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

**Date of Notification (1):** 4-17-17

**Name of Building Owner/Operator (2):** J. Vinch & Sons Inc

**Address:** P.O. Box 5465
**City, State, Zip Code:** Trenton, NJ 08648

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Duplex Dwelling

**Street Address:**
**City:** Trenton, NJ 08618

**County:** Mercer

**Name of Monitoring Firm Hired by Building Owner (8):** EPC Technologies

**ASCM No.:** N/A

**Name of Abatement Contractor (9):** EPC Technologies Inc

**Street Address:** P.O. Box 337
**City, State, Zip Code:** New Egypt, NJ 08533

**Project Manager for Monitoring Firm:** Steve Schenker
**Telephone No.:** 609-758-3365

**Start Date (10):** 4-27-17

**Scheduled Completion Date (11):** 5-5-17

**Facility Closed/Vacated During Entire Period of Abatement:** Yes

**Abatement Performed Outside of Normal Facility Hours:** No

### Scope of Work (Check All That Apply)

- [x] 23 sf or 23 if
- [ ] ≥160 sf or ≥280 lf
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location</th>
<th>Use by Maintenance/Custodial Staff?</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>
</tr>
</thead>
<tbody>
<tr>
<td>#135 Basement</td>
<td>X</td>
<td>Yes</td>
<td>Pipe Insulation *</td>
<td>80 LF</td>
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<tr>
<td>#137 Basement</td>
<td>X</td>
<td>Yes</td>
<td>Pipe Insulation *</td>
<td>40 LF</td>
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<tr>
<td>#135 Porch Roof</td>
<td>X</td>
<td>No</td>
<td>Sillvan Paint on Metal</td>
<td>150 SF</td>
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</table>

**Name of Registered Waste Hauler:** EPC Technologies
**NJDEP Waste Hauler ID No.:** 17000

**Cubic Yards of Waste:** 2

**Name of Registered Landfill:** Waste Management of PA

**City, State:** New Egypt, NJ

**Dispose Date by:** 5-5-17

**City, State:** Muenstersville, PA

**Completed by:** Steve Schenker
**Title:** President

**Signature:**

**Date:** 4-17-17

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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:68 and 12:120)

Date of Notification (1) 4-27-17

Name of Building Owner/Operator (2) Michael Barbone

Street Address _________________

City, State, Zip Code Belleville, NJ 07109

Name of Contact Michael Barbone

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Single Family Dwelling

Type of Facility (4)
□ School (K-12)
□ Other (i.e. private & commercial buildings, homes, etc.)

□ Subchapter 8 (Other than K-12)

□ Emergency (including justification)

□ Cancellation

Square Feet 2

# of Floors 2

Bldg. Age 80+

Current Use (Prior to if being demolished)

City (5) Belleville, NJ 07109

County (6) Essex

County Code (7) ________

Name of Monitoring Firm HIred by Building Owner (8)
EPC Technologies

ASCM No. N/A

Name of Abatement Contractor (9)
EPC Technologies Inc

Street Address P.O. Box 337

City, State, Zip Code New Egypt, NJ 08533

Telephone No. 609-758-3365

License No. 00394

Start Date (10) 4-27-17

Scheduled Completion Date (11) 5-27-17

Occupancy 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)
□ 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
□ Yes □ No □ N/A

In Facility (12)

Is Location Normally Used Solely by Maintenance/ Custodial Staff?

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
□ Endorse

2nd Floor Bedroom

Floor Tiles 250 SF

Basement

Floor Tiles 1000 SF

Basement

Pipe Insulation 170 LF

Name of Registered Waste Hauler
EPC Technologies

NJDEP Waste Hauler ID No. 17000

Cubic Yards of Waste 3

City, State New Egypt, NJ

Name of Registered Landfill Waste Management of PA

Disposal Date by 5-27-17

City, State Moonvislle, PA

Completed by
Steve Schenker

Title President

Signature

Date 4-27-17

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>3-14-17</th>
<th>Name of Building Owner/Operator (2)</th>
<th>Bill Winters</th>
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<tbody>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
<td>Name of Building Owner/Operator (2)</td>
<td>Bill Winters</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Bill Winters</td>
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<tr>
<td>Type of Building</td>
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<td>Type of Building</td>
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<td>City, State, Zip Code</td>
<td>New Brunswick, NJ 08570</td>
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<td>County Code (7)</td>
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<td>Name of Facility Where Abatement Taking Place (3)</td>
<td>Single Family Dwelling</td>
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<td>Type of Facility (4)</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
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<tr>
<td>Name of Abatement Contractor (9)</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenken</td>
<td></td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenken</td>
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<tr>
<td>License No.</td>
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<tr>
<td>License No.</td>
<td>00394</td>
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<td>Start Date (10)</td>
<td>3-27-17</td>
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<td>Scheduled Completion Date (11)</td>
<td>4-7-17</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>X: Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>X: Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ Renovation</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ Demolition</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ Full Containment with Negative Pressure</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>□ Glueboaking Procedure</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)</td>
<td>Basement</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)</td>
<td>Basement</td>
<td></td>
<td></td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (16)</td>
<td>Yes</td>
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<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (16)</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation</td>
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<tr>
<td>Description of Asbestos-Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Pipe Insulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>100 LF X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>100 LF X</td>
<td></td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
<td></td>
<td></td>
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<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
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<tr>
<td>Cubic Yards of Waste</td>
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<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
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<td>Disposal Date</td>
<td>4-7-17</td>
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<tr>
<td>City, State</td>
<td>Meansville, PA</td>
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<tr>
<td>Completed by</td>
<td>Steve Schenken</td>
<td></td>
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<td>Steve Schenken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
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<tr>
<td>Title</td>
<td>President</td>
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<tr>
<td>Signature</td>
<td>Steve Schenken</td>
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<tr>
<td>Date</td>
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<tr>
<td>Date</td>
<td>3-14-17</td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1): 4-12-17
Name of Building Owner/Operator (2): MATTIE J. NICHOLS

Agencies Notified: [ ] EPA  [ ] DEP  [x] DOL  [ ] DOH  [ ] DCA  
Type Notification: [x] Initial  [ ] Amended  [ ] Amendment #  
[ ] Emergency (including justification)  [ ] Cancellation

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3): RESIDENCE
Street Address: 
City: [REDACTED]  County: [REDACTED]  [x] USE ONLY

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

Name of Abatement Contractor (9): KLUM CO INC
Street Address: 369 S SPRUCE AVE
City, State, Zip Code: MAPLE SHADE, N.J.

Start Date (10): 4-22-17
Scheduled Completion Date (11): 4-29-17

Occupancy Status During Abatement: [x] Facility Closed/Vacated During Entire Period of Abatement
Other - Describe: 

Scope of Work (Check all that apply):
[ ] 23 sf or ≤23 ft  [ ] ≤160 sf or ≥260 ft  [x] Demolition

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

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Amount</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Siding</td>
<td>2000 SF</td>
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</table>

Name of Registered Waste Hauler: KLUM CO INC
NJDEP Waste Hauler ID No: [REDACTED]
Cubic Yards of Waste: [REDACTED] Yes

Name of Registered Landfill: [REDACTED]
City, State: WOODBINE, N.J.

Completed By: MICHAEL KUMM  Title: SUP.
Signature: [REDACTED]  Date: 4-12-17

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 4/13/2017
Name of Building Owner / Operator (2): DANIEL BROX

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ EPA</td>
<td>☒ Initial</td>
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<tr>
<td>☐ DEP</td>
<td>☐ Amended</td>
<td></td>
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<tr>
<td>☐ DOL</td>
<td>☐ Emergency</td>
<td></td>
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<tr>
<td>☐ DOH</td>
<td>☐ Cancellation</td>
<td></td>
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<tr>
<td>☐ DCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State &amp; Zip Code: Princeton, NJ</td>
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</tbody>
</table>

Name of Contact: DANIEL BROX
Telephone Number: 2078

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
Residence:
Street Address: [Redacted]

City (5): Princeton
County (6): Mercer
County Code (7): [Redacted]

Type of Facility (4):
☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 1500
# of Floors: 2
Bldg. Age: 50+
Current Use (Prior if being demolished): Residential

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

Street Address: [Redacted]

City, State & Zip Code: [Redacted]

Project Manager for Monitoring Firm: [Redacted]
Telephone Number: [Redacted]

Scheduled Start Date (10): 4/22/2017
Scheduled Completion Date (11): 4/23/2017

Occupancy Status During Abatement (Check only one):
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: [Redacted]
☐ Facility Occupied During Abatement

Scope of Work (Check all that apply):
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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 or 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:
Pipe insulation (glovebag-wrap and cut): 30lf

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No. 000333330

ALPHA ENVIRONMENTAL
City, State: Trenton, NJ

Completed By (Print or Type): TOD RICHARDSON
Title: Project Manager
Signature: [Redacted]
Date: 4/13/2017
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**State of New Jersey**

**Date of Notification**: 04 / 14 / 17

**Name of Building Owner/Operator**: Saint Barnabas Realty c/o Newark Beth Israel Medical Center

**Street Address**: 201 Lyons Avenue
**City, State, Zip Code**: Newark, NJ 07112

**Name of Contact**: Luis Caceres

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: (3) Vacant Residence

**Street Address**: [Redacted]
**City**: Newark
**County Code**: Essex

**Name of Monitoring Firm Hired by Building Owner**: Environmental Tactics, Inc.
**ASCM No.**: N/A

**Name of Abatement Contractor**: Lillich Corporation

**Type of Facility**: (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**: 2,800
**# of Floors**: 3
**Bldg. Age**: 80 yrs.

**Current Use**: Prior if being demolished
**House**: (5)

**Start Date**: 04 / 27 / 17
**Scheduled Completion Date**: 05 / 20 / 17

**Occupancy Status During Abatement**: (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work**: (Check all that apply)
- ≥3 sf or ≥3 lf
- ≥150 sf or ≥260 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Cleveage Procedure
- Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>Is Location Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>(13)</td>
<td>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>200 LF</td>
<td>Closure</td>
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<td>Throughout</td>
<td>☑</td>
<td>Pipe Insulation</td>
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<td></td>
</tr>
<tr>
<td>Throughout</td>
<td>☑</td>
<td>wall/ceiling plaster</td>
<td>5,500 SF</td>
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<tr>
<td>Roof Flashing</td>
<td>☑</td>
<td>Flat Roof</td>
<td>100 SF</td>
<td></td>
</tr>
<tr>
<td>hallway 3rd floor</td>
<td>☑</td>
<td>VAT</td>
<td>40 SF</td>
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</tbody>
</table>

**Name of Registered Waste Hauler**: ATC, Inc.
**NJDPC Waste Hauler ID No.**: S-24310

**Cubic Yards of Waste**: Minerva Enterprises
**Name of Registered Landfill**: Wayneburg, OH

**City, State**: Shirley, NY
**Disposal Date**: May 11
**Completed By**: Adriana Olejarova
**Title**: President

**Signature**

- *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)

<table>
<thead>
<tr>
<th>Agendas Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<td>DOH</td>
<td>Emergency (including justification)</td>
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<td>DCA</td>
<td>Cancellation</td>
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Name of Building Owner/Operator (2): Ted Kalinka/ Kalinka Homes, LLC
City, State, Zip Code: Tom's River, NJ 08753
Name of Contact: Ted Kalinka
Telephone Number: 1

FACILITY INFORMATION

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

City (5):
Bridgewater

County (5):
Somerset

County Code (7) (STATE USE ONLY): __________

Current Use (Prior if being demolished): residence

Type of Facility (4):
School (K-12)
Subchapter B (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: # of Floors: Bldg. Age:

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

Name of Abatement Contractor (9):
Lillich Corporation

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

License No.:
97-225-8400
01104

Start Date (10):
04/27/2017

Scheduled Completion Date (11):
04/28/2017

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

Scope of Work (Check All That Apply):
3/8 sf or 3 sf
3/8 sf or 3/8 sf

Renovation
Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):
Yes
No
N/A

TSI

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

Amount (Specify SF or LF):
160 LF

Abatement Type:
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Fireable Procedure

Name of Registered Waste Hauler:
Lillich Corporation

NJDEP Waste Hauler ID No.:
18724

Cubic Yards of Waste:

Name of Registered Landfill:
GROWS Landfill

City, State:
Woodland Park, NJ

Disposal Date:

Completed by:
Adriana O'Farrova
Title:
president

Signature:

Date:
04/17/2017

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

Date of Notification (1)
04/14/2017

Name of Building Owner/Operator (2)
Howard Rudd

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

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (Including justification)
- Cancellation

Street Address
City, State, Zip Code
Short Hills, NJ 07078

Name of Contact
Howard Rudd

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
House

Street Address

City (6)
Short Hills

County (6)
Essex

County Code (7)

Square Feet
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior or being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
073-345-9685

License No.
01311

Start Date (10)
04/25/2017

Scheduled Completion Date (11)
04/29/2017

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

Scope of Work (Check All That Apply)
- Renovation
- Demolition

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

Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Yes

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

Amount (Specify SF or LF)
80 LF

Abatement Type

Endorse
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Nriable Procedure

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste Management of PA

City, State
Totowa, NJ

Disposal Date
TBD

City, State
Tullytown, PA

Completed by
Ned Joksimovic
Title
Project Manager

Signature

Date
04/14/2017

* 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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04/14/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Rosalie Gross</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>EPA, DEP, DOL, DOH, DCA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial, Amended, Emergency (including justification)</td>
</tr>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Teaneck, NJ 07666</td>
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<tr>
<td>Name of Contact</td>
<td>Rosalie Gross</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>1</td>
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</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | House |
| Street Address | [Redacted] |
| City (5) | Teaneck |
| County (6) | Bergen |
| County Code (7) | N/A |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| ASCM No. | N/A |
| Name of Abatement Contractor (9) | D&S Abatement, Inc. |
| Street Address | 11 Rosengren Avenue |
| City, State, Zip Code | Totowa, NJ 07512 |
| Project Manager for Monitoring Firm | Telephone No. |
| Telephone No. | 573-345-8685 |
| License No. | 01311 |

| Start Date (10) | 04/14/2017 |
| Scheduled Completion Date (11) | 04/26/2017 |

| Occupancy Status During Abatement (Check Only One) | Facility Closed/Vacated During Entire Period of Abatement |
| Occupied - Describe | N/A |

| Scope of Work (Check All That Apply) | Renovation, Demolition |
| ≥ 3 sf or ≥ 3 ft | N/A |
| ≥ 160 sf or ≥ 280 ft | N/A |

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

| In Facility (13) | Basement |
| Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Yes |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Pipe insulation |
| Amount (Specify SF or LF) | 115 LF |
| Abatement Type | x |

| Name of Registered Waste Hauler | D&S Abatement, Inc. |
| NJDEP Waste Hauler ID No. | 20996 |
| Cubic Yards of Waste | TBD |
| Name of Registered Landfill | Waste Management of PA |
| City, State | Totowa, NJ |

**Completed by**

| Ned Joksimovic | Title | Project Manager |
| Signature | 1 |
| Date | 04/14/2017 |

* 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)  
04/14/2017

Name of Building Owner/Operator (2)  
Anthony Marin

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

Type Notification  
- Initial  
- Amended  
- Amendment #  
- Emergency (including justification)

Street Address  
City, State, Zip Code  
Bloomfield, NJ 07003

Name of Contact  
Anthony Marin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
House

City (5)  
Bloomfield

County (6)  
Essex

County Code (7)  
N/A

Type of Facility (4)  
- School (K-12)  
- Subchapter 8 (Other than K-12)  
- Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

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

ASCM No.  
D&S Abatement, Inc.

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

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Start Date (10)  
04/24/2017

Scheduled Completion Date (11)  
04/29/2017

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

Scope of Work (Check All That Apply)  
- ≥3 3 ft or ≥3 ft  
- ≥160 sf or ≥280 sf  
- 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  
(10)

Basement  
Pipe insulation  
85 LF

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)  
85 LF

Abatement Type  
- Removal  
- Repair  
- Encapsulate  
- Endorse

Name of Registered Waste Hauler  
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.  
20996

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Waste Management of PA

City, State  
Totowa, NJ  
Tullytown, PA

Disposal Date  
TBD

Completed by  
Ned Joksimovic  
Title  
Project Manager

Signature  
Date  
04/14/2017

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 4/17/17
 Agencies Notified
 □ EPA □ Initial
 □ DEP □ Amended
 □ DOL □ Amendment #
 □ DOH □ Emergency (including justification)
 □ DCA □ Cancellation

Name of Building Owner/Operator (2) BASF CORPORATION

Street Address 25 MIDDLESEX ESSEX TURNPIKE
City, State, Zip Code ISLEW, NJ, 08830
Name of Contact JACO ROCCA
Telephone Number

Name of Facility Where Abatement is Taking Place (3)

FACILITY INFORMATION

Type of Facility (4)
□ School (K-12)
□ Subchapter B (Other than K-12)
□ Other (i.e. private & commercial buildings, homes, etc.)

Square Foot # of Floors Bldg. Age
100,000 3 62 YEARS

Current/Use (Prior if being demolished) RAD OFFICE

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)

Best Removal Inc

Street Address

450 South River Street
City, State, Zip Code Hackensack, NJ 07601

Project Manager for Monitoring Firm Telephone No.

J.P. VON DOREN 201-329-7444 License No.

973-729-5644 00388

Start Date (10) Scheduled Completion Date (11)

5/1/17 5/1/17

Occupy Status During Abatement (Check Only One)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: 7:00 AM TO 5:00 PM

Scope of Work (Check All That Apply)
□ 2,000 sf or 2,000 sf
□ 2,000 sf or 2,000 sf
□ Renovation □ Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
Location Description of Shape or Volume of Material (13)

Yes No N/A Description of Amount (Specify SF or LF)

LAB 66, 66 A VAT 650 SF X
LAB 66, 66 A LAB BENCH TOPS 200 SF X
LAB 66, 66 A TURM SYSTEM INSULATION 40 LF X

Name of Registered Waste Hauler

Best Removal Inc

NIHAP Waste Hauler ID No. 17109

Cubic Yards of Waste 1727

Name of Registered Landfill Minervia Enterprises, LLC

City, State Hackensack, NJ 07601

Disposal Date 5/1/17

City, State Waynesburg, OH 44688

Completed by J. MAIORANO

Title Estimator

Signature Date 4/17/17

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)
04/13/2017

Name of Building Owner/Operator (2)
Maxons Restoration

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

Type Notification
☐ Initial
☒ Amended
☐ Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

Street Address
415 Hamburg Tpke
City, State, Zip Code
Wayne, NJ 07470

Name of Contact
Carmelo Colon/owners represent.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address
[Redacted]
City: Morristown

County (6)
Morris
County Code (7) (STATE USE ONLY) ________

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

ASCM No.

Type of Facility (4)
☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residence

Name of Abatement Contractor (9)
Lillich Corporation

Street Address
608 McBride Ave
City, State, Zip Code
Woodland Park, NJ 07424

Telephone No.
973-225-8400

License No.
01104

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2233 Route 22 West
City, State, Zip Code
Union, NJ 07083

Scope of Work (Check All That Apply)
☒ 43 sf or 43 ft
☒ >190 sf or >200 ft
☒ Renovation
☒ Demolition

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

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

In Facility

Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No

N/A

Attic

x

thermal system insulation
7 LF
x

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

Amount (Specify SF or LF)

Abatement Type

Remove
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Lillich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

Name of Registered Landfill
GROWS Landfill

City, State
Woodland Park, New Jersey

Disposal Date

City, State
Morristville, PA

Completed by
Adriana Olejarova
Title
President
Signature

Date
04/13/2017

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**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:66 and 12:120)

### Date of Notification (1)
9/18/17

### Name of Building Owner/Operator (2)
BPM Developers

### Address Notification
- **Agencies Notified**
  - [ ] EPA
  - [ ] DEP
  - [ ] DOL
  - [ ] DOH
  - [ ] DCA
- **Type Notification**
  - [ ] Initial
  - [ ] Amended
  - [ ] Amendment #: 2
  - [ ] Emergency (including notification) [ ]
  - [ ] Cancellation

### Name of Facility Where Abatement Is Taking Place (3)
**BPM Developers Property**

### Street Address
5 Russell Ave

### City, State, Zip Code
Ocean Port, New Jersey, 07757

### Name of Monitoring Firm Hired by Building Owner (8)
ASCN No.

### Street Address
95 Montrose Rd

### City, State, Zip Code
Colts Neck, New Jersey

### Start Date (9)
1/30/17

### Scheduled Completion Date (11)
3/9/17

### Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other — Describe: RETRO-FIT

### Scope of Work (Check All That Apply)
- [ ] ≥300 sf or ≥250 ft²
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mist-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED
- **In Facility** (13)
  - [ ] Yes
  - [ ] No
  - [ ] N/A

### Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- [ ] Paper Wrap
  - [ ] Other: THROUGHOUT

### Name of Registered Waste Hauler
Ace Insulation Co., Inc.

### NJDEP Waste Hauler ID No.
12086

### Cubic Yards of Waste
2300

### Name of Registered Landfill
Chris Landfill

### City, State
Easton, PA

### Disposal Date
3/9/17

### Title
Secretary Treasurer

### Signature
Bree McGuire

### Data
4/10/17

---

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>4/18/17</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>BPM Develop-p-s</td>
</tr>
<tr>
<td>Street Address</td>
<td>2 Russell Ave</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clearview, New Jersey</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Joe x</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>1</td>
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</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | BPM Develop-p-s Property |
| Street Address | 2 Russell Ave |
| City | Oceanport (Monmouth) |
| County | Monmouth |

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Ace Insulation Co., Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>95 Montrose Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Colts Neck, New Jersey</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td>732 294 1757</td>
</tr>
<tr>
<td>License No.</td>
<td>00029</td>
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<td>Completion Date (11)</td>
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<tr>
<th>Scope of Work (Check All That Apply)</th>
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<tbody>
<tr>
<td>Renovation / Demolition</td>
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<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior / Interior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</th>
<th>Yes</th>
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<tbody>
<tr>
<td>No</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
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</thead>
<tbody>
<tr>
<td>pipe wrap</td>
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<table>
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<tr>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Removal</td>
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<tr>
<td>Repair</td>
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<tr>
<td>Encapsulation</td>
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<tr>
<td>Endorse</td>
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<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Ace Insulation Co., Inc</th>
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<tbody>
<tr>
<td>NUDEN Waste Hauler ID No.</td>
<td>12086</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
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<td>Name of Registered Landfill</td>
<td>Chirns Landfill</td>
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<thead>
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<th>Disposal Date</th>
<th>5/17/17</th>
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<tbody>
<tr>
<td>City, State</td>
<td>Easton, PA</td>
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<table>
<thead>
<tr>
<th>Completed by</th>
<th>Bree McGuire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Secretary Treasurer</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>4/18/17</td>
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*Do not use this form for asbestos licensure-exempted activities.*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:99 and 12:128)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tbody>
<tr>
<td>4/27/17</td>
<td>Joseph Johnson</td>
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<tr>
<th>Agency (3)</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<td>DOH</td>
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<td>DCA</td>
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**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
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<tbody>
<tr>
<td>Johnson Residence</td>
<td>School (K-12)</td>
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<tr>
<td></td>
<td>Subchapter B (Other than K-12)</td>
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<td></td>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
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<table>
<thead>
<tr>
<th>Square Foot</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>2500</td>
<td>2</td>
<td>55+</td>
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**Current Use (Prior to being demolished)**

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<th>Reg. No.</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCM No.</td>
<td>000029</td>
</tr>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>732 294 1757</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/27/17</td>
<td>5/9/17</td>
</tr>
</tbody>
</table>

**Facility Closed/Vacated During Entire Period of Abatement**

<table>
<thead>
<tr>
<th>Facility Closed/Vacated During Entire Period of Abatement</th>
<th>Other – Describe</th>
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<tbody>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Is Location Normally Used Safely by Maintenance/Custodial Staff? (12)</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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Linoleum</td>
<td>100 LF</td>
<td>Removal</td>
</tr>
<tr>
<td>Yes</td>
<td>Fiberglass Insulation</td>
<td>2500 LF</td>
<td>Removal</td>
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</table>

**Name of Registered Waste Hauler**

| Name of Registered Waste Hauler Name of Registered Landfill |
|-------------------------------------------------------------|---------------------------------------------------------------|
| Ace Insulation Co., Inc.                                    | Chrin Landfill                                               |

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colts Neck, New Jersey</td>
<td>5/9/17</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bree McGuire</td>
<td></td>
<td>4/18/17</td>
</tr>
</tbody>
</table>

*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:** 4-18-17

**Name of Building Owner/Operator:** Mark Franchi Demolition + Lead Services

**Address:**
- **Street Address:** 348 Hurstville - Gedney Road
- **City, State, Zip Code:** Sewell, NJ 08080

**Name of Facility Where Abatement is Taking Place:** Single family Dwelling

**Street Address:** [Redacted]

**City:** Lindenwold, NJ

**County:** Camden

**Name of Abatement Contractor:** EPC Technologies Inc

**Address:** P.O. Box 337, New Egypt, NJ 08533

**Telephone:** 609-758-3365

**License No.:** 08394

**Name of OSHA Monitor:** Steve Schenker

**Start Date:** 4-18-17

**Scheduled Completion Date:** 11/23/17

**Occupancy Status During Abatement:**
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - [Redacted]

**Scope of Work:**
- 23 sq. or < 250 sq.
- 160 sq. or < 260 sq.
- Renovation
- Demolition
- Other - Siding Shingles

**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):**
- Siding Shingles

**Amount (Specify SF or LF):** 1500 SF

**Name of Registered Waste Hauler:**
- **Name:** EPC Technologies
- **NUDEP Waste Hauler ID No.:** 17000
- **Disposal Date:** 4-20-17

**Name of Registered Landfill:**
- **Waste Management of PA**
- **City, State:** Moonachie, PA
- **Disposal Date:** 4-20-17

**Completed by:**
- **Name:** Steve Schenker
- **Title:** President

**Signatures:**
- **Mark Schenker**
- **Date:** 4-18-17

---

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

**Date of Notification (1)** 4-7-17

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

**Mark Franci**
**Demolition & Salvage Services**

**348 Huntsville-Greenlach Road**
**Sewell, NJ 08080**

**Name of Contact**
**Mark Franci**
**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
**Single family Dwelling**

**Street Address**
**P.O. Box 337**
**New Egypt, NJ 08533**

**City, State, Zip Code**
**New Egypt, NJ 08533**

**County Code**
**Camden**

**ASCM No.**
**N/A**

**Name of Abatement Contractor (9)**
**EPC Technologies Inc**

**License No.**
**08394**

**Start Date (10)**
**4-18-17**

**Scheduled Completion Date (11)**
**4-20-17**

**Scope of Work (Check All That Apply)**
- Renovation
- Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**
- Extension Walls
- Siding Shingles 1500 SF

**Amount**

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Abatement Type**

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulation</th>
<th>Evacuation</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler**
**EPC Technologies**

**Receipt**
**APR 20-17**

**Completed by**
**Steve Schenke**
**Title**
**President**

**Waste Management of PA**
**City, State**
**Mooersville, PA**

**Disposal Date**
**4-20-17**

**Name of Registered Landfill**
**Waste Management of PA**

**N/A**

**Cubic Yards of Waste**
**12**

**Number**
**17000**

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

State of New Jersey

Date of Notification: 4/18/17

Name of Building Owner/Operator: Rahul Jonejara

Agencies Notified: DOL
Type Notification: Initial
Amendment #: 2
Emergency (including justification): Yes
Cancellation: No

City, State, Zip Code: Hamilton, NJ 08610

Name of Contact: Eric Plackis
Telephone Number: 732-899-7499

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Home
Type of Facility: Residential
Square Feet: 1312
# of Floors: 2
Bldg. Age: 76
Current Use (Prior if being demolished): Home

Name of Monitoring Firm: ASCM No.
Hired by Building Owner: ASCM No.

Name of Abatement Contractor: Brick Industries Inc.
Street Address: P.O. Box 915
City, State, Zip Code: Brick, New Jersey 08723

Telephone No.: (732)899-7499
License No.: 01196

Start Date: 4/18/17
Scheduled Completion Date: 4/25/17
Name of OSHA Monitor: 

Occupancy 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):
- 23 sq ft or 23 sf
- ≥160 sq ft or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- glovebag Procedure
- Non-Exempted (*) and Non-NFRIable Procedure

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): 200 sq ft

Abatement Type:
- Removal
- Repair
- Encapsulate
- Enclosure

Name of Registered Waste Hauler:
Brick Industries Inc.
NJDEP Waste Hauler ID No.: 21602

Cubic Yards of Waste: 3
Disposal Date: 4/17/17
City, State: PA

Name of Registered Landfill:
GROWS Inc.

Completed by:
Eric Plackis
Title: President
Signature: 
Date: 4/17/17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>04-13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Miguel Ortiz</td>
</tr>
<tr>
<td>Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Long Hill (Millington), NJ 07946</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Miguel Ortiz</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Private Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>City (5)</td>
<td>Long Hill (Millington)</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>N/A</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Name of Abatement Contractor (9)</td>
</tr>
<tr>
<td>Street Address</td>
<td>522 7th St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Union City NJ 07087</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td>201 216-9603</td>
</tr>
<tr>
<td>License No.</td>
<td>01206</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>04-17-17</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>04-20-17</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td>Sh 3 sf or S 3 If</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td>Basement</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing VAT, or other miscellaneous)</td>
<td>VAT</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>1360 SF</td>
</tr>
<tr>
<td>Abatement Type</td>
<td>Removal</td>
</tr>
<tr>
<td>Endorse</td>
<td>Encapsulation</td>
</tr>
<tr>
<td>Note</td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

**Waste Disposal**

| Name of Registered Waste Hauler | Delfa Contracting LLC |
| NJ/DEP Waste Hauler ID No. | 35240 |
| Cubic Yards of Waste | 8 |
| Name of Registered Landfill | Tullytown Resource Recovery Facility |
| Disposal Date | 04-28-17 |
| City, State | Tullytown, PA |

**Completed by**

| Name | Jaime Delgado |
| Title | Proj. Manager. |
| Signature | [Signature] |
| Date | 04-13-17 |

*Co 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)  
04 / 17 / 17

Name of Building Owner/Operator (2)  
Able Rump

Agencies Notified  
- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

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

Street Address  
City, State, Zip Code  
East Orange, NJ 07017

Name of Contact  
Able Rump

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Private house

Street Address

City (5)  
East Orange, NJ 07017

County (6)  
Essex

County Code (7) (STATE USE ONLY)  

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

Name of Abatement Contractor (9)  
Gr Tech LLC

Street Address  
576 Valley Rd #283

City, State, Zip Code  
Wayne, NJ 07470

Telephone No.  
973-638-1777

License No.  
01127

Name of OSHA Monitor  
Envirospection Consultants, Inc

Street Address  
20-21 Wagarow Rd, Bldg # 35E

City, State, Zip Code  
Fair Lawn, NJ 07410

Start Date (10)  
04 / 26 / 17

Scheduled Completion Date (11)  
04 / 27 / 17

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: AM, PM, AM

Scope of Work (Check all that apply)  
- >3 sf or >3 ft
- >160 sf or >260 ft
- Renovation
- 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  

Amount (Specify Sf or Lf)  

Abatement Type

Location

Basement

Pipe insulation  110 LF

Basement

VAT floor tiles  220 SF

Name of Registered Waste Hauler  
Gr Tech LLC

Waste Hauler ID No.  
00337885

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
T.R.R.F. Inc

City, State  
Wayne, NJ 07470

Disposal Date  
TBD

City, State  
Tullytown, PA

Completed By (Print or Type)  
N Jevtic

Title  
Owner

Signature  
Jane Wendor

Date  
04/17/17

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1): 4/17/17
Name of Building Owner/Operator (2): MS. AUNE MAYER

Agencies Notified:  
- □ EPA
- □ DGF
- □ DOL
- □ DOH
- □ DCA
Type Notification:  
- □ Initial
- □ Amended
- □ Amendment #
- □ Emergency (including justification)
- □ Cancellation

Name of Facility Where Abatement is Taking Place (3): MS. MAYER
Street Address: 
City: UNION
State: NJ
Zip Code: 07063

Type of Facility (4):  
- □ School (K-12)
- □ Subchapter 8 (Other than K-12)
- □ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 200
# of Floors: 2
Bldg. Age: 70 yrs

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

Name of Abatement Contractor (9): Best Removal Inc
Address: 450 South River Street
City, State, Zip Code: Hackensack, NJ 07601

Telephone No.: 201-329-7444
License No.: 00388

Name of OSHA Monitor: Omega Environmental
Street Address: 280 Huyler Street
City, State, Zip Code: South Hackensack, NJ 07606

Start Date (10): 4/28/17
Scheduled Completion Date (11): 4/29/17

Occupancy Status During Abatement (Check Only One):  
- □ Facility Closed/Vacated During Entire Period of Abatement
- □ Abatement Performed Outside of Normal Facility Hours
- □ Other - Describe: 8:00 AM to 5:00 PM

Scopes of Work (Check All That Apply):  
- □ ≥3 sf or ≥3 ft
- □ ≥160 sf or ≥260 ft
- □ Renovation
- □ Demolition
- □ Full Containment with Negative Pressure
- □ Mini-Enclosure
- □ Glovebag Procedure
- □ Non-Exempted (*) and Non-Prisible Procedure

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

In Facility (13):  
- Yes
- No
- N/A

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

Amount (Specify SF or LP): 45.5 LF

Abatement Type:

Name of Registered Waste Hauler: Best Removal Inc
Name of Registered Landfill: Minverva Enterprises, LLC

Completed by: J. Maiorano
Title: Estimator
Signature: [Signature]
Date: 4/17/17

Cubic Yards of Waste: 7
Cubic Yards of Waste: 7

Disposal Date: 4/28/17
City, State: Hackensack, NJ 07601

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:123)

Date of Notification (1)
4/18/17

Agencies Notified
- EPA
- DEP
- DOL
- DGH
- DCA

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including certification)
- Cancellation

Name of Building Owner/Operator (2)
Transcontinental Gas Pipeline Co

Street Address
751 Cliff Road
City, State, Zip Code
Sewaren, NJ 07077

Name of Contact
Mike C. Maben
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Transcontinental Gas Pipeline

Street Address
751 Cliff Road
City
Sewaren

County
Middlesex

County Code (7)

Current Use (Prior to being demolished)
natural gas pipeline valve bldg

Type of Facility (4)
School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. Private & Commercial buildings, homes, etc.)

Square Feet
500

# of Floors
1

ASDM No

Name of Abatement Contractor (6)
Pepper Environmental Services, Inc.

Street Address
2251 Fraley Street
City, State, Zip Code
Philadelphia, PA 19137

Project Manager for Monitoring Firm
Jim Proctor
Telephone No
609-639-2432

Name of GSHA Monitor
Health and Safety Services

Start Date (10)
4/20/17

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check All That Apply)
- 33.4 ft or 33 sf
- 150 sf or ±200 sf
- Renovation
- Demolition

Location of Asbestos-Containing Materials (ACM)
TO BE ABATED in Facility (13)

roof and walls

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)
transite panels

Amount (Specify SF or LF)
4000 sf

Asbestos Abatement Type

Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Final Procedure

Name of Registered Waste Hauler
Eldridge, Inc.

City, State
West Chester, PA

NJDEP Waste Hauler ID No
Cubic Yards of Waste
Disposal Date

Name of Registered Landfill
Conestoga

City, State
Morgantown, PA

Completed by
Jennifer Niven

Title
Director of Operations

Signature

Date
4-18-17

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