## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Q#3593

Date of Notification (1)					S	Owner/Operator (2	2)		5						
8/12/13					Camden County College / Job # 1308-1792: Chk. #3293										
Agencies Notified Type Not		Street Address													
⊠ EPA				200	College	Drive	à		E.		je.				
☑ DOLWD ☐ Amen	ded dment#			City, St	City, State, Zip Code										
2 Di 100	gency (inc	dudina	1	Blackwood, NJ 08012											
	ation)	nuumig		Name	of Contact			Telephone Number							
☐ Cance	llation			Mr. I	Len Cina	glia									
				FAC	ILITY IN	FORMATION									
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility (								
Truman Hall 129A - CCC Bla	ckwood	I Cam	pus				☐ School (K-12☐ Subchapter 8		12)						
Street Address		202					Other (i.e., pr	ivate and comm	ercial b	uildin	gs,				
200 College Drive				304397117			homes, etc.)								
City (5)							Square Feet	# of Floors	В	ldg. A					
Blackwood							40,000	2		1950	)'s				
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)						
Camden							Classrooms		988						
Name of Monitoring Firm Hired by I	Building C	wner (	B)	ASCM I	No.	Name of Abateme									
Horizon Environmental						Asbestos an	d Mold Service	s, Corp.							
Street Address						Street Address									
PO Box 316						3859 Sylon B	oulevard								
City, State, Zip Code						City, State, Zip Co									
Thorofare, NJ 08086						Hainesport, I	NJ 08036								
Project Manager for Monitoring Fire	n		Tele	phone I	No.	Telephone No.	License No.								
Steve Flanigan			8	6-848	-0800	609-702-0400 00862									
Start Date (10)				tion Dat		Name of OSHA N	A Monitor lytical, Inc.								
_8_ / _26_ / _13_	_ {	3/	30	_ / _											
Occupancy Status During Abateme	nt (Check	only o	ne)	Street Address											
☐ Facility Closed/Vacated During															
Abatement Performed Outside of Time of Abatement:AM-															
Scope of Work (Check all that appl			_			79-70									
☐ >3 sf or ≥3 lf		M Pa	novat	☐ Full Containment with Negative Pressure ation ☐ Mini-Enclosure											
\(\sum_{\geq} \geq 160 \text{ sf or } \geq 260 \text{ lf}		De		tion Glovebag Procedure											
				Non-Exempted (*) and Non-Friable Procedure											
		50000	Loca			722 DE100			Α	Abatement Type					
Location of Asbestos-Containing Material (	(M)			ely by	Ashe	Description of stos Containing Ma	Amount	Re	Repair	E	E				
TO BE ABATED	(CIVI)	03,000	intena			., thermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure			
IN Facility		Cus	odiai (12)	Staff?	**	surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure			
(13)		Yes	No	N/A		other miscelland	(ous)				6				
Room 129 A					Floor T	ile and Mastic		550 SF							
			П						TE						
						23/2			1	1 6					
-	=	H						-							
Name of Registered Waste Hauler				NJDEP V	Maste	Cubic Yards of	Name of Regis	stered Landfill		1 -	ЦШ				
Horizon Disposal, Inc.			- 200	Hauler II	D No.	Waste	GROWS L								
City, State				22612	2	Disposal Date	City, State								
Trenton, NJ						8/30/13	1000	e, PA 19067							
Completed By (Print or Type)	Title					Signafture ∧			Date	- 1					
Kimberly A. Trumbetti	1 5.55		Coor	dinato	r	TXIA			10	12	13				
						THOU!			0	10	1,				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

CV#3094

Date of Notification (1)							wner/Operator (2	)	(S)	4007 4700	\ >LL #3	204		
8/12/13					William & Dawn Mountney / Job # 1307-1788: Chk.									4
Agencies Notified	Type Notification				reet Ad							ē		
⊠ EPA	Initial				48 Richmond Avenue									_
□ DOLWD	☐ Amended			Ci	ty, Stat	e, Zip Cod	le							
☑ DHSS	Amendment #	385 75000			Lumb	erton, N.	J 08048							
☐ DCA	Emergency (in	ncluding		N:	ame of	Contact			T	elephone Numb	90			
(NJAC 5:23-8)	justification)  Cancellation			10000		ountney			1			*		
					FACIL	ITY INFO	ORMATION							_
Name of Facility Where	Abatement is Takin	g Place	(3)					Ту	pe of Facility (4)					
Residential Proper							School (K-12)							
	- Ly							닖	Subchapter 8 (C Other (i.e., priva	Other than K-12)	ı cial build	dinas		
Street Address 58 Madison Avenu	e								homes, etc.)					
City (5)								25.5	100.0.00	# of Floors	11.0	. Age		
Mount Holly									1831	1		) yea	ırs	
County (6)				T	County	Code (7)(5	STATE USE ONLY)	Cı	urrent Use (Prior	if being demolis	hed)			
									Residential Pr	roperty				
Burlington Name of Monitoring Firm	- Uired by Building	Owner	(8)	IAS	SCM No	5 11	Name of Abateme	ent	Contractor (9)					
		OWITE	(0)	,,,					Mold Services,	Corp.				
Horizon Environm	entai			_			Street Address	id more doctional and						
Street Address						1	3859 Sylon E	Paulovard						
P.O. 316														$\dashv$
City, State, Zip Code					City, State, Zip C									
Thorofare, NJ 080	86						Hainesport,	NJ	08036				5	-
Project Manager for Mo	nitoring Firm		Te	lep	hone N	0.	Telephone No.							
Steve Flanigan				856	-848-0		609-702-0400 00862							
Start Date (10)	Sch	eduled	Comp	leti	on Date	(11)	Name of OSHA Monitor							
8 / 26	/ _13	8	1 _	30	_ / _	13	EMSL Analy	ytical, Inc.						
Occupancy Status Duri	ng Abatement (Che	eck only	one)				Street Address							
☑ Facility Closed/Vaca	ated During Entire F	Period o	f Aba	tem	ent		200 U.S. Rot	Route 130 North						
☐ Abstement Performe	ed Outside of Norm	nal Faci	ity Ho	urs	- Desc	ribe	City, State, Zip C	, Zip Code						
Time of Abatement:	AM	PM/	P	M	^	M	Cinnaminso	n, l	NJ 08077					
Scope of Work (Check			-	- 15										
Scope of Work (Check	all triat apply)								inment with Nega	ative Pressure				
≥3 sf or ≥3 lf			Renov					Mini-Enclosure Glovebag Procedure						
≥160 sf or ≥260 lf	)emo	IITIOI	1		☐ Non-Ex	-Exempted (*) and Non-Friable Procedure								
			Is Lo	cati	on			Abatement Type						/pe
1	6		Non	-			Description	of			ZD.	Z,	m	Ш
Location Asbestos-Containing		111	sed S			Asbes	stos Containing M	/late	erial (ACM)	Amount	Removal	Repair	ıca	Enclosure
TO BE A			/lainte		nce/ Staff?	(i.e.	., thermal system surfacing, VA	s in	sulation,	(Specify SF or LF)	ova	=	psu	Sur
IN Fa				12)	nan:		other miscellar	neoi	us)	SF OI LI )			Encapsulate	G.
(13	3)	Ye		No	N/A								-	
Crawispace				]		Pipe Ins	sulation			50 LF				
Basement & Small	Crawispace		TE	]		Pipe Ins	sulation			190 LF				
Dato	•		Tr	7	П			70						
	1	_												
Name of Registered W	Vacte Hauler				JDEP \	Vaste	Cubic Yards of	e e	Name of Regis	tered Landfill				
Freehold Cartage					auler II	No.	Waste		GROWS La	andfill				
					02265	)	5 Disposal Date	te City, State						
City, State Freehold, NJ							8/31/13		Morrisville	, PA 19067				
	r Typo\	Title	790	Signatu				Λ	1		Date 1	1		
Completed By (Print of Kimberly A. Trun			e Co	oro	dinato	r	OK IA	1			81	121	13	
Killiberry A. ITuli				200 de 1	001481517119510			-X			-	-		

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK#23326

D. C. Charle of the					Name of Della	lina Own	or/Operator (2)	CINI CIVID	XIII.						
Date of Notification (1)			Name of Building Owner/Operator (2)												
8/12/2013					TRIVATE RESIDENCE										
Agencies Notified	Type Notificat	ion			Street Addres			7/4/4/4							
□ EPA	ix Initial			100	220 BERKE		ENUE								
□ DEP	Amende			1	City, State, Zi	****************		C.							
□ DOF	Emerger		luding		BEACH HA				Telephone Number						
☐ DOH	justificat				Name of Con				i eiep	none	Numb	er			
DCA	☐ Cancella	tion			DAVID J. D										
					ACILITY IN	ORMAT	TION								
Name of Facility Where Al	oatement is Ta	king Pl	ace (3)	1				Type of Facility (4)							
BOTTITTA RESIDEN	CE							School (K-12)							
Street Address								Subchapter 8 (Other							
220 BERKELEY AVEN	UE							Other (i.e., private &							
City (5)								Square Feet	# of F	Floors	Bldg.	Age			
BEACH HAVEN, NJ															
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng de	molish	ned)				
OCEAN															
Name of Monitoring Firm I	Hired by Buildin	ng Own	er (8)		ASCM No.	Name of Abatement Contractor (9)									
				CREAM RIDGE ENVIRONMENTAL INC.											
Street Address			Street Address												
			15 BLACK FOREST ROAD												
				City, Sta	te, Zip Code										
						HAMIL	TON, NJ 08691	)1							
Project Manager for Monitoring Firm Telephone No.						Telephor	ne No.		Licer	se No	).				
						609-890	-7110		0067	6					
Start Date (10)	uled C	omplet	ion Date (11)	Name of	OSHA Monitor										
8/13/2013		8/13/2	013			N/A									
Occupancy Status During	Abatement (Cl	heck or	nly one	)	-	Street Address									
Facility Closed/Vacat					ent										
Abatement performed ou						City, State, Zip Code									
ESSENTIAL PERSONNI		•													
Scope of Work (Check all								Full Containment w	ith Ne	gative	Pres	sure			
≥ 3 sf or ≥ 3 lf			Renoval	tion		Mini-Enclosure									
\(\frac{1}{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\tex{\tex					Demoliti			Glovebag Procedure							
☐ ≤ 100 Si 0i ≤ 200 li								Non-Exempted (*) & Non-Friable Proc							
		Is	Locat	ion	Γ				Abatement Type						
		5,550	mally l		Description	of Asbes	stos Containing								
Location of Asbestos-			Solely I				hermal systems	Amount (Specify SF or	Re	Z.	nca	E			
Material (ACM) TO BE Facility (13)				e/Custo			, VAT, or other	LF)	Remova	Repair	psu	Enclosure			
1 admity (10)			Staff?	(12) N/A	l r	miscellane	eous)		<u>a</u>	=	Encapsulate	l e			
		Yes	No	IN/A	X 7 4 700			800 SF	X	-	Ф				
THROUGHOUT		-	X	-	VAT			800 SF	A	-	-				
				-					-	-					
				-					-	$\vdash$	-	-			
					NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill			<u> </u>			
Name of Registered Wast	e Hauler				Hauler ID No.		Waste	INAME OF REGISTERS LA	nuilli						
TIMSTER TRUCKING	}				21079		5 YD.	GROWS							
				No. 1992	21017		Disposal Date	City, State	_			-			
City, State															
WEST CREEK, NJ		TTAI-				I Signatul	8/14/2013 27-Mar	MORRISVILLE, PA	Date						
Completed By		Title		rom.		1 7/ /.	///	Heales	0/12	/2012					
DAVID D'ANDREA		PRES	SIDEN	T		No	vil ()	1 miles	10/12	2013	_				
ASB-41							U								

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name of Building Owner/Operator (2)//// Brookdale Community College / Job # 1306-1771; Chk. NA											
6 / 6 / 13						Brookdale Community College / Job # 1306-1771: Chk. NA										
Agencies Notified Type Notification						Street Address										
☐ EPA	☐ Initial				765 I	Newman \$	Sprin	gs Road	Licini.							
□ DOLWD	☐ Amended			ı	City, St	ate, Zip Coo	de		****							
⊠ DHSS	Amendmen		att		Linc	roft, NJ 0	7738									
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		aing		Name o	of Contact			Telephone Number							
(140/10/0.25-0)	☐ Cancellatio				Mr. F	Richard F	rank					•				
					FAC	ILITY INF	ORM	ATION								
Name of Facility Where A	Abatement is Ta	king P	lace (	(3)					Type of Facility (	(4)						
Brookdale CC - Go	rman Hall								☐ School (K-12		40)					
Street Address			-					5.5 - 5.5 - 10.5 - 5.1	☐ Subchapter 8 ☐ Other (i.e., pr	ivate and comm	12) nercial bu	ildina	S.			
765 Newman Sprin	gs Road								homes, etc.)							
City (5)									Square Feet	# of Floors		dg. Ag	e			
Lincroft									10,000	2		41				
County (6)					Count	ty Code (7)(	STATE	USE ONLY)	Current Use (Pri	or if being demo	olished)					
Monmouth									Vacant							
Name of Monitoring Firm	Hired by Buildin	ng Ow	mer (8	3)	ASCM N	No.	Name	of Abateme	ent Contractor (9)							
Tiger Environment				Ast	pestos and	d Mold Service	s, Corp.			200						
Street Address							Street	Address								
234 20th Ave.							385	9 Sylon B	Boulevard							
City, State, Zip Code	*						City, S	State, Zip Co	Code							
Brick, NJ 08723							Hainesport, NJ 08036									
Project Manager for Mor	itoring Firm			Tele	phone N	No.	Telephone No. License No.									
Kelly Walton				90	08-862-	4301	609-702-0400 00862									
Start Date (10)								Name of OSHA Monitor								
6 / 17 /	13	8	_ /	9	_ / _	13	EM	SL Analyt	ical, Inc.			150000000				
Occupancy Status Durin	g Abatement (C	heck o	only o	ne)				t Address								
□ Facility Closed/Vacat							200	U.S. Rou	ute 130 North							
Abatement Performe							City, S	State, Zip Co	ode							
Time of Abatement:	Aivi			_F IVI	Cinnaminson, NJ 08077											
Scope of Work (Check a	ill that apply)							□ Full Con	tainment with Ne	native Pressure						
≥3 sf or ≥3 lf			⊠ Rei	novat	ion			☐ Mini-End		osure						
☐ ≥160 sf or ≥260 lf			] Dei	moliti	on				g Procedure							
					C			M Non-Exe	xempted (*) and Non-Friable Procedure  Abatement Type							
Lagation				Loca Iorma			-	Description of	of					1		
Location Asbestos-Containing			Use	d Sol	ely by	Asbes			aterial (ACM)	Amount	Removal	Repair	l iii	nc		
TO BE AB	ATED			1000	ance/ Staff?	(i.e.		nal systems		(Specify	Voc	a-	aps	Enclosure		
IN Faci (13)			Ousi	(12)				rfacing, VAT er miscellane		SF or LF)	=		Encapsulate	ō		
(10)			Yes	No	N/A					.003)			(D			
Under Floor					$\boxtimes$	Transite	e Duct	t	12 LF							
Tile Sub Floor					$\boxtimes$	VAT and	d Mas	stic	10 SF							
In Ground - Outside	Building				$\boxtimes$	(2) Trans	site D	Ducts	40 LF							
Name of Registered Waste Hauler						Waste	120000000000000000000000000000000000000	Yards of	Name of Regi	Name of Registered Landfill						
Horizon Disposal, Inc.						D No. 2	Waste 5		GROWS L	andfill.						
City, State						00.1		osal Date	City, State	DA 4000T						
Trenton, NJ							8/9	1/13	Morrisville	e, PA 19067						
Completed By (Print or	Туре)	Title						Signature			Date ()	10				
Kimberly A. Trumb	petti	Off	fice (	Coor	dinato	r		M	V		8-1	115	/			