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

Date of Notification 8 / 28 / 17

Name of Building Owner/Operator
Camden County Technical Schools Board of Education

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
343 Berlin Cross Keys Rd - Building No. 12 Administration
City, State, Zip Code
Sicklerville, NJ 08081

Name of Contact
Dino Acevedo
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place
Camden Technical School

Street Address
343 Berlin Cross Keys Road
City (5)
Sicklerville
County (6)
Camden

Current Use (Prior to being demolished)
Adult Technical School

Name of Monitoring Firm Hired by Building Owner
ASCM No.
117

Health and Safety Services

Name of Abatement Contractor
Controlled Environmental Systems

Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08009

Telephone No.
609 639 2432

License No.
215 642 7000 00847

Start Date 11 / 28 / 16
Scheduled Completion Date 10 / 31 / 17

Name of OSHA Monitor
CES

Occupancy Status During Abatement
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00AM-MidnightPM-Midnight

Scope of Work
☐ 3 sf or 3 ft
☐ 160 sf or 260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM Caulk/Glazing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>ACM Caulk/Glazing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Amount (Specify $F or LF)

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
<td>$2800 LF</td>
</tr>
<tr>
<td>Repair</td>
<td>$3800 LF</td>
</tr>
<tr>
<td>Encapsulate</td>
<td>$4800 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Geppert Recycling

City, State
Hatfield, PA

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

Signature
Patricia Visco
Date
8/28/17

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

Date of Notification (1) 8 / 28 / 17

Name of Building Owner/Operator (2)
Camden County Technical Schools Board of Education

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA
- NJAC 5:23-8

Type Notification
- Initial
- Amended
- Amendment #2
- Emergency (including justification)
- Cancellation

Street Address
343 Berlin Cross Keys Rd - Building No. 12 Administration

City, State, Zip Code
Sicklerville, NJ 08081

Name of Contact
Dino Acevedo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Camden County Technical School

Street Address
343 Berlin Cross Keys Road

City (5)
Sicklerville

County (6)
Camden

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

Square Feet
various

# of Floors
1

Bldg. Age
50+

Controlled Environmental Systems

Name of Abatement Contractor (9)

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services

ASCM No.
117

Name of OSHA Monitor
CES

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

License No.
00847

Telephone No.
215 542 7000

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609 639 2432

Start Date (10)
11 / 28 / 16

Scheduled Completion Date (11)
10 / 31 / 17

Scope of Work (Check all that apply)

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

- Renovation
- Demolition

Abatement Type

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

Name of Registered Waste Hauler
Geppert Recycling

City, State
Hatfield, PA

Disposal Date
24,000 yrd

Cubic Yards of Waste
48,000

Name of Registered Landfill
Western Berks Community Landfill

City, State
Birdsboro, PA 19508

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
8/28/17

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

(Pursuant to NJAC 8:60-7 and 12:120-7)

**Date of Notification**: 1/18/2017

**Name of Building Owner/Operator**: Fred Hakimi

**Street Address**: [redacted]

**City, State, Zip Code**: Boonton, NJ 07005

**Name of Contact**: Fred Hakimi

**Type of Facility**: Other (Private/Commercial Bridge/Homes, etc.)

**Square Feet**: [not specified]

**Current Use**: Residential

**Name of Monitoring Firm Hired by Building Owner**: [not specified]

**Street Address**: [not specified]

**City, State, Zip Code**: [not specified]

**Project Manager for Monitoring Firm**: [not specified]

**Scheduled Start Date**: 09/08/2017

**Occupancy Status During Abatement**: Facility closed/vacated during entire period of abatement.

**Scope of Work**: Demolition, Renovation, Mini-enclosure

**Location of asbestos-containing material to be abated in facility**

<table>
<thead>
<tr>
<th>Basement Boiler Room</th>
<th>Pipe Insulation</th>
<th>X</th>
</tr>
</thead>
</table>

**Registered Waste Hauler**: B & G Restoration, Inc.

**NJDEP Hauler ID**: 19553

**Cubic Yards of Waste**: 1 yard

**Name of Registered Landfill**: Tullytown Resource & Recovery Center

**City, State**: Tullytown, PA

**Disposal Date**: 09/11/2017

**Completed by (Print or Type)**: Gordana Luna

**Title**: Secretary/Treasurer

**Signature**: [redacted]

**Date**: 08/28/2017
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
08 / 28 / 17

Name of Building Owner/Operator (2)
R.J. Heritage Inn of Bridgewater, LLC

Street Address
1201 Page Drive
City, State, Zip Code
Fargo, ND 58103

Name of Contact
Lori Kasowski

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Vacant Days Inn Conference Center

Street Address
1260 US 22 East
City
Bridgewater
County
Somerset

Square Feet
98,000
# of Floors
2
Bldg. Age
45

Type of Facility (4)
☑ Other (i.e., private and commercial buildings, homes, etc.)

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services, Inc.

ASCN No.
00117

Name of Abatement Contractor (9)
Superior Abatement Inc

Address
2 Henderson Drive
City, State, Zip Code
West Caldwell, NJ 07006

Telephone No.
(973) 889-1616
License No.
00411

Start Date (10)
08 / 29 / 17
Scheduled Completion Date (11)
09 / 01 / 17

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

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-Permissible Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>Elbow Pipe Insulation</td>
<td>20 ea</td>
</tr>
<tr>
<td>Roof</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>Roofing Material</td>
<td>7,500</td>
</tr>
<tr>
<td>Basement Laundry</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>Floor Tile</td>
<td>1,000</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Service Transport Group, Inc

NJDEP Waste Hauler ID No.
SW2117
Cubic Yards of Waste
160
Name of Registered Landfill
Minerva Landfill

City, State
New Castle, DE
Waynesburgh, OH

Disposal Date
09/01/17

Completed By (Print or Type)
Mary Petrovski
Title
President
Signature

Date
8-28-17

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to NJAC 8:60 and 5:19)

Check # 25578

Name of Building Owner/Operator: Lynch
AUG 30 2017

Name of Contact: Dan Lynch

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: Residential

Street Address:

City: Haddon Twp., NJ

County: Camden

Name of Monitoring Firm Hired by Building Owner: MECS

AsCM No.:

Name of Abatement Contractor: Stevens Environmental Services, Inc.

PO Box 322

City, State, Zip Code: Allentown, NJ 08501

PO Box 341

City, State, Zip Code: Crosswicks, NJ 08515

Start Date: 9/12/17

Scheduled Completion Date: 9/14/17

Occupancy Status During Abatement: At other

Scope of Work: (Check all that apply)

- Renovation
- Demolition
- Outdoor
- Indoor

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

- Basement

- Thermal Wall Insulation

Amount (Specify SF or LF): 10 sf

Abatement Type: Other

Name of Registered Waste Hauler: Stevens Environmental Services, Inc.

License No.: 00493

City, State: Allentown, NJ

Disposal Date: 9/14/17

Name of Registered Landfill: Fairless Landfill

City, State: Morrisville, PA

* 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)
10/1/2017

Name of Building Owner/Operator (2)
SEOLALL SINGH

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Name of Contact
SEOLALL SINGH

City, State, Zip Code
JERSEY CITY, NJ 07305

Telephone Number

Name of facility where abatement is taking place (3)
SEOLALL SINGH

Project Manager for Monitoring Firm

Start Date (10)
08-28-17

Scheduled Completion Date (11)
10-05-17

Facility Status During Abatement (Check only one)
X Facility closed/vacated during entire period of abatement.

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
X >3 sf or >3 lf

Other-Describe: Demolition

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

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount
431 ft

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

Location Normally Used

Registered Waste Hauler
TBD

Disposal Date
08-29-17

TBD

TBD

City, State, Zip Code
JERSEY CITY, NJ 07305

Name of Abatement Contractor (9)
MKD PROPERTY MAINTENANCE LLC

Street Address
105 VAN RIPE AVENUE

City, State, Zip Code
CLIFTON, NJ 07012

Telephone Number
201-899-9008

License Number
#01336

Name of OSHA Monitor

Street Address

City, State, Zip Code

Completed by (Print or Type)
DARKO KALOSKA

Date
08-24-17

Signature
PROJECT MANAGER

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)
8 / 28 / 17

Name of Building Owner/Operator (2)
Trustees of the Moorestown Comm House / Job #1707-2205 Chk. #4787

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☒ DCA
(NJAC 5:23-6)

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

Street Address
16 East Main Street

City, State, Zip Code
Moorestown, NJ 08057

Name of Contact
Caryn Lynch

Telephone Number

FACILITY INFORMATION

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

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

Street Address
16 East Main Street

City (5)
Moorestown

County (6)
Burlington

Square Feet
25000

$ of Floors
3

Bldg. Age
91

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)

Event Venue

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Name of Monitoring Firm Hired by Building Owner (8)
Horizon Environmental

ASCM No.

Street Address
PO Box 316

City, State, Zip Code
Thorofare, NJ 08086

Project Manager for Monitoring Firm
Dave Flanigan

Telephone No.
856-846-0800

Name of OSHA Monitor
EMSL Analytical, Inc.

License No.
00882

Start Date (10)
9 / 11 / 17

Scheduled Completion Date (11)
9 / 15 / 17

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM PM AM

Completion Date

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 if
☒ ≥ 160 sf or ≥ 250 if
☒ Demolition
☐ Renovation

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

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

Yes
No
N/A

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 $ or LF)

Abatement Type

Endoscope
Repair
Removal

Endoscope
Removal
Repair

Boiler Room

☐ ☐ ☐ ☐ ☐

Pipe Insulation

276 LF

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐

Name of Registered Waste Hauler/Waste Management
NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste

Name of Registered Landfill
Grand Central

City, State
Lafayette, NJ

Disposal Date
9/15/17

City, State
Penn Argyle, PA

Completed By (Print or Type)
Kimberly A. Trumbetti

Title
Office Coordinator

Signature

Date
8-28-17

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

Date of Notification (1) 11/17

Name of Building Owner/Operator (2) linda duncan

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

Type Notification
- Initial
- Amended

Amendment #: __

Street Address

City, State, Zip Code ridgefield park, nj 07660

Name of Contact linda duncan

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) linda duncan

Street Address

City (5) - BERGEN

County (6) - BERGEN

County Code (7) - [State use only]

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

Street Address

City, State, Zip Code Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number 973-345-8020

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

City, State, Zip Code Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

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

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

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal Repair Encapsulation

Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

City, State PATerson, NJ 07503

Disposal Date 09/12/17

Name of Registered Waste Hauler D & S RESTORATION, INC.

Cubic Yards of Waste 1 yd

Registered Waste Hauler ID 13506

Complied by (Print or Type) BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 08/25/2017

* 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)

C&S Proj. #: 17-227

Date of Notification (1) 10/18/2017  
Name of Building Owner/Operator (2) ROBERT SHIELDS

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

Street Address  
City, State, Zip Code  
RIDGEWOOD, NJ 07450

Name of Contact  
ROBERT SHIELDS

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
ROBERT SHIELDS  
Street Address  
City (6) BERGEN  
County (7) Bergen  
County Code (State use only)  
Name of Monitoring Firm/Owner (6)  
ASCM No.  
D & S RESTORATION, INC.

Street Address  
20 California Ave.  
City, State, Zip Code  
Paterson, NJ 07503  
Tel. No.  
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

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

Scope of Work (check all that apply)  
☒ >3 sf or >3 lf  
☒ >160 sf or >260 lf  
☒ Demolition  
☐ Renovation

Location of asbestos-containing material (acm) to be abated in facility (15)  
Yes  ☐  No  ☒  N/A  ☒  
Description of asbestos-containing material (ACM)  
pipe insulation  
Amount (Specify SF or LF)  
41 LF

Full containment w/negative pressure  
Mini-enclosure  
Glovebag procedure

Non-Exempted (*) and Non-friable procedure  

Registered Waste Hauler  
D & S RESTORATION, INC.

City, State  
PATERN J, NJ 07503  
Disposal Date  
09/08/17  
Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY  
Cubic Yards of Waste  
1 YD

City  
TULLYTOWN, PA  
Date  
08/25/2017

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

* 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)
08/12/17

Name of Building Owner/Operator (2)
CHRISTINE KARSTOFFSKY

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

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Amendment #: (including justification)

Street Address: [redacted]
City, State, Zip Code: SO. ORANGE, NJ 07079

Name of Contact
CHRISTINE KARSTOFFSKY

FACILITY INFORMATION

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

Square Feet: [redacted]
# of Floors: [redacted]
Bldg. Age: [redacted]

Current Use (Prior if being demolished)

Name of facility where abatement is taking place (3)

CHRISTINE KARSTOFFSKY

Street Address: [redacted]
City: SO. ORANGE
County: ESSEX

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

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
08/31/17

Scheduled Completion Date (11)
09/22/17

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

Scope of Work (check all that apply)
- >3 sf or >3 if
- >160 sf or >260 if
- Demolition
- Renovation
- Full Containment w/negative pressure
- Mini-enclosure
- Glovebag procedure
- Non-Exempted (*) and Non-Exempted procedure

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>Rm.</th>
<th>Rpr</th>
<th>Enc</th>
<th>Lcl</th>
</tr>
</thead>
<tbody>
<tr>
<td>basement</td>
<td>No</td>
<td>pipe insulation</td>
<td>90 ft</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler
NJDEP Hauler ID: [redacted]
Cubic Yards of Waste: 1 YD
Name of Registered Landfill

City, State: [redacted]
Disposal Date: 09/01/17

Completed by (Print or Type)
Title: [redacted]
Signature: [redacted]
Date: 08/25/17

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