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

### Date of Notification (1)
10/18/14

### Name of Building Owner/Operator (2)
ILAN HIGH SCHOOL

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

### Current Use (Prior to being demolished)

### Occupancy Status During Abatement (Check only one)
- [x] Facility closed/vacated during entire period of abatement
- [ ] Abatement performed outside of normal facility hours
- [ ] Other: Describe - NORMAL HOURS

### Scope of Work (check all that apply)
- [x] >30 sq ft or >3 ft
- [x] Renovation
- [ ] ≥160 sq ft or >260 ft
- [ ] Demolition

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

<table>
<thead>
<tr>
<th>BASEMENT</th>
<th>PIPE INSULATION</th>
<th>60 L ft</th>
</tr>
</thead>
</table>

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

### Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

### Completed by (Print or Type)
BOGDAN JOLDZIC

### Signature
BOGDAN JOLDZIC

### Date
08/04/2014

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/15/14</td>
<td>john wilsterman</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of facility where abatement is taking place (3)</td>
</tr>
<tr>
<td>john wilsterman</td>
</tr>
<tr>
<td>748 west saddle river road</td>
</tr>
<tr>
<td>HO-HO-KUS, NJ 07423</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (5)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 California Ave.</td>
</tr>
<tr>
<td>Paterson, NJ 07503</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>973-345-8020</td>
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</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<tbody>
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<td>Paterson, NJ 07503</td>
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</table>

<table>
<thead>
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<th>License Number</th>
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<tbody>
<tr>
<td>01169</td>
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<table>
<thead>
<tr>
<th>Scope of Work (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Full Containment winagative pressure</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Glovebag procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-friable procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT: PIPE INSULATION</td>
</tr>
<tr>
<td>Location normally used solely by maintenance/custodial staff(12)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of asbestos-containing material (ACM)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>Remove</td>
</tr>
<tr>
<td>□</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
</tr>
<tr>
<td>NJDEP Hauler ID# 13506</td>
</tr>
</tbody>
</table>

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

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

**Pursuant to NJAC 8:60 and 12:120**

**Date of Notification:**
- Date: 08/14/2014
- Time: 02072

**Name of Building Owner/Operator:**
- David Gasper

**Street Address:**
- 539 2nd Street

**City:**
- Carlstadt

**County:**
- Bergen

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

**Square Feet:**
- 130.0

**Current Use:**
- Prior if being demolished

**Type of Abatement Contractor:**
- D & S Restoration, Inc.

**Street Address:**
- 20 California Ave.

**City:**
- Paterson

**State:** New Jersey

**Zip Code:**
- 07503

**Telephone Number:**
- 973-345-8020

**License Number:**
- 01169

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

- Location normally used solely by maintenance/custodial staff
- Description of asbestos-containing material (ACM)
- Amount (Specify SF or LF)

**Location:**
- Pipe Insulation
- 130.0 ft

**Registered Waste Hauler:**
- D & S Restoration, Inc.
  - NJDEP Hauler ID: 13506

**Disposal Date:**
- 08/08/14

**Name of Registered Landfill:**
- Tullytown Resource Recovery

**City:**
- Tullytown

**State:**
- PA

**Complied By:**
- Bogdan Joldzic (President)

**Date:**
- 08/04/2014

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

**Name of Building Owner/Operator (2):** david gasper  
**Street Address:** 539 2nd street  
**City, State, Zip Code:** Carlstadt, NJ 07072  
**Name of Contact:** david gasper

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3):** david gasper  
**Street Address:** 539 2nd street  
**City, State, Zip Code:** Carlstadt, NJ 07072  
**Name of Monitoring Firm Hired by Bldg. Owner (8):** ASOM No.  
**Street Address:** 20 California Ave.  
**City, State, Zip Code:** Paterson, NJ 07503  
**License Number:** 01169

**Start Date (10):** 08/07/14  
**Scheduled Completion Date (11):** 08/22/14

**Scope of Work (check all that apply):**  
- Renovation  
- Demolition

**Location of asbestos-containing material (ACM) to be abated in facility (13):** PIPE INSULATION  
**Description of asbestos-containing material (ACM):** 1301 ft

**Full Containment win negative pressure**  
**Mini-enclosure**  
**Glovebag procedure**  
**Non-Exempted (*) and Non-frangible procedure**

**Registered Waste Hauler:** D & S RESTORATION, INC.  
**NJDEP Hauler ID#:** 13506  
**Cubic Yards of Waste:** 2 yds  
**Name of Registered Landfill:** TULLYTOWN, RESOURCE RECOVERY  
**City, State:** Paterson, NJ 07503  
**Date:** 08/08/14  
**Title:** President  
**Signature:**  
**Completed by (Print or Type):** BOGDAN JOLDZICK  
**Disposal Date:** 08/08/14  
**City, State:** TULLYTOWN, PA  
**Date:** 08/04/2014

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

Date of Notification (1):
10/18/17

Name of Building Owner/Operator (2):
brian kramer

AUG 1, 2014

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

Type Notification:
- Initial

Street Address:
9 high street

City, State, Zip Code:
WEST ORANGE, NJ 07052

Name of Contact:
brian kramer

FACILITY INFORMATION

Name of facility where abatement is taking place (3):
brian kramer

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

Square Feet:

# of Floors:

Bldg. Age:

Current Use (Prior if being demolished):

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

ASCM No.:

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

Street Address:
20 California Ave.

City, State, Zip Code:
Paterson, NJ 07503

Telephone Number:
973-345-8020

License Number:
01169

Name of OSHA Monitor:
D & S Restoration, Inc.

Street Address:
20 California Avenue

City, State, Zip Code:
Paterson, NJ 07503

Start Date (10):
08/19/14

Sched. Completion Date (11):
08/29/14

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

Scope of Work (check all that apply):
- >3 sf or >3 if
- Renovation
- >160 sf or >260 if
- Demolition

Description of asbestos-containing material (ACM):
PIPE INSULATION
BARE HEATING PIPES

Location of asbestos-containing material (acm) to be abated in facility (13):
BASEMENT/CRAWL SPACE
BASEMENT

Registered Waste Hauler:
D & S RESTORATION, INC.

NJDEP Hauler ID:
13566

Cubic Yards of Waste:
1 YD

Name of Registered Landfill:
TULLYTOWN, RESOURCE RECOVERY

City, State:
PATERNOM, NJ 07503

Disposal Date:
08/20/14

Completed by (Print or Type):
BOGDAN JOLDZIC

Signed:

Date:
08/07/14

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:66-7 and 12:120-7)

B & G proj. #: 2014-128

Date of Notification (1) [9/18/11] Name of Building Owner/Operator (2) [Fred Gorgas]

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

Type Notification
- Initial [x]
- Amendment
- Cancellation

Street Address
48 Kenvil Avenue

City, State, Zip Code
Sucessunna, NJ, 07876

Name of Contact
Fred Gorgas

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Fred Gorgas

Street Address
48 Kenvil Avenue

City (5)
Sucessunna

County (6)
Morris

County Code (7) [State use only]

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6669

License Number
0037

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
08/21/2014

Scheduled Completion Date (11)
08/22/2014

Occuancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hour-
  Describe:
- Other-Describe:

Scope of Work (check all that apply)
- Demolition
- Renovation [x]
- >3 sf or >3 if
- ≥160 sf or ≥260 lf [x]
- Full Containment w/negative pressure
- Glovebag procedure [x]
- Mini-enclosure
- Non-friable procedure

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
B & G Restoration, Inc.
NJ DEP Hauler ID # 19563
Cubic Yards of Waste 1 1/2
Name of Registered Landfill
Tullytown Resource & Recovery Center
City, State
Lincoln Park, NJ

Disposal Date 08/19/2014

Completed by (Print or Type)
Gordana Luna
Title/Secretary/Treasurer
Signature

Date 08/11/2014
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification**: 8-12-14  
**Name of Building Owner/Operator**: Environmental Resolutions, Inc.

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPA, DEP, COL, CDH, DCA</td>
<td>Initial/Amended/Cancellation</td>
<td>Joseph Hirsch</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**: 525 Fellowship Road, Suite 300  
**City, State, Zip Code**: Mt. Laurel, NJ 08054

**Name of Facility Where Abatement is Taking Place**: vacant kitchen bldg., storage/mech bldg.

**Square Feet**: 7,000  
**# of Floors**: 2  
**Bldg. Age**: +/-50

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

**Name of Monitoring Firm Hired by Building Owner**: Pennoni Associates  
**Type of Facility**: Pepper Environmental Services, Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>515 Grove St., Suite 1B</td>
<td>856-547-0505</td>
<td>01166</td>
</tr>
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</table>

**Start Date (10)**: 8-19-14  
**Scheduled Completion Date (11)**: 9-30-14

**Name of OSHA Monitor**: Pennoni Associates

**Scope of Work (Check all that apply)**: abatement prior to demo

**Is Location Normally Used Solely by Maintenance/ Custodial Staff?**: Yes

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

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

**Name of Registered Waste Hauler**: A & L Salvage  
**Disposal Date**: 

**Completed by**:  
Jennifer Niven  
**Title**: Dir. of Operations

**Date**: 8-12-14

---

* Do not use this form for asbestos license exempted activities.
<table>
<thead>
<tr>
<th><strong>DESCRIPTION OF MATERIAL</strong></th>
<th><strong>LOCATION OF MATERIAL</strong></th>
<th><strong>Amount</strong></th>
<th><strong>Code</strong></th>
<th><strong>Code</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>fire door insulation</td>
<td>storage/mechanical bldg.</td>
<td>6</td>
<td>SF</td>
<td>REM</td>
</tr>
<tr>
<td>window glazing putty a/w partition walls</td>
<td>storage/mechanical bldg.</td>
<td>150</td>
<td>LF</td>
<td>REM</td>
</tr>
<tr>
<td>9x9 gray floor tile</td>
<td>storage/mechanical bldg.</td>
<td>170</td>
<td>SF</td>
<td>REM</td>
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<tr>
<td>mastic a/w gray 9x9 floor tile</td>
<td>storage/mechanical bldg.</td>
<td>170</td>
<td>SF</td>
<td>REM</td>
</tr>
<tr>
<td>roofing system materials/a/w all layers of the flat roof</td>
<td>storage/mechanical bldg.</td>
<td>3000</td>
<td>SF</td>
<td>REM</td>
</tr>
<tr>
<td>window glazing putty</td>
<td>storage/mechanical bldg.</td>
<td>500</td>
<td>SF</td>
<td>REM</td>
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<tr>
<td>block pipe insulation</td>
<td>crawlspace</td>
<td>160</td>
<td>LF</td>
<td>REM</td>
</tr>
<tr>
<td>corrugated pipe insulation</td>
<td>conn hallway from senior ctr to WIC</td>
<td>8</td>
<td>LF</td>
<td>REM</td>
</tr>
<tr>
<td>brown sheet flooring</td>
<td>conn hallway from senior ctr to WIC</td>
<td>650</td>
<td>SF</td>
<td>REM</td>
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<tr>
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<td>conn hallway from senior ctr to WIC</td>
<td>650</td>
<td>SF</td>
<td>REM</td>
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<td>fire door insulation</td>
<td>conn hallway from senior ctr to WIC</td>
<td>6</td>
<td>SF</td>
<td>REM</td>
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<tr>
<td>window glazing putty</td>
<td>conn hallway from senior ctr to WIC</td>
<td>750</td>
<td>SF</td>
<td>REM</td>
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<td>original kitchen bldg.</td>
<td>6</td>
<td>SF</td>
<td>REM</td>
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<td>9x9 brown floor tile</td>
<td>original kitchen bldg.</td>
<td>60</td>
<td>SF</td>
<td>REM</td>
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<tr>
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<td>original kitchen bldg.</td>
<td>60</td>
<td>SF</td>
<td>REM</td>
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<tr>
<td>window glazing putty</td>
<td>original kitchen bldg.</td>
<td>200</td>
<td>LF</td>
<td>REM</td>
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</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1)
8/6/14

Name of Building Owner/Operator (2)
Southern New Jersey Family Medical Centers, Inc.

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

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

Street Address
1 Whitehorse Circle

City, State, Zip Code
Hampton, NJ 08037

Name of Contact
Ms. Linda Flake

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Southern NJ Family Medical Center

Street Address
651 High Street

City (5)
Burlington

County (6)
Burlington

County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Cardno ATC

ASCM No.

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
407 West Lincoln Highway, Suite 500

City, State, Zip Code
Exton, PA 19341

Phone No.
609-386-8800

License No.
01161

Start Date (10)
8/12/14

Scheduled Completion Date (11)
8/15/14

Occupancy Status During Abatement (Check Only One)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: 7:00 am - 12:00 am

Scope of Work (Check All That Apply)
- 23 sf or 23 if
- 260 sf or 260 if
- 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)

Name of Registered Waste Hauler
ecoservices, LLC

NJ/DEP Waste Hauler ID No.
13012602

Cubic Yards of Waste
2

Name of Registered Landfill
Minerva Landfill

City, State
Exton, PA

Disposal Date
TBD

City, State
Waynesburg, OH

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
8/12/14

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

**Date of Notification (1)**

<table>
<thead>
<tr>
<th>8</th>
<th>12</th>
<th>14</th>
</tr>
</thead>
</table>

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

Glassboro Housing Authority

**Agencies Notified**
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA
  
  (NJAC 5:23-8)

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

**Street Address**

141 Delsea Manor Dr.

**City, State, Zip Code**

Glassboro NJ 08028

**Name of Contact**

Ron Miller Jr.

**Telephone Number**

**FACILITY INFORMATION**

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

Whittney Gardens B - Building - Hotel

**Street Address**

30 Williams St.

**City**

Glassboro NJ 08028

**County**

Gloucester

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

**Square Feet**

10,000

**# of Floors**

2

**Bldg. Age**

50+

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

Health And Safety Services

**ASCM No.**

117

**Name of Abatement Contractor (9)**

Controlled Environmental Systems

**Street Address**

1121 N. Bethlehem Pike - Suite 60

**City, State, Zip Code**

Spring House, PA 19477

**Type of Facility (4)**

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

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

housing

**Name of OSHA Monitor**

CES

**Start Date (10)**

8 / 25 / 14

**Scheduled Completion Date (11)**

9 / 5 / 14

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/___PM-___AM

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

- [ ] ≥3 sf or ≥3 If
- [ ] ≥160 sf or ≥260 If
- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

IN Facility

TO BE ABATED

(13)

**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)**

80 LF

**Abatement Type**

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

24/26 32/34 36/38 40/42 Mech Room

**Fittings in mechanical rooms**

**Name of Registered Waste Hauler**

Allied

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**

1

**Name of Registered Landfill**

Constoga Landfill

**City, State**

Telford, PA

**Disposal Date**

9/6/14

**City, State**

Morgantown, PA

**Completed By (Print or Type)**

Patricia Visco

**Title**

Office Manager

**Signature**

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:36 and 5:16)

**WASHINGTON TOWNSHIP SCHOOL DISTRICT**

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

**Address**

20 CHURCH ROAD

City, State, Zip Code

SEWELL, NJ 08080

**Name of Contact**

**Telephone Number**

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**: WASHINGTON TOWNSHIP HIGH SCHOOL
- **Street Address**: 639 HURPVILLE-CROSS KEYS ROAD
- **City (5)**: SEWELL
- **County (6)**: GLOUCESTER
- **County Code (7)/STATE USE ONLY**: GLO
- **Current Use (Prior if being demolished)**: SCHOOL
- **Square Feet**: >50,000
- **No. of Floors**: 2
- **Building Age**: 50

**Name of Monitoring Firm Hired by Building Owner (9)**: HORIZON ENVIRONMENTAL GRP., INC

**ASCM No.**

00073

**Name of Abatement Contractor (9)**: DELTA/BJDS, INC

**Street Address**: P.O. Box 316

**City, State, Zip Code**: WEST DEPFTORD, NJ 08086

**Telephone No.**: 856-848-6860

**City, State, Zip Code**: SOUTHAMPTON, PA 18966

**License No.**: 215-322-2800

**Telephone No.**: 00793

**Start Date (10)**: 8/1/14

**Scheduled Completion Date (11)**: 8/27/14

**Name of OSHA Monitor**: N/A

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

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 11:00 PM

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

- [ ] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Permissible 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 insulations, surfacing, VAT, or other miscellaneous)**

- [ ] BOILER RM 11/12/ WING
- [ ] DUCT INS AND DEBRIS

**Amount (Specify SF or LF)**

- [ ] 00
- [ ] 00

**Name of Registered Waste Hauler**: SERVICE TRANSPORT GROUP INC

**NJDEP Waste Hauler ID No.**: 20200

**Disposal Date**: CITY, STATE

**WASTE TRANSPORT GROUP INC**

**MINERVA LANDFILL**

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**Completed By (Print or Type)**

**Title**: PROJECT MGR.

**Signature**: DAMIAN LAVELLE

**Date**: 8/12/14

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**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

### Date of Notification (1)
08 / 12 / 14

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

**WASHINGTON TOWNSHIP SCHOOL DISTRICT**

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

### Type Notification
- [ ] Initial
- [ ] Amended
- [ ] Amendment #____
- [x] Emergency (including justification)
- [ ] Cancellation

### Street Address
30 CHURCH ROAD

### City, State, Zip Code
SEWELL, NJ 08080

### Name of Contact

### Telephone Number

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
WASHINGTON TOWNSHIP HIGH SCHOOL

#### Street Address
529 HURFVILLE-CROSS KEYS ROAD

#### City (5)
SEWELL

#### County Code (7)

#### Current Use (Prior if being demolished)
SCHOOL

### Square Feet
>60,000

### # of Floors
2

### Bldg. Age
50

### Name of Monitoring Firm Hired by Building Owner (8)
HORIZON ENVIRONMENTAL GRP., INC

### ASCM No.
00073

### Name of Abatement Contractor (9)
DELTA/BJDS, INC

### Street Address
P.O. Box 316

### City, State, Zip Code
WEST DEPTFORD, NJ 08086

### License No.
00793

### Project Manager for Monitoring Firm
David Flanigan

### Telephone No.
856 848 0800

### Street Address
1345 INDUSTRIAL BLVD

### City, State, Zip Code
SOUTHAMPTON, PA 18966

### Telephone No.
215 322-2900

### Name of OSHA Monitor
N/A

### Start Date (10)
8 / 13 / 14

### Scheduled Completion Date (11)
8 / 27 / 14

### Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 11:00 PM

### Scope of Work (Check all that apply)
- [x] >= 3 sf or >= 3 if
- [ ] >160 sf or >260 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

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOILER RM 11/12/WING</td>
</tr>
<tr>
<td>BOILER INS AND DEBRIS</td>
</tr>
</tbody>
</table>

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

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

### Amount (Specify SF or LF)

### Abatement Type

<table>
<thead>
<tr>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
SERVICE TRANSPORT GROUP INC

### NJDEP Waste Hauler ID No.
20990

### Cubic Yards of Waste
50

### Name of Registered Landfill
MINERVA LANDFILL

### City, State
58 PYLES LANE, NEW CASTLE, DE 19720

### Disposal Date

### City, State
WAYNESBURG, OH 44688

### Completed By (Print or Type)
DAMIAN LAVELLE

### Title
PROJECT MGR.

### Signature

### Date
8-12-14

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