08053
Name of Contact  
Matt Mockaitis
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Holtac Warehouse - Buildings Q-QA
Street Address  
2500 Broadway
City (5)  
Camden
County (6)  
Camden

Square Feet  
25,000
# of Floors  
1 Floor
Bldg. Age  
50+

Name of Monitoring Firm Hired by Building Owner (8)  
Hatch Mott MacDonald
ASCM No.  
00140
Name of Abatement Contractor (9)  
Controlled Environmental Systems

Street Address  
1121 N. Bethlehem Pike - Suite 60
City, State, Zip Code  
Spring House, PA 19477

Project Manager for Monitoring Firm  
Brian Holbig
Telephone No.  
865 448 3404

Start Date (10)  
12 / 1 / 14
Scheduled Completion Date (11)  
2 / 13 / 15

Name of OSHA Monitor  
CES

Occupancy Status During Abatement (Check only one)  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/___PM/___AM

Scope of Work (Check all that apply)  
- =3 sf or >3 If
- >160 sf or >260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- 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)  
Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  

Amount (Specify SF or LF)  

Abatement Type  
Removal
Repair
Encapsulate

Bldg Q Interior Ground Floor  
1x1 Tile and Mastic  
144 SF  

Bldg Q Exterior  
Roofing Materials  
23,650 SF  

Bldg Q Exterior  
Roof Flashing  
12,000 LF  

SEE NEXT PAGE

Name of Registered Waste Hauler  
2017 Waste Hauler ID No.  
17273
Cubic Yards of Waste  
3000+
Name of Registered Landfill GROWS  

City, State  
Fairless Hills, PA
Disposal Date  
Thru out
City, State  
Tullytown, PA

Completed By (Print or Type)  
Patricia Visco
Title  
Office Manager
Signature  

Date  
11/18/14

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/16/14</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Serge Picardy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

| Street Address     | 134 Barbieri Court |
| City, State, Zip Code | Princeton, NJ 08540 |

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serge Picardy</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>201 Hun Road</th>
</tr>
</thead>
</table>

| City (5)         | Princeton, NJ 08540 |

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer</td>
<td></td>
<td>Residential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>(STATE USE ONLY)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABII, LLC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>300 S. Lenola Road</th>
</tr>
</thead>
</table>

| City, State, Zip Code | Maple Shade, NJ 08052 |

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/26/14</td>
<td>11/30/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 sf or &lt;= 53 sf</td>
</tr>
<tr>
<td>160 sf or &gt;= 260 sf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 SF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ DEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABII, LLC</td>
<td>21376</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Maple Shade, NJ</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>Cubic Yards of Waste</th>
<th>Unincidental Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm. Minnick</td>
<td>Program Mgr.</td>
<td>[Signature]</td>
<td>11/16/14</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
# NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:19 and 12:120)

**Date of Notification (1)**  
11/17/14

**Name of Building Owner/Operator (2)**  
Jeffery Bassano Private Home

**Agencies Notified**  
- EPA
- DEP
- DOL
- DOH
- DCA

**Type Notification**  
- Initial
- Amended
- Emergency (including justification)
- Cancellation

**Street Address**  
1725 W. Central Ave.

**City, State, Zip Code**  
Seaside Heights NJ 08751

**Name of Contact**  
Jeff

---

**FACTOR INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Jeffery Bassano Private Home

**Street Address**  
1725 W. Central Ave.

**Square Feet**  
1000+

**# of Floors**  
2

**Bldg. Age**  
35+

**Current Use (Prior if being demolished)**  
Home

**County Code (7) (STATE USE ONLY)**

**Name of Monitoring Firm Hired by Building Owner (8)**  
ASCM No.

**Name of Abatement Contractor (9)**  
Pernaco Inc.

**Street Address**  
PO Box 329

**City, State, Zip Code**  
West Berlin NJ 08091

**Telephone No.**  
856-753-9800

**License No.**  
00727

---

**Start Date (10)**  
11/18/14

**Scheduled Completion Date (11)**  
11/21/14

**Occuancy Status During Abatement (Check Only One)**  
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

---

**Scope of Work (Check All That Apply)**  
- ≥3 sf or ≥3.1
- ≥160 sf or ≥260 sf

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**  
- In Facility

**Is Location Normally Used Solely by Maintenance/Custodial Staff?**  
- Yes
- No
- N/A

**Description of Asbestos-Containing Material (ACM)**  
- i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous

**Amount (Specify SF or LF)**  
2200 SF

**Abatement Type**  
- Removal
- Repair
- Encapsulate
- Enclosure

---

**Name of Registered Waste Hauler**  
United Containers

**NJ/DEP Waste Hauler ID No.**  
22459

**Cubic Yards of Waste**  
4

**Name of Registered Landfill**  
G.R.O.W.S.

**Disposal Date**  
11/21/14

**City, State**  
Morrisville PA 19067

**Completed by**  
Anthony T Perna

**Title**  
President

**Signature**  

**Date**  
11/17/14

---

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**GAC Project # 2014-465**

**Date of Notification (1):** November 14, 2014

**Name of Building Owner/Operator (2):** STEVENS INSTITUTE OF TECHNOLOGY

**Street Address:** CASTLE POINT ON HUDSON
**City, State, Zip Code:** HOBOKEN, NJ 07030-5991

**Name of Contact:** MR. JOHN LANZA

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** REED HOUSE

**Street Address:** 805 CASTLE POINT TERRACE

**City:** HOBOKEN
**County:** HUDSON
**County Code (7):** 0004

**Name of Monitoring Firm Hired by Bldg. Owner (8):** BRIGGS ASSOCIATES, INC.

**Street Address:** 3 CROSSWICKS STREET

**City, State, Zip Code:** BORDENTOWN, NJ 08505

**Name of Contractor (9):** GREENWOOD ABATEMENT CONSULTANTS, INC.

**Street Address:** 268 MAIN STREET

**City, State, Zip Code:** BUTLER, NJ 07405

**Project Manager for Monitoring Firm:** MR. MIKE HOODAK
**Telephone Number:** 609-298-5520

**Type of Facility (4):**
- School (K-12)
- Other (i.e. private & commercial buildings, homes, etc.) - NOT SUB 8, Non-Friable Asbestos Flooring

**Sq. Feet:** 10,000SF
**# of Floors:** 3
**Bldg. Age:** 114+ years

**Current Use (prior if being demolished):** ACADEMIC RESIDENCE

### SCOPE OF WORK

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)**
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13):**

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LP)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>YES</td>
<td>VAT ONLY</td>
<td>1000 SF</td>
<td>Remove, Repair, Encase, Enclose</td>
</tr>
</tbody>
</table>

**Location of Asbestos-Containing Material (ACM):**

- BASMENT
- VAT ONLY

**Full Containment with Negative Pressure**

**Mini-Enclosure**

**Glovebag Procedure**

**Non-Exempted (*) and Non-Friable Procedure**

**Name of Registered Landfill:** G.R.O.W.S. North Landfill

**Cubic Yards of Waste:** 30 CY

**Disposal Date:** 11/30/2014

**City, State:** 100 New Ford Mill Rd, Morrisville, Pa 19067 215-736-1700

**Completed by (Print or Type):** RAYMOND C. PEDALINO
**Title:** SENIOR PROJECT MANAGER

**Signature:** Raymond C. Pedalino
**Date:** November 14, 2014

**Copies To:** Stevens Institute of Technology, Attn: Mr. John Lanza and Briggs, Attn: Mr. Mike Hoodak
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1): 11-12-14

Name of Building Owner/Operator (2): Mark Folkart

AGENCIES NOTIFIED  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA

Type Notification: \[\square\] Initial  
\[\square\] Amended  
\[\square\] Amendment #  
\[\square\] Emergency (including justification)  
\[\square\] Cancellation

Name of Facility Where Abatement is Taking Place (3): Mark Folkart

Street Address: 11 Cray Terrace

City: Fanwood, NJ

County: Union

Name of Abatement Contractor (9): Delta Contracting LLC

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCN No.: Name of GSHA Monitor: Delta Contracting LLC

Start Date (10): 11-15-14

Scheduled Completion Date (11): 11-16-14

Occupancy Status During Abatement (Check Only): Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours: Other - Describe: 08:00 AM - 05:00 PM

Scope of Work (Check All That Apply):  
\[\square\] 33 sf or 23 If  
\[\square\] 160 sf or 220 If  
\[\square\] Renovation Demolition  
\[\square\] Full Containment with Negative Pressure  
\[\square\] Mini-Enclosure  
\[\square\] Glovebag Procedure  
\[\square\] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13):  
- Boiler Insulation  

Amount (Specify SF or LF): 30 SF  

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous): x

Name of Registered Waste Hauler: Delta Contracting LLC

NJDEP Waste Hauler ID No.: 36240

Disposal Date: 11-18-14

Name of Registered Landfill: Tullytown Resource Recovery Facility

City: Tullytown

State: PA

Date: 11-12-14

Signature:  

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1)
11/14/2014

Name of Building Owner/Operator (2)
RELATED SOMERS POINT LLC

Address
423 WEST 55TH STREET, 9TH FLOOR

City, State, Zip Code
NEW YORK, NEW YORK 10019

Name of Contact
GUY BUTTARO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SOMERS POINT VILLAGE APARTMENTS

Street Address
50 MAYS LANDING ROAD

City (5)
SOMERS POINT

County (6)
ATLANTIC

Type of Facility (4)

\[ \square \text{ School (K-12)} \]
\[ \square \text{ Subchapter 8 (Other than K-12)} \]
\[ \xmark \text{ Other (i.e. private & commercial buildings, homes, etc.)} \]

Square Feet
523 P/UNIT

\# of Floors
2

Bldg. Age
50+

Current Use (Prior to being demolished)
APARTMENT UNITS-FIRE-VACANT

Name of Monitoring Firm Hired by Building Owner (8)
STRATEGIC ENVIRONMENTAL

Name of Abatement Contractor (9)
ASSURED ENVIRONMENTAL SERVICES INC.

Street Address
1834 SOUTH DELAWARE STREET

City, State, Zip Code
PAULSBORO NJ 08066

Project Manager for Monitoring Firm
ED KEEGAN

Telephone No.
856-423-5711

License No.
01145

Name of OSHA Monitor
EMSL

Start Date (10)
11/24/2014

Scheduled Completion Date (11)
12/27/2014

Occupancy Status During Abatement (Check Only One)

\[ \xmark \text{ Facility Closed/Vacated During Entire Period of Abatement} \]
\[ \square \text{ Abatement Performed Outside of Normal Facility Hours} \]
\[ \square \text{ Other – Describe:} \]

Scope of Work (Check All That Apply)

\[ \square \text{ Renovation} \]
\[ \xmark \text{ Demolition} \]
\[ \xmark \text{ Full Containment with Negative Pressure} \]
\[ \square \text{ Mini-Enclosure} \]
\[ \square \text{ Glovebox Procedure} \]
\[ \square \text{ Non-Exempted (*) and Non-Friable Procedure} \]

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Method of Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIT 97-98-99-100-101-102</td>
<td>X</td>
<td>FLOOR TILE</td>
<td>3138 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>UNIT 97-98-99-100-101-102</td>
<td>X</td>
<td>JOINT COMPOUND</td>
<td>300 SF</td>
<td>Endorse</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SERVICE TRANSPORT-GROUP INC.

Cubic Yards of Waste
120

Name of Registered Landfill
MINERVA LANDFILL

City, State
NEW CASTLE, DELAWARE

Disposal Date
12/30/2014

Completed by
RON SWANSON

Title
GENERAL MANAGER

Signature

Date
11/14/2014

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