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

Date of Notification (1) Jan 13, 2017

Name of Building Owner/Operator (2) BRENNAN BROS. CONTRACTORS

Street Address 28 MAPLE STREET
City, State, Zip Code OLD BRIDGE, NJ 08857

Name of Contact MIKE BRENNAN

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING (VACANT, SET FOR DEMO)

Street Address 213 DAVIS STATION ROAD
City (5) UPPER FREEHOLD TWP., NJ 08514

County (6) MONMOUTH
Name of Monitoring Firm Hired by Building Owner (8) MONMOUTH COUNTY PARK WILL SUPPLY

Type of Facility (4)

Current Use (Prior if being demolished) SINGLE FAMILY DWELLING

ASCM No. FIRM

Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC.

Street Address P.O. BOX 337
City, State, Zip Code NEW EGYPT, NJ 08533

Name of OSHA Monitor EPC TECHNOLOGIES, INC

Start Date (10) JAN 13, 2017

Scheduled Completion Date (11) July 31, 2017

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

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

1ST FLOOR MECHANICAL ROOM X

3RD FLOOR BACK ROOM X

Name of Registered Waste Hauler EPC TECHNOLOGIES, INC.

Waste Hauler ID No. 17000

Name of Registered Landfill WASTE MANAGEMENT OF PA

City, State NEW EGYPT, NJ

Completed by STEVE SCHENKER
Title PRESIDENT

Signature [Signature]

Disposal Date BY 07/31/17

City, State MORRISVILLE, PA

Completed 1-13-17

* 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)
JANUARY 3, 2017

### Name of Building Owner/Operator (2)
BRENNAN BROS. CONTRACTORS

### Street Address
28 MAPLE STREET

### City, State, Zip Code
OLD BRIDGE, NJ 08857

### Name of Contact
MIKE BRENNAN

### Telephone Number

## FACILITY INFORMATION

### Name of Facility Where Abatement is Taking Place (3)
SINGLE FAMILY DWELLING (VANCANT, SET FOR DEMO)

### 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
2

### Bldg. Age
70 +/-

### Current Use (Prior if being demolished)
SINGLE FAMILY DWELLING

### Name of Monitoring Firm Hired by Building Owner (8)
MONMOUTH COUNTY PARK WILL SUPPLY

### ASCM No.

### 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

### Telephone No.
609-758-3365

### License No.
00394

### Start Date (10)
JAN 13, 2017

### Scheduled Completion Date (11)
JAN 31, 2017

### 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 In Facility

<table>
<thead>
<tr>
<th>1ST FLOOR MECHANICAL ROOM</th>
<th>X</th>
<th>WRAPPED AIR DUCTS</th>
<th>50 LF</th>
</tr>
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<tbody>
<tr>
<td>3RD FLOOR BACK ROOM</td>
<td>X</td>
<td>12&quot;X12&quot; FLOOR TILES</td>
<td>150 SF</td>
</tr>
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</table>

### Name of Registered Waste Hauler
EPC TECHNOLOGIES, INC.

### NJDEP Waste Hauler ID No.
17000

### Cubic Yards of Waste
2

### Name of Registered Landfill
WASTE MANAGEMENT OF PA

### City, State
NEW EGYPT, NJ

### Disposal Date
BY 01/31/17

### City, State
MORRISVILLE, PA

### Completed by
STEVE SCHENKER

### Title
PRESIDENT

### Signature

### Date
1/3/17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:20)

**Date of Notification (1)** 1-13-17  
Name of Building Owner/Operator (2) BRENAN BRO'S. CONTRACTORS

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
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<tr>
<td>EPA</td>
<td>Initial Amendment</td>
<td>28 MAPLE STREET</td>
<td>OLD BRIDGE, NJ 08857</td>
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**Name of Facility Where Abatement is Taking Place (3)**  
NURSERY FARM OFFICE (VANCANT, SET FOR DEMO)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 POLHEMUSTOWN ROAD</td>
<td>ALLENTOWN, NJ 08501</td>
</tr>
</tbody>
</table>

**County (6)** MONMOUTH  
**County Code (7)** (STATE USE ONLY) 

**Name of Monitoring Firm Hired by Building Owner (8)** MONMOUTH COUNTY PARK WILL SUPPLY  
**ASCM No.** FIRM

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

**Square Feet** 12  
**# of Floors** 2  
**Bldg. Age** 70 +/-

**Current Use (Prior to being demolished)** SINGLE FAMILY DWELLING

**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

**Name of OSHA Monitor** EPC TECHNOLOGIES, INC

**Street Address** P.O. BOX 337  
**City, State, Zip Code** NEW EGYPT, NJ 08533

**Start Date (10)** JAN 16, 2017  
**Scheduled Completion Date (11)** July 31, 2017

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

**Other – Describes:**

**Scope of Work (Check All That Apply)**  
- a 3 SF or a 3 if
- ≥150 SF or 2260 ft
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally 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>1ST FLOOR UTILITY ROOM</td>
<td>X</td>
<td>TRANSITE CEMENT BOARD</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>HEAT SHIELD PAPER</td>
<td>2 SF</td>
<td>X</td>
</tr>
<tr>
<td>EXTERIOR SMALL ROOF</td>
<td></td>
<td>ROOF FLASHING</td>
<td>20 SF</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler** EPC TECHNOLOGIES, INC.

**City, State** NEW EGYPT, NJ

**NJDEP Waste Hauler ID No.** 17000  
**Cubic Yards of Waste** 2  
**Name of Registered Landfill** WASTE MANAGEMENT OF PA

**City, State** MORRISVILLE, PA

**Disposal Date** BY 01/31/17

**Completed by** STEVE SCHENKER  
**Title** PRESIDENT

*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)  JANUARY 4, 2017
Name of Building Owner/Operator (2) BRENnan BROS. CONTRACTORS

Agencies Notified Type Notification
☐ EPA  Initial
☐ DEP  Amended
☐ DOL  Amendment #
☐ DOH  Emergency (including justification)
☐ DCA  Cancellation

Street Address
28 MAPLE STREET
City, State, Zip Code
OLD BRIDGE, NJ 08857

Name of Contact  MIKE BRENnAN Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NURSERY FARM OFFICE  (VANCANT, SET FOR DEMO)

Street Address
4 POLHEMUSTOWN ROAD
City (5)
ALLENTOWN, NJ 08501

County (6)
MONMOUTH County Code (7)  (STATE USE ONLY) __________

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
2 70 +/-

Current Use (Prior if being demolished)
SINGLE FAMILY DWELLING

Name of Monitoring Firm Hired by Building Owner (8)
MONMOUTH COUNTY PARK WILL SUPPLY

Name of Abatement Contractor (9) ASCM No.
EPC TECHNOLOGIES, INC. FIRM

Street Address
P.O. BOX 337
City, State, Zip Code
NEW EGYPT, NJ 08533

Project Manager for Monitoring Firm Telephone No.

License No.
609-758-3365  00394

Start Date (10)  Scheduled Completion Date (11)
JAN 16, 2017  JAN 31, 2017

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)
☒ ≥3 sf or ≥3 if
☒ ≥160 sf or ≥260 sf
☐ Renovation
☒ Demolition

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

<table>
<thead>
<tr>
<th>1ST FLOOR UTILITY ROOM</th>
<th>BASEMENT</th>
<th>EXTERIOR &amp; MALL ROOF</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>TRANSITE CEMENT BOARD</td>
<td>HEAT SHIELD PAPER</td>
<td>ROOF FLASHING</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSITE CEMENT BOARD</td>
<td>4 SF</td>
<td>X</td>
</tr>
<tr>
<td>HEAT SHIELD PAPER</td>
<td>2 SF</td>
<td>X</td>
</tr>
<tr>
<td>ROOF FLASHING</td>
<td>20 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
EPC TECHNOLOGIES, INC.

Name of Registered Landfill
WASTE MANAGEMENT OF PA

City, State
NEW EGYPT, NJ  MOrrisville, PA

Completed by
STEVE SCHENKER Title  PRESIDENT

Signature  Date  1/3/17

* 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>1-13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>South Ridge Builders LLC</td>
</tr>
<tr>
<td>Address</td>
<td>929 Route 22/35</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Raritan, NJ 08869</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jason Verbal</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Single Family Dwelling (Vacant) |
| Street Address | 157 Perrine Road |
| City (5) | South Brunswick, NJ 08852 |
| County (6) | Middlesex |
| County Code (7) | |
| Current Use (Prior to being demolished) | Single Family Dwelling |

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

| EPC Technologies |
| P.O. Box 337 |
| New Egypt, NJ 08533 |

**Name of Abatement Contractor (9)**

| EPC Technologies Inc |
| P.O. Box 337 |
| New Egypt, NJ 08533 |

**Project Manager for Monitoring Firm**

| Steve Schenker |
| Telephone No. 609-758-3365 |

| Start Date (10) | 1-23-17 |
| Scheduled Completion Date (11) | 1-27-17 |

| 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)**

| ≥ 3,000 sf or ≥ 3,000 ft² |
| ≥ 1,600 sf or ≥ 1,600 ft² |
| 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dining Room</td>
<td>Floor Tiles</td>
</tr>
<tr>
<td>Kitchen</td>
<td>Floor Tiles</td>
</tr>
</tbody>
</table>

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

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

| Amount (Specify SF or LF) |
| 100 SF or LF |

| Abatement Type |
| Removal |
| Recap |
| Encasement |

**Name of Registered Waste Hauler**

| EPC Technologies |
| NJDEP Waste Hauler ID No. 170000 |

| Cubic Yards of Waste |
| 1 |
| Name of Registered Landfill |
| Waste Management of PA |

| City, State |
| New Egypt, NJ |

| Disposal Date |
| 1-27-17 |
| City, State |
| Meanaville, PA |

| Completed by |
| Steve Schenker |
| Title |
| President |
| Signature |
| Date |
| 1-13-17 |

ASB-41 (R-06-08) * Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50-12:130)

**State of New Jersey**

---

### FACILITY INFORMATION

**Name of Building Owner/Operator:** Mark Franchi, Demolition + Yard Services  
**Street Address:** 348 Kurfittville Greenland Road  
**City, State, Zip Code:** Sewell, NJ 08080  
**Name of Contact:** Mark Franchi  
**Telephone Number:**

**Date of Notification:** 1-13-17  
**Agencies Notified:** 
- [ ] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA

---

### Name of Facility Where Abatement is Taking Place

- **Facility Type:** Single Family Dwelling (Vacant)
- **Type:** Single Family Dwelling

---

### Occupancy Status During Abatement

- Facility Closed/Vacated During Entire Period of Abatement: Yes
- Abatement Performed Outside of Normal Facility Hours: No
- Other: 

---

### Scope of Work

- Location of Asbestos-Containing Material (ACM) TO BE ABATED: 
  - Exterior Walls  
  - Siding, Shingles  
- Yes, No, N/A: X
- Full Containment with Negative Pressure
- - Mini-Enclosure
- - Glovebag Procedure
- - Non-Exempted (*) and Non-Fireable Procedure

---

### Abatement Type

- Description of Asbestos Containing Material (ACM): 
  - (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
  - Amount (Specify SF or LF): 2000 SF

---

### Name of Registered Waste Hauler

**EPC Technologies**

**City, State:** New Egypt, NJ  
**Disposal Date:** 7/40/17

---

### Completed by

**Name:** Steve Schenker  
**Title:** President  
**Signature:**

---

*Do not use this form for asbestos license renewal or remedial activities.*
<table>
<thead>
<tr>
<th><strong>Date of Notification (1)</strong></th>
<th>1-17-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>MARK FRANCHI DEMOLITION + YARD SERVICES</td>
</tr>
<tr>
<td><strong>Agencies Notified</strong></td>
<td>Initial</td>
</tr>
<tr>
<td><strong>Type Notification</strong></td>
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<tr>
<td><strong>Address</strong></td>
<td>348 HUEFFVILLE ROAD</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>SEWELL, NJ 08080</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>MARK FRANCHI</td>
</tr>
<tr>
<td><strong>Name of Facility Where Abatement is Taking Place (3)</strong></td>
<td><strong>Single Family Dwelling (Vacant)</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>420 E ASHLAND AVE</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>MAGNOLIA, NJ 08049</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>CAMDEN</td>
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<tr>
<td><strong>Name of Monitoring Firm/Building Owner (8)</strong></td>
<td>EPC Technologies</td>
</tr>
<tr>
<td><strong>ASCOM No.</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor (9)</strong></td>
<td>EPC Technologies Inc.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>NEW EGYPT, NJ 08533</td>
</tr>
<tr>
<td><strong>Project Manager for Monitoring Firm</strong></td>
<td>STEVE SCHENKE</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td>609 758-3365</td>
</tr>
<tr>
<td><strong>Start Date (10)</strong></td>
<td>Jan 17, 2017</td>
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<tr>
<td><strong>Scheduled Completion Date (11)</strong></td>
<td>Jan 20, 2017</td>
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<tr>
<td><strong>Occupancy Status During Abatement</strong></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td><strong>Scope of Work (Check All That Apply)</strong></td>
<td>Renovation, Demolition</td>
</tr>
<tr>
<td><strong>Location of Asbestos-Containing Material (ACM) TO BE ABATED</strong></td>
<td>EXTERIOR WALLS, SIDING, SHINGLES</td>
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<tr>
<td><strong>Amount</strong></td>
<td>2,000 SF</td>
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<tr>
<td><strong>Name of Registered Waste Hauler</strong></td>
<td>EPC Technologies</td>
</tr>
<tr>
<td><strong>City, State</strong></td>
<td>NEW EGYPT, NJ 08533</td>
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<tr>
<td><strong>Disposal Date</strong></td>
<td>Jan 17, 2017</td>
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### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>1-13-17</th>
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<tbody>
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<td>Name of Building Owner/Operator (2)</td>
<td>RJM Construction Services</td>
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<tr>
<td>□ EPA</td>
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<td>□ DEP</td>
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<td>□ Amended</td>
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<td>□ Emergency (including justification)</td>
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<tr>
<td>□ Cancellation</td>
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<tr>
<td>Street Address</td>
<td>936 10th St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Gloucester City, NJ 08030</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jamie Mejee</td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Single Family Dwelling (Vacant)</td>
</tr>
<tr>
<td>Street Address</td>
<td>74 Clementon Road West,</td>
</tr>
<tr>
<td>City (5)</td>
<td>Gibbsboro NJ 08026</td>
</tr>
<tr>
<td>County (6)</td>
<td>Camden</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>N/A</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>EPC Technologies Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 337</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New Egypt, NJ 08533</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609 758-3365</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>1-25-17</td>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>2-10-17</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>
</tr>
<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
<td></td>
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<tr>
<td>□ Other – Describe:</td>
<td></td>
</tr>
<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>□ Renovation</td>
<td></td>
</tr>
<tr>
<td>□ Demolition</td>
<td></td>
</tr>
<tr>
<td>□ 23 sf or 23 if</td>
<td></td>
</tr>
<tr>
<td>□ ≥150 sf or ≥250 if</td>
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<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)</td>
<td>Yes</td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>Siding Shingles 3600 SF</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Removed</td>
<td></td>
</tr>
<tr>
<td>Repair</td>
<td></td>
</tr>
<tr>
<td>Encapsulate</td>
<td></td>
</tr>
<tr>
<td>Enclosure</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NUEP Waste Hauler ID No.</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>12</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>2-10-17</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>Moonachie, PA</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenker</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1-13-17</td>
</tr>
</tbody>
</table>

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

ASB-41 (R-05-08)
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** Jan 13, 2017

**Agency Notified:**
- [x] EPA
- [ ] DEP
- [ ] DOH
- [ ] DOL
- [ ] DCA

**Type of Notification:** Amended

**Name of Building Owner/Operator (2):** BRENNAH BROS. CONTRACTORS

**Street Address:** 28 MAPLE STREET

**City, State, Zip Code:** OLD BRIDGE, NJ 08857

**Name of Contact:** MIKE BRENNAH

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** SINGLE FAMILY DWELLING (VANCANT, SET FOR DEMO)

**Street Address:** 207 MILLSTONE ROAD

**City (5):** MILLSTONE, NJ 08535

**County (6):** MONMOUTH

**County Code (7):** MONMOUTH

**ASCN No.:** MONMOUTH COUNTY PARK WILL SUPPLY

**FIRM:**

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

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

**Square Feet:**

**# of Floors:** 2

**Bldg. Age:** 70 +/-

**Current Use (Prior if being demolished):** SINGLE FAMILY DWELLING

**Start Date (10):**

**Scheduled Completion Date (11):**

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

**Name of Abatement Contractor (9):** EPC TECHNOLOGIES, INC.

**Street Address:** P.O. BOX 337

**City, State, Zip Code:** NEW EGYPT, NJ 08533

**Telephone No.:**

**License No.:** 00394

**OSHA Monitor:**

**Street Address:** P.O. BOX 337

**City, State, Zip Code:** NEW EGYPT, NJ 08533

**Scope of Work (Check All That Apply):**
- [x] Renovation
- [x] Demolition

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

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

**Name of Registered Waste Hauler:**

**EPC TECHNOLOGIES, INC.**

**NJDEP Waste Hauler ID No.:** 17000

**Cubic Yards of Waste:**

**Disposal Date:** BY 01/31/17

**Name of Registered Landfill:** WASTE MANAGEMENT OF PA

**City, State:** MORRISVILLE, PA

**Completed by:** STEVE SCHENKER

**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)

Date of Notification (1) JANUARY 4, 2017
Name of Building Owner/Operator (2) BRENNA BROS. CONTRACTORS

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

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

Street Address
28 MAPLE STREET

City, State, Zip Code
OLD BRIDGE, NJ 08857

Name of Contact
MIKE BRENNAN

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SINGLE FAMILY DWELLING (VANCANT, SET FOR DEMO)

Street Address
207 MILLSTONE ROAD

City (5)
MILLSTONE, NJ 08535

County (6)
MONMOUTH

Name of Monitoring Firm Hired by Building Owner (8)
MONMOUTH COUNTY PARK WILL SUPPLY

ASCM No. FIRM

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

Telephone No.

Start Date (10) JAN 16, 2017
Scheduled Completion Date (11) JAN 31, 2017

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)

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Firable Procedure

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

- In Facility

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 CEMENT BOARD 8 SF
- PAPER WRAP ON AIR DUCT 20 LF
- BOILER INSULATION & BRICK 40 SF
- 9"X9" FLOOR TILES 1220 SF

Amount (Specify SF or LF)

Abatement Type

- Removal
- Repair
- Encapsulate
- Render

Endorsement

Name of Registered Waste Hauler
EPC TECHNOLOGIES, INC.

NJDEP Waste Hauler ID No. 17000

Cubic Yards of Waste 4

Name of Registered Landfill
WASTE MANAGEMENT OF PA

City, State
NEW EGYPT, NJ

Disposal Date BY 01/31/17

City, State
MORRISVILLE, PA

Completed by STEVE SCHENKER Title PRESIDENT

Signature [Signature]

Date 1/4/17

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) Jan 13, 2017

Name of Building Owner/Operator (2) BRENNA N BROS. CONTRACTORS

Street Address 28 MAPLE STREET

City, State, Zip Code OLD BRIDGE, NJ 08857

Name of Contact MIKE BRENNAN

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING (VANCANT, SET FOR DEMO)

Square Feet # of Floors Bldg. Age
2
70 +/-

Type of Facility (4) SINGLE FAMILY DWELLING

Current Use (Prior if being demolished) SINGLE FAMILY DWELLING

Name of Monitoring Firm Hired by Building Owner (8) MONMOUTH COUNTY PARK WILL SUPPLY

Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC.

Start Date (10) JAN 16, 2017

Scheduled Completion Date (11) July 31, 2017

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 (Chck All That Apply)

- ≥24 sf or ≥24 if
- ≥160 sf or ≥260 sf

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

In Facility

<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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>12&quot;X12&quot; FLOOR TILES/MASTIC</td>
<td>1220 SF</td>
<td>X</td>
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</tbody>
</table>

Name of Registered Waste Hauler EPC TECHNOLOGIES, INC.

City, State NEW EGYPT, NJ

Completed by STEVE SCHENK

Title PRESIDENT

Signature

Date 1-13-17

* 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:** JANUARY 4, 2017

**Name of Building Owner/Operator:** BRENNAN BROS. CONTRACTORS

**Street Address:**
28 MAPLE STREET
OLD BRIDGE, NJ 08857

**Name of Contact:** MIKE BRENNAN

**Telephone Number:**

---

### FACILITY INFORMATION

- **Name of Facility Where Abatement is Taking Place:** SINGLE FAMILY DWELLING (VANCANT, SET FOR DEMO)
- **Street Address:** 45 PINEHILL ROAD
- **City:** MILLSTONE, NJ 08535
- **County:** MONMOUTH
- **Type of Abatement Contractor:** EPC TECHNOLOGIES, INC.
- **Street Address:** P.O. BOX 337
- **City, State, Zip Code:** NEW EGYPT, NJ 08533

---

**Square Feet:** 2

**Bldg. Age:** 70 +/-

**Current Use (Prior if being demolished):** SINGLE FAMILY DWELLING

---

**Name of Monitoring Firm HIRED by Building Owner:** MONMOUTH COUNTY PARK WILL SUPPLY

**ASCN No. or Firm:**

---

**Project Manager for Monitoring Firm:**

---

**Telephone No.:**

---

**Start Date:** JAN 16, 2017

**Scheduled Completion Date:** JAN 31, 2017

---

**Occupancy Status During Abatement:**
- [ ] Facility Closed/Sealed 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 if
- [x] 160 sf or ≥260 if  
- [ ] Renovation
- [x] 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:** BASEMENT

---

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (13):**
- [x] 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):**
- 1220 SF

---

**Name of Registered Waste Hauler:** EPC TECHNOLOGIES, INC.

---

**City, State:** NEW EGYPT, NJ

---

**Completed by:** STEVE SCHENKER

**Title:** PRESIDENT

---

**Signature:**

---

**Date:** 1/4/17

---

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:90 and 12-120)

**Date of Notification (1)**  
1/12/17

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

**Agencies Notified**  
- [x] EPA  
- [ ] DEP  
- [ ] DOL  
- [x] DOH  
- [x] DCA

**Type Notification**  
- [x] Initial  
- [ ] Amended  
- [ ] Amendment (including justification)

**Street Address**  
[Redacted]

**City, State, Zip Code**  
Linden, NJ

**Name of Contact**  
Claudette

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
[Redacted]

**Street Address**  
[Redacted]

**City (5)**  
Linden

**County (6)**  
Union

**Name of Monitored Firm Hired by Building Owner (8)**  
[ ] ASCM No.

**Name of Abatement Contractor (9)**  
AAA LEAD PROFESSIONALS

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

**Square Feet**  
[Blank]

**# of Floors**  
[Blank]

**Eldg. Age**  
[Blank]

**Current Use (Prior to being demolished)**  
[ ] home

**Name of OSHA Monitor**  
AAA LEAD PROFESSIONALS

**Street Address**  
6 WHITE DOVE COURT

**City, State, Zip Code**  
LAKEWOOD, NJ 08701

---

**Start Date (10)**  
1/22/17

**Scheduled Completion Date (11)**  
1/24/17

**Occupancy Status During Abatement (Check Only One)**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe:  

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

- [x] ≥ 23 sq ft or ≥ 33 if
- [ ] ≥ 160 sq ft or ≥ 260 if
- [ ] Renovation
- [x] Demolition

**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)**

65 LF

**Abatement Type**

- [ ] Removal  
- [x] Repair  
- [ ] Encapsulation  
- [ ] Endorses

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

**Pipe Insulation**

**Name of Registered Waste Hauler**  
NEWARK CARTING

**NJDEP Waste Hauler ID No.**

04509

**Cubic Yards of Waste**

[Blank]

**Name of Registered Landfill**  
IESI

**City, State**  
NEWARK, NJ

**Disposal Date**

1/24/17

**City, State**  
BETHLEHEM PA

**Completed by**  
JOSEPH PERLSTEIN

**Title**  
OWNER

**Signature**

**Date**

* 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)
1/12/17

Name of Building Owner/Operator (2)
Riverridge Management

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

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

Street Address
65 Kingsland Ave

City, State, Zip Code
Clifton, NJ 07014

Name of Contact
Sarah

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Union City

Street Address

City (5)
Union City

County (6)
Hudson

County Code (7)

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 to being demolished)

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

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKewood, NJ 08701

Project Manager for Monitoring Firm

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
1/22/17

Scheduled Completion Date (11)
1/24/17

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

Other – Describe:

Scope of Work (Check All That Apply)
☒ ≥30 sf or ≥30 if
☒ ≥100 sf or ≥250 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

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
Enclosure

INTERIOR

Location
Pipe Insulation

55LF

x

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
5

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
1/24/17

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN
Title
OWNER

Signature

Date

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1): JAN. 13, 2017

Name of Building Owner/Operator (2):
STEVEN SCHNOLL

Agencies Notified: K
☑ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ DGA

Type Notification: Initial

Street Address:

City, State, Zip Code:
SUMMIT, NJ 07901

Name of Contact:
GUY ABRAHAMSON

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
STEVEN SCHNOLL PROPERTY

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

Type of Facility (4):

Square Feet:
2879 SF

# of Floors:
2

Bidg. Age:
1938

Current Use (Prior to being demolished):

RESIDENCE

Name of Monitoring Firm Hired by Building Owner (5):
AIR CONSULTING SERVICES, LLC

ASCM No.:

Name of Abatement Contractor (9):
Finishing Touch Asbestos Abatement Corp., Inc.

Street Address:
17 Thompson Street

City, State, Zip Code:
West Long Branch, NJ 07764

Project Manager for Monitoring Firm:
David Kichula

Telephone No.:
609.371.2489

Telephone No.:
732.222.8372

License No.:
00040

Name of OSHA Monitor:
N/A

Start Date (10):
JAN. 27, 2017

Scheduled Completion Date (11):
JAN. 28, 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:

Scope of Work (Check All That Apply):
☑ Yes  
☐ No  
☐ N/A

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

In Facility (13):

LIVING ROOM

X

TSI

12 LF

Abatement Type:

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

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

Yes  
X

No

N/A

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

Amount (Specify SF or LF):

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Removal

Repair

Encapsulate

Enclose

Name of Registered Waste Hauler:
Finishing Touch Asbestos Abatement Corp., Inc.

NJDEP Waste Hauler ID No.:
12058

Cubic Yards of Waste:
.5 CY

Name of Registered Landfill:
FAIRLESS LANDFILL

City, State:
WEST LONG BRANCH, NJ 07764

Disposal Date:
1/20/17

City, State:
MORRISVILLE, PA

1/13/17

Completed by:
JOSEPH P. MILLER
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)

**Date of Notification:** 1-13-17  
**Name of Building Owner/Operator:** RJM Construction Services

<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:** 936 1001 Asbestos Control & Services  
**City, State, Zip Code:** Gloucester City, NJ 08030

**Name of Facility Where Abatement is Taking Place:** Single Family Dwelling (Vacant)  
**Street Address:** 140 Edison Road  
**City:** Cheery Hill  
**County Code (STATE USE ONLY):** Camden  
**Square Feet:** 2  
**# of Floors:** 2  
**Bldg. Age:** 60+  
**Name of Monitoring Firm:** EPC Technologies Inc  
**ASCM No.:** N/A  
**Name of Abatement Contractor:** EPC Technologies Inc  
**Telephone No.:** 609-758-3265  
**License No.:** 00394

**Start Date:** 1-24-17  
**Scheduled Completion Date:** 1-27-17

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

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

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**  
- Basement: X Paper Tape on Seams of Air Duct  
- Exterior: X Window Caulk

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

**Name of Registered Landfill:** Waste Management of PA  
**City, State:** Moonvisville, PA  
**Disposal Date:** 1-27-17

**Completed by:**  
**Name:** Steve Schenker  
**Title:** President  
**Signature:** [Signature]

---

*Do not use this form for asbestos licensure exempted activities.*
NOTIFICATION OF ABSEPTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

Date of Notification (1) 1-10-2017

Name of Building Owner/Operator (2) Bullseye Brunswick, LLC

Agencies Notified Type Notification

- EPA Initial
- DEP Amended
- DOL Amendment #
- DOH Emergency (including justification)
- DCA Cancellation

Street Address 615 Jersey Street

City, State, Zip Code Jersey City, NJ 07302

Name of Contact Gerald Eglerntovicz Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Residential

City (6) Jersey City, NJ 07302

County (5) Hudson County Code (7) (STATE USE ONLY) __________

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

Green Environmental Services, LLC

Street Address 235 Virginia Avenue

City, State, Zip Code Jersey City, NJ 07304

Project Manager for Monitoring Firm Telephone No. Telephone No. 201-333-8855 License No. 01174

Start Date (10) 1-11-2017 Scheduled Completion Date (11) 1-20-2017

Name of OSHA Monitor Same as above

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)

- >3 sf or >3 LF
- 2160 sf or >2560 LF

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

<table>
<thead>
<tr>
<th>In Facility</th>
<th>Location Normally 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>Yes</td>
<td>No</td>
<td>N/A</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td>Pipe insulation</td>
<td>220 LF</td>
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<tr>
<td>Basement</td>
<td>X</td>
<td></td>
<td>VAT</td>
<td>900 SF</td>
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<tr>
<td>1st floor</td>
<td>X</td>
<td></td>
<td>VAT</td>
<td>24 SF</td>
</tr>
<tr>
<td>2nd floor kitchen</td>
<td>X</td>
<td></td>
<td>Linoleum</td>
<td>225 SF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler: Green Environmental Services, LLC

Waste Hauler ID No. 0034889

Cubic Yards of Waste 30

Name of Registered Landfill: G.r.o.w.s. North Landfill

City, State Jersey City, NJ

Completed by Liliana Serrano Title Office Manager

Signature Date 1-10-2017

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Location of Asbestos-Containing Material in</th>
<th>Exterior Window</th>
<th>Window Coulk</th>
<th>20 Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>160-162 Brunswick Street Jersey City, NJ 07302</td>
<td>Roof</td>
<td>Roof Material</td>
<td>5795 SF</td>
</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
1-10-2017

Name of Building Owner/Operator (2)
Bullseye Brunswick, LLC

Agencies Notified
☐ EPA
☐ DEP
☒ DOH
☐ DCA
Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
615 Jersey Street

City, State, Zip Code
Jersey City, NJ 07302

Name of Contact
Gerald Eglenowicz

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

County (8)
Hudson

Current Use (Prior to being demolished)
10000
4+
70+

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

Name of Abatement Contractor (9)
Green Environmental Services, LLC

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

Street Address
235 Virginia Avenue

City, State, Zip Code
Jersey City, NJ 07304

Start Date (10)
1-11-2017

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

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 Endorse

Basement X Pipe insulation 20 LF

1st floor X VAT 500 SF

1st floor X Linoleum 60 SF

Windows X Caulking 5 Units

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.
0034889

Cubic Yards of Waste
13

Name of Registered Landfill
G.r.o.w.s. North Landfill

City, State
Morrisville, PA

Completed by
Liliana Serrano
Title
Office manager

Signature

Disposal Date
1-20-2017

City, State
Jersey City, NJ 07304

Date
1-10-2017

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 5:16)

### Agencies Notified
- [ ] EPA
- [X] DOLWD
- [X] DHSS
- [ ] DCA (NJAC 5:23-8)

### Name of Building Owner/Operator
Kathy Hubley

### Street Address
Boonton, NJ 07005

### Name of Contact
Kathy Hubley

### FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private house</td>
<td></td>
</tr>
</tbody>
</table>

### County Code (STATE USE ONLY)
Morris

### Name of Monitoring Firm Hired by Building Owner
Gr Tech LLC

### Street Address
576 Valley Rd #283

### City, State, Zip Code
Wayne, NJ 07470

### Project Manager for Monitoring Firm

### Telephone No. License No.
973-638-1777 01127

### Start Date | Scheduled Completion Date
--- | ---
01/21/17 | 01/22/17

### Occupancy Status During Abatement
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement

### Scope of Work
- [ ] ≥ 3 sf or ≥ 3 if
- [ ] ≥ 160 sf or ≥ 260 if
- [ ] Renovation
- [ ] Demolition
- [ ] Clean up and decontamination with negative pressure
- [ ] Full containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Tent with Negative Pressure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>TO BE ABATED</th>
<th>IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify S/F or L/F)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[x] Pipe insulation</td>
<td>40 LF</td>
<td>[x] Repair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Encapsulate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] Elimbasure</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
Gr Tech LLC

### NJDEP Waste Hauler ID No.
0033785

### Cubic Yards of Waste
TBD

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

### City, State
Tullytown, PA

### Disposal Date
01/12/17

### Completed By
N. Jevtic

### Title
Owner

### Signature

### Date
01/12/17

*Do not use this form for asbestos licensure exempted activities.*
**STATE OF NEW JERSEY**

**NOTIFICATION OF ASBESTOS ABatement**
(Pursuant to NJAC 5:660 and 11:120)

**Date of Notification:** 11/17/17

**Name of Building Owner/Manager:** [Redacted]

**Address:** [Redacted]

**City:** [Redacted]

**County:** MOONJOUTH

**Type of Facility:** School (K-12)

**Square Feet:** 2,000

**No. of Floors:** 2

**Historic or Demolition:** Historic

**Name of Asbestos Consultant:** Best Removal Inc

**Address:** 450 South River Street,

**City:** Hackensack, NJ 07601

**Telephone:** 201-329-7444

**License No.:** 01988

**Name of EPA Monitor:** Omega Environmental

**Address:** 280 Huyler Street,

**City:** South Hackensack, NJ 07606

**Name of Registered Waste Handler:** Best Removal Inc

**Address:** 17109

**City:** Hackensack, NJ 07601

**Disposal Date:** 1/13/17

**Name of Registered Lander:** Minerva Enterprises, LLC

**City:** Waynesburg, OH 44688

**Title:** Estimator

**Signatures:** [Redacted]

**Date:** 1/13/17

---

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of ACM (e.g., thermal system insulation, surfacing ACM, other miscellaneous)</th>
<th>Amount (Specify ST or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>VAT - 2,000 sq ft</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1)  
01-11-2017

Name of Building Owner/Operator (2)  
Jose Garcia

Aguencies Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA

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

Street Address  
- [Redacted]

City, State, Zip Code  
- West Orange, NJ 07052

Name of Contact  
- Jose Garcia

Telephone Number  

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)  
Private Dwelling

Street Address  
- [Redacted]

City (5)  
- West Orange

County (6)  
- Essex

County Code (7)  

Type of Facility (4)  
- School (K-12)  
- Subchapter B (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 to if being demolished)  
Private Dwelling

Name of Monitoring Firm Hired by Building Owner (8)  
Bioterra Solutio

ASCM No.  

Name of Abatement Contractor (9)  
Amax Contracting LLC

Street Address  
- PO BOX 734

City, State, Zip Code  
- Woodland Park NJ 07424

Telephone No.  
- 973-494-3762

License No.  
- 01266

Name of OSHA Monitor  
Amax Contracting LLC

Street Address  
- PO BOX 734

City, State, Zip Code  
- Woodland Park NJ 07424

Occupy 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 if
- ≥ 100 sf or ≥ 260 if  
- Renovation  
- Demolition

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

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)  
PIPE INSULATION

Amount (Specify SF or LF)  
- 100 LF
- VAT
- 500 SF

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

Name of Registered Waste Hauler  
Amax Contracting LLC

NJDEP Waste Hauler ID No.  
0038184

Cubic Yards of Waste  
3 cy

Name of Registered Landfill  
Grows

City, State  
Woodland Park NJ 07424

Disposal Date  
02-05-2017

City, State  
Morrisville PA

Compiled by  
Toma Maslakov

Title  
Project Manager

Signature  
[Signature]

Date  
01-11-2017

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50 and 12:120)

**State of New Jersey**

**Date of Notification (1)**
12/22/2016

**Name of Building Owner/Operator (2)**
Clifton Board of Education

**Agency/Notify**
EPA

**Street Address**
745 Clifton Ave

**City, State, Zip Code**
Clifton, NJ 07013

**Name of Contact**
Al Marchiano

**Telephone Number**

**FACILITY INFORMATION**

**Facility Where Abatement is Taking Place (3)**
Clifton school # 2

**Square Feet**

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

**Current Use (Prior to being demolished)**

**Type of Abatement Contractor (9)**
Lillich Corporation

**License No.**
01104

**Site Address**
POB 365

**City, State, Zip Code**
Oceanville, NJ 08226

**Telephone No.**
609-652-1833

**Authorized Person for Monitoring**
John Smoyer

**Telephone No.**
973-228-9400

**Address**
2339 Route 22 West

**City, State, Zip Code**
Union, NJ 07083

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

**Name of Abatement Contractor (9)**
Lillich Corporation

**License No.**
01104

**Site Address**
POB 365

**City, State, Zip Code**
Oceanville, NJ 08226

**Telephone No.**
609-652-1833

**Authorized Person for Monitoring**
John Smoyer

**Telephone No.**
973-228-9400

**Address**
2339 Route 22 West

**City, State, Zip Code**
Union, NJ 07083

**Name of Monitoring Firm Hired by Building Owner (8)**
Ahera Consultants, Inc

**ASCM No.**

**Workers Exposed**

**Number of Days on Job**

**Type of Work (Check All That Apply)**
- Renovation
- Demolition
- Full Containment with Mini-Enclosure
- High Pressure Spray
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**
- Stairway (steam leak)

**Location of Asbestos-Containing Material (ACM) NORMALLY Used Solely by Maintenance/Custodial Staff? (12)**
- Yes

**Location of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)**
- Pipe insulation (O&M)

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

**Name of Registered Waste Hauler**
Lillich Corporation

**NJDEP Waste Hauler ID No.**
18724

**Cubic Yards of Waste**

**Name of Registered Landfill**
GROCVS, Landfill

**Disposal Date**

**City, State**
Woodland Park, New Jersey

**Title**
President

**Completed by**
Adriana Olejarova

**Date**
12/22/2016

---

*Do not use this form for asbestos or asbestos-related activities.*
# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:120)

---

**Date of Notification (1)**
01/11/17

**Name of Building Owner/Operator (2)**
Coli Construction LTD

**Street Address**
1 Sears Dr

**City, State, Zip Code**
Paramus, NJ

**Name of Contact**
Dan Coli

**Telephone Number**

---

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

**City (5)**
Madison

**County (6)**
Morris

**County Code (7)**

**Type of Facility (4)**

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

**Square Feet**
3000

**# of Floors**
3

**Bldg. Age**
50+

**Current Use (Prior if being demolished)**
Residential House

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

**Telephone No.**

**License No.**
973460.6026

**Name of Abatement Contractor (9)**
Harmony Contracting Inc

**Street Address**
360 Palsiade Ave

**City, State, Zip Code**
Garfield, NJ 07026

**Project Manager for Monitoring Firm**
n/a

**Telephone No.**

**Name of OSHA Monitor**
Harmony Contracting Inc

**Street Address**
360 Palsiade Ave

**City, State, Zip Code**
Garfield, NJ 07026

---

**Start Date (10)**
01/20/17

**Scheduled Completion Date (11)**
01/31/17

**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)**
- ≤ 3,000 sf or ≤ 3 fl
- ≤ 160 sf or ≤ 250 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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>VARIOUS ROOMS</td>
<td>x</td>
<td>WOODLET/PLASTER</td>
<td>REMNANTS</td>
<td>1500 SF</td>
</tr>
<tr>
<td>ON 1ST FL, 2ND FL, &amp; ATTIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler**
Harmony Contracting Inc

**City, State**
Garfield, NJ

**Disposal Date**
TBD

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Morrisville, PA

**Completed by**
Kristina Caporino

**Title**
Secretary

**Signature**

**Date**
01/11/17

---

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:90 and 12:120)

---

**Date of Notification (1):**
1/11/2017

**Name of Building Owner/Operator (2):**
CLIFTON PUBLIC SCHOOLS

**Street Address:**
745 CLIFTON AVENUE

**City, State, Zip Code:**
CLIFTON, NJ 07013

**Name of Contact:**
AL MARCHIONE

**Telephone Number:**

---

**Name of Facility Where Abatement Is Taking Place (3):**
SCHOOL #14

**Street Address:**
99 ST. ANDREWS BLVD.

**City (5):**
CLIFTON

**County (6):**
PASSAIC

**County Code (7):**

---

**Name of Monitoring Firm Hired by Building Owner (8):**
AHERA CONSULTANTS, INC.

**Telephone No.:**
609-652-1833

**License No.:**
00494

**Name of OSHA Monitor:**
SAME AS (9) ABOVE

---

**Type of Facility (4):**
X School (K-12)

**Square Feet:**

---

**Occupancy Status During Abatement (Check Only One):**

---

**Scope of Work (Check All That Apply):**

---

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

---

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**

---

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

---

**Amount (Specify SF or LF):**
1,200 LF

**Abatement Type:**

---

**Name of Registered Waste Hauler:**
TWO BROTHERS CONTRACTING

**NJDEP Waste Hauler ID No.:**
18743

**Disposal Date:**
2/6/2017

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

**City, State:**
TOTOWA, NJ

**Date:**
1/11/2017

---

*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)
01/11/17

Name of Building Owner/Operator (2)
Craig Kline

Type Notification
- Initial

Street Address
City, State, Zip Code
Maplewood, NJ 07040

Name of Contact
Edward Oliveira

Facility Information

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
Bidg. Age

Current Use (Prior if being demolished)

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

City (5)
Maplewood

County (6)
Essex

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

Competent Supervisor

Name of Abatement Contractor (9)
Academy Construction Inc.

Address
205 Rt. 46 West Suite 14

City, State, Zip Code
Totowa, NJ 07512

Telephone No.
973-832-4244

License No.
01155

Project Manager for Monitoring Firm

Start Date (10)
01/23/17

Scheduled Completion Date (11)
01/30/17

Name of OSHA Monitor
Same as above

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 sf or <23 sf
- 2160 sf or ≥2650 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Min-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</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>2nd Floor Bathroom</td>
<td>X</td>
<td>Take off cloth of Ductwork</td>
<td>40 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor Bedroom</td>
<td>X</td>
<td>Take off cloth of Ductwork</td>
<td>40 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Academy Construction Inc.

City, State
Totowa, NJ

Disposal Date
TBD

Completed by
Filip Geleski
Title
Supervisor

Signature
Date
01/11/17

Name of Registered Landfill
GROWS Landfill

City, State
Tullytown, PA

Cubic Yards of Waste
3

* 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)
1/9/2017

Name of Building Owner/Operator (2)
Dover UE LLC c/o Urban Edge Properties

Address
210 Route 4 East
Paramus, NJ 07652

Name of Contact
Anthony Salgado

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
437 US Highway 46 East
Rockaway

Type of Facility (4)

Square Feet
144,440

# of Floors
1

Bldg. Age
1964

County Code (7)
(MORIS)

Commercial Retail Space

ASCM No.

Telephone No.
914 615 9223

License No.
01036

Name of Monitoring Firm Hired by Building Owner (6)
Absolutely Clean Environment, Inc

Name of Abatement Contractor (9)
Incinia Contracting, Inc

Street Address
1360 Clifton Avenue, Suite 101
White Plains, NY 10604

Current Use (Prior to being demolished)

City, State, Zip Code
Clifton, NJ 07012

Telephone No.
973 350 9500

Name of OSHA Monitor
Incinia Contracting, Inc

Street Address
1360 Clifton Avenue, Unit 365
Clifton, NJ 07012

Start Date (10)
1/23/2017

Scheduled Completion Date (11)
1/28/2017

Occupy Status During Abatement (Check Only One)

Renovation

Full Containment with Negative Pressure

Demolition

Glovebag Procedure


Non-Exempted (*) and Non-Friable Procedure

Scope of Work (Check All That Apply)

≥ 250 sf or ≥ 25 ft

≥ 1500 sf or ≥ 250 ft

Other – Describe:

Located in Normal Facility

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

Name of Registered Waste Hauler
Atlantic Carting

Cubic Yards of Waste
40

Name of Registered Landfill
Grand Central Sanitary Landfill

Disposal Date
TBD

City, State
Wayne, New Jersey

Completed by
Milena Zoric

Title
VP

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

State of New Jersey

Date of Notification (1) 11/11/17

Name of Building Owner/Operator (2) United States Army

Agencies Notified

- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-8)

Type Notification

- Initial
- Amended
- Amendment # __________
- Emergency (including justification)
- Cancellation

Street Address

Fort Dix Army Support Activity

City, State, Zip Code

Wrightstown, NJ 08641

Name of Contact

Xavier Wong - Sequoia Construction

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Fort Dix - Building 5410

Street Address

Fort Dix

City (6)

Wrightstown

County (6)

Burlington

County Code (7) STATE USE ONLY

Name of Monitoring Firm Hired by Building Owner (8)

Mgmt. & Environmental Consulting Services

ASCM No.

Name of Abatement Contractor (9)

Shade Environmental, LLC

Street Address

PO Box 341

City, State, Zip Code

Chesterfield, NJ 08515

Project Manager for Monitoring Firm

Bill Weisgarber

Telephone No.

609-288-4070

Type of Facility (4)

- School (K-12)
- Subchapter B (Other than K-12)
- Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

10,000

# of Floors

1

Bldg. Age

85

Current Use (Prior if being demolished)

Courtroom

Name of OSHA Monitor

EMSL Analytical, Inc.

Street Address

200 Route 130 North

City, State, Zip Code

Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

- ≥ 3 sf or ≥ 3 if
- ≥ 160 sf or ≥ 250 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

- Throughout
- Courtroom

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

- No
- N/A
- Yes

Description of Asbestos-Containing Material (ACM)

- (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
- Amount (Specify SF or LF)

Abatement Type

- Explained
- Encapsulate
- Enclose
- Extend
- Envelope

Name of Registered Waste Hauler

Freehold Cartage

Name of Registered Landfill

Cumberland County Landfill

City, State, Zip Code

Freehold, NJ

Disposal Date

01/31/2017

City, State, Zip Code

Newburg, PA

Name of Registered Waste Hauler

Freehold Cartage

Waste Hauler ID No.

15939

Completed By (Print or Type)

Christina Lynch

Title

Vice President of Operations

Signature

Date

1/17

* 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)**  
January 12, 2017

**Name of Building Owner/Operator (2)**  
Ethicon, Inc.

**Address**  
PO BOX 151  
Somerville, NJ 08876

**Name of Contact**  
Project Manager

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Ethicon

**Street Address**  
737 US Route 22  
Bridgewater, NJ

**City (5)**  
Somerset

**County Code (7)**  
(State Use Only)

**Type of Abatement Contractor (8)**  
The MACK Group, LLC.

**Street Address**  
1500 Kings HWY N, STE 209  
Cherry Hill, NJ 08034

**Name of OSHA Monitor**  
The MACK Group, LLC.

**Street Address**  
1500 Kings HWY N, STE 209  
Cherry Hill, NJ 08034

**License No.**  
00781

**Telephone No.**  
(973) 759 - 5000

**Occupy Status During Abatement (Check Only One)**  
Facility Closed/Vacated During Entire Period of Abatement

**Other - Describe:**

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

**Demolition**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg G Bas. Bathrooms</td>
<td>No</td>
<td>VAT &amp; mastic 2,000 s/f</td>
</tr>
<tr>
<td>Bldg O MR ALUB</td>
<td>Yes</td>
<td>pipe 500 lf</td>
</tr>
<tr>
<td></td>
<td></td>
<td>duct insulation 400 s/f</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pipe insulation 12 lf</td>
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**Name of Registered Waste Hauler**  
Newark Carting

**City, State**  
Newark, NJ

**Name of Registered Landfill**  
BFI Imperial Landfill

**City, State**  
Imperial, PA 15126

**Cubic Yards of Waste**  
29.1

**Disposal Date**  
9/13/17

**Signature**  
Michael Cooper  
President  
1/12/17

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

<table>
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<th>Date of Notification (1)</th>
<th>August 26, 2016</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Ethicon, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO BOX 151</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Somerville, NJ 08876</td>
</tr>
<tr>
<td>Name of Contact</td>
<td></td>
</tr>
<tr>
<td>Project Manager</td>
<td></td>
</tr>
<tr>
<td>Type of Facility (4)</td>
<td></td>
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<tr>
<td>School (K-12)</td>
<td></td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
<td></td>
</tr>
<tr>
<td>Square Feet</td>
<td></td>
</tr>
<tr>
<td># of Floors</td>
<td></td>
</tr>
<tr>
<td>Bldg. Age</td>
<td></td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Ethicon Bldg G</td>
</tr>
<tr>
<td>Street Address</td>
<td>737 US Route 22</td>
</tr>
<tr>
<td>City (5)</td>
<td>Bridgewater, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Somerset</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>(STATE ONE ONLY)</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>PARS Environmental, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 Horizon Drive, Suite 540</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Robbinsville, NJ 08691</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td></td>
</tr>
<tr>
<td>Project Manager</td>
<td>800.959.1119</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>9/13/16</td>
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<td>Scheduled Completion Date (11)</td>
<td>9/13/17</td>
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<tr>
<td>Occupancy Status During Abatement (Check Only One)</td>
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<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>Other - Describe:</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
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<tr>
<td>≥3 sf or ≥3 lf</td>
<td>Renovation</td>
</tr>
<tr>
<td>≥160 sf or ≥280 lf</td>
<td>Demolition</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
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</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td>VAT &amp; mastic 2,000 s/f</td>
</tr>
<tr>
<td></td>
<td>pipe 500 lf</td>
</tr>
<tr>
<td></td>
<td>duct insulation 400 s/f</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJ DEP Waste Hauler ID No. 22253</td>
</tr>
<tr>
<td>Freehold / Newark Carting</td>
<td>Cubic Yards of Waste 29</td>
</tr>
<tr>
<td>City, State</td>
<td>Name of Registered Landfill BFI Imperial Landfill</td>
</tr>
<tr>
<td>Freehold / Newark, NJ</td>
<td>Disposal Date 9/13/17</td>
</tr>
<tr>
<td>Completed by</td>
<td>Signature 8/26/16</td>
</tr>
<tr>
<td>Michael Cooper</td>
<td>President</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 8:66 and 12:120)

Date of Notification (1): 1/16/17
Name of Building Owner/Operator (2): Rowan University
Street Address: 201 Mullins Hill Rd
City, State, Zip Code: Glassboro, NJ 08028
Name of Contact: Jack Glass
Telephone Number:

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

Type of Facility (4):
School (K-12)

Square Feet: 
# of Floors: 
Bldg. Age:

Current Use (Prior if being demolished):

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

Name of Abatement Contractor (9): Ani Joe Abatement Demolition LLC
Street Address: 1212 Burlington Ave
City, State, Zip Code: Burlington, NJ 08016
Telephone No.:
License No.:

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):
Removal
Demolition

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

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:

Name of Registered Waste Hauler: Ani Joe LLC
NJDEP Waste Hauler ID No.:
Cubic Yards of Waste:
Name of Registered Landfill:

Disposal Date:
City, State:

Completed by:
Joseph Hill, Title: President
Signature:

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
1/10/2017

Name of Building Owner/Operator (2):
Dino Nalic

Street Address:

City, State, Zip Code:
Verona, NJ, 07044

Name of Contact:
Dino Nalic

Type of Facility (4):
AZTECH MANAGEMENT, Inc.

Square Feet:
2300

Current Use (Prior if being demolished):

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

Street Address:

City, State, Zip Code:
Verona, Essex

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

ASCM No.

Name of Abatement Contractor (9):
AZTECH MANAGEMENT, Inc.

Street Address:
86 Christopher St.

City, State, Zip Code:
Montclair, NJ 07042

Telephone Number:
(973) 744-8800

License Number:
00371

Occupy Status During Abatement (Check only one):
[X] Facility Closed/Vacated During Entire Period
[ ] Abatement Performed Outside Normal Facility Hours - Describe:
[ ] other - Describe:

Scope of Work (Check all that apply):
[X] >3 sf or >3 if
[ ] >160 sf or >260 lf
[X] Renovation
[ ] Demolition

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

2nd Floor

X Duct Insulation

33 SF X

Name of Registered Waste Hauler:
AZTECH MANAGEMENT, INC.

City, State:
Montclair, NJ 07042

Disposal Date:
01/26/2017

Name of Registered Landfill:
Minerva Enterprise INC

City, State:
Waynesburg, Ohio 44688

Completed By (Print or Type):
Constantine Vivian

Title:
President

Signature:

Date:
1/10/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1):
1/10/2017

Name of Building Owner/Operator (2):
Shawkia Mohsen

Agencies Notified (3):
[X] EPA
[X] DOL
[X] DOH

Type Notification:
[X] Initial Notification

Street Address:
Kearny, NJ 07032

City, State, Zip Code:
Kearny, NJ, 07032

Name of Contact:
Shawkia Mohsen

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

FACILITY INFORMATION

Type of Facility (4):
[X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet:
4600

# of Floors:
3

Hldg. Age:
98

Current Use (Prior if being demolished):

Name of Abatement Contractor (9):
AZTECH MANAGEMENT, INC.

Special Conditions:

AZTECH MANAGEMENT, INC.

Cubic Yards of Waste:
1.0

Abatement Type:
Encapsulation

ENCAPSULATION

ENCAPSULATION

ENCAPSULATION

Name of Registered Landfill:
Minerva Enterprise INC

City, State:
Waynesburg, Ohio 44688

Disposal Date:
01/26/2017

Completed By (Print or Type):
Constantine Vivian

Title:
President

Signature:

Date:
1/10/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)
1/9/2017

Name of Building Owner/Operator (2)
Rita Sallis

Agencies Notified
[X] EPA
[ ] DEP
[ ] DOL
[ ] DOH
[ ] DCA

Type Notification
[X] Initial Notification
[ ] Amended Notification
[ ] Emergency
[ ] Cancellation

Street Address
South Orange, NJ 07079

City, State, Zip Code

Name of Contact
Rita Sallis

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

Square Feet
2400

# of Floors
2

Bldg. Age
95

Current Use (Prior if being demolished)

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Rita Sallis

Street Address

City (5)
South Orange

County (6)
Essex

County Code (7)

[STATE USE ONLY]

Name of Monitoring Firm hired by Building Owner (8)
ASCN No.
N/A

AZTECH MANAGEMENT, Inc.

Name of Abatement Contractor (9)

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement

Month
01
Day
18
Year
2017

Scheduled Start Date (10)

Sched. Completion Date (11)
01
19
2017

Month
Day
Year

Scope of Work (Check all that apply)
[X] Renovation

[X] Demolition

[X] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glove-bag Procedure

[X] Non-Friable Procedure

Name of Registered Waste Hauler (12)
AZTECH MANAGEMENT, INC.
NJDEP Wastes Handler ID No. 17040

Cubic Yards of Waste
1.5

Minerva Enterprise INC

Name of Registered Landfill

City, State
Montclair, NJ 07042

Disposal Date
01/23/2017

Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature

Date
1/9/2017
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Date of Notification**: 1-17-17

**Name of Building Owner / Operator**: NJ DOT

**Agency Notified**
- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

**Type of Notification**
- [ ] Initial
- [x] Amended
- [ ] Emergency
- [ ] Cancellation

**Street Address**: 1035 Parkway

**City, State & Zip Code**: Trenton, NJ 08625

**Name of Contact**: Steve Rugge

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**: S.J. Regional Airport Property

**Street Address**: Fostertown Road

**City**: Lumberton

**County**: Burlington

**County Code**: 000

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

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</table>

**Current Use (Prior if being demolished)**
- Old farm - closed

**Name of Abatement Contractor**: Enterprise Network Resolutions Contracting, LLC

**Street Address**: 874 Piney Hollow Road, PO Box 70

**City, State & Zip Code**: Winslow, New Jersey 08095

**Telephone Number**: 609-557-0600

**License Number**: 01263

**Name of OSHA Monitor**: EMSL Analytical

**Street Address**: 200 Route 130 North

**City, State & Zip Code**: Cinnaminson, NJ 08077

**Project Manager for Monitoring Firm**

**Telephone Number**

**Scheduled Start Date**: 1-27-17

**Scheduled Completion Date**: 3-31-17

**Occupancy Status During Abatement**
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours – 7am to 3pm

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 If
- [x] ≥160 sf to ≥260 If
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure Mini-Enclosure
- [ ] Glove Bag Procedures
- [x] Non-Exempted and Non-Friable Procedure

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

**Is Location Normally Used Solely by Maintenance or Custodial Staff?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</table>

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

<table>
<thead>
<tr>
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<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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<tbody>
<tr>
<td>Transite Shingles</td>
<td>10 Sq. Ft.</td>
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<tr>
<td>Transite Panels</td>
<td>10 Sq. Ft.</td>
<td>X</td>
</tr>
<tr>
<td>Pipe Insulation</td>
<td>5 Sq. Ft.</td>
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</table>

**Name of Registered Waste Hauler**: NJDEP Waste Hauler ID No. 21435

**Name of Registered Landfill**: Salem County Landfill

**Cubic Yards of Waste**: 5

**Disposal Date**: 4/28/17

**City, State**: Berlin Township, NJ

**Completed By (Print or Type)**

**Theodore S. Budzynski**

**Title**: Vice Pres.

**Signature**: [Signature]

**Date**: 1-17-17
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1)

Name of Building Owner/Operator (2)

Agency Notified (3) Type Notification (4)

Street Address

Name of Contact

Name of Registered Waste Hauler

Cubic Yards of Waste

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

In Facility

Amount (Specify SF or LF)

Abatement Type

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)

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

In Facility

Name of Registered Landfill

Cubic Yards of Waste

Disposal Date

City, State

Completed by

Title

Signature

Date

Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Furnished pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
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<tr>
<td>11/1/17</td>
<td>MAAS CHOCOLATE North America</td>
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<thead>
<tr>
<th>Agencies/Notified</th>
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<th>Street Address</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>-</td>
<td>700 High St</td>
</tr>
<tr>
<td>□ DEP</td>
<td>-</td>
<td></td>
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<tr>
<td>□ DOL</td>
<td>-</td>
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<td>□ DOH</td>
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<tr>
<td>□ DCA</td>
<td>-</td>
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<th>Name of Facility Where Abatement Is Taking Place (3)</th>
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<tbody>
<tr>
<td>MAAS CHOCOLATE</td>
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<tr>
<th>Street Address</th>
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<tr>
<td>700 High St</td>
<td>Hackettstown, NJ 07840</td>
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<tr>
<th>Name of Monitored Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>しまなみ</td>
<td></td>
<td>JW HENRY E. Coist.</td>
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<tr>
<th>Telephone No.</th>
<th>License No.</th>
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<tr>
<td>909-705-5649</td>
<td>453-2375</td>
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<tr>
<th>Start Date (10)</th>
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<td>11/2/17</td>
<td>2/17/17</td>
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<table>
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<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
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<tbody>
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<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours</td>
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<tr>
<td>□ Other – Describe: Hackettstown</td>
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<table>
<thead>
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<th>Scope of Work (Check All That Apply)</th>
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<td>□ 23 sf or 23 if</td>
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<tr>
<td>□ 2168 sf or 2260 sf</td>
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<td>□ Renovation</td>
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<tr>
<td>□ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ N/A</td>
</tr>
</tbody>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>clearance</td>
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<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASTE MANAGEMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>GCA</td>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/5/19</td>
<td>PA</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN WASHABEN</td>
<td>President</td>
</tr>
</tbody>
</table>

Do not use this form for asbestos licensure exempted activities.
### Notification of Asbestos Abatement

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>10</th>
<th>11</th>
<th>11</th>
<th>11</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Street Address**

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLEN ROCK, NJ 07452</td>
</tr>
</tbody>
</table>

**City, State, Zip Code**

| GLEN ROCK, NJ 07452 |

**Name of Contact**

| mart a deyrup |

**Telephone Number**

| |

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3)**
marta deyrup

**Street Address**

| |

**City (5)**

| BERGEN |

**County (6)**

| BERGEN |

**County Code (7)**

| BERGEN |

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

| D & S RESTORATION, INC. |

**ASCM No.**

| |

**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 |

**Square Feet**

| |

**# of Floors**

| |

**Bldg. Age**

| |

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

| |

**Start Date (10)**

| 02/02/17 |

**Sched. Completion Date (11)**

| 02/25/17 |

**Occupancy Status During Abatement (Check only one)**

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

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

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

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

| BASEMENT |
| BASEMENT CRAWL SPACE |
| PIPE INSULATION |
| PIPE INSULATION |

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

| |

**Amount (Specify SF or LF)**

| PIPE INSULATION |

| 1421 ft |

| 181 ft |

**Registered Waste Hauler**

| D & S RESTORATION, INC. |

| NJDEP Hauler ID# 13506 |

**Cubic Yards of Waste**

| 2 yds. |

**Name of Registered Landfill**

| TULLYTOWN, RESOURCE RECOVERY |

### Registered Waste Hauler Details

| City, State |
| PATTERSON, NJ 07503 |

**Disposal Date**

| 02/03/17 |

**Completed by (Print or Type)**

| BOGDAN JOLDZIC |

**Title**

| PRESIDENT |

**Signature**

| |

**Date**

| 01/11/17 |
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01/11/17

Name of Building Owner/Operator (2) jorge abreu

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

Type Notification
- Initial
- Amended
- Emergency
- Amendment #: 
- Cancellation

Street Address [Redacted]
City, State, Zip Code hackensack, nj 07601

Name of Contact jorge abreu
Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jorge abreu

Street Address
City (5) [Redacted]
County (6) BERGEN
County Code (7) (State use only) 

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>25 L FT</td>
<td>V</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>chimney thumble packing</td>
<td>4 sq ft</td>
<td>V</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>attic</td>
<td>No</td>
<td>vent pipe insulation</td>
<td>81 ft</td>
<td>V</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>attic</td>
<td>No</td>
<td>attic insulation</td>
<td>150 sq ft</td>
<td>V</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>BARE HEATING PIPES</td>
<td>120 ft</td>
<td>V</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC. NJDEP Hauler ID# 13506 Cubic Yards of Waste 3 yds

Name of Registered Landfill TULLY TOWN, RESOURCE RECOVERY

City, State PATerson, NJ 07503 Disposal Date 01-16-17

Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT Signature Date 01/11/17

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification** (1):
- 01/11/2017

**Name of Building Owner/Operator** (2):
- Jorge abreu

**Type Notification**:
- Emergency (Including Justification)

**Address**:
- City, State, Zip Code

**County Code** (2):
- Bergen (State Use Only)

**Facility Information**

**Name of Facility where Abatement is Taking Place** (3):
- Hackensack, NJ

**Type of Facility** (4):
- School K-12

**Square Feet**:
- 21,000

**Occupancy Status During Abatement** (Check only one):
- Facility closed/evacuated during entire period of abatement

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Pipe Insulation</td>
<td>250 ft</td>
</tr>
<tr>
<td>Attic</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Chasing Thimble Packing</td>
<td>4 sq ft</td>
</tr>
<tr>
<td>Attic Insulation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Attic Insulation</td>
<td>81 ft</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Beare Heating Pipes</td>
<td>150 sq ft</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**
- Paterson, NJ 07503

**Name of Abatement Contractor** (8):
- D & S Restoration, Inc.

**License Number**:
- 01169

**Completed by (Print or Type)**
- Bogdan Joldzic

**Date**
- 01/11/2017