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

Date of Notification (1)
1 / 2 / 18

Name of Building Owner/Operator (2)
City of Camden

Name of Facility Where Abatement is Taking Place (3)
3154 COLORADO ROAD STRUCTURE

Street Address
3154 COLORADO ROAD STRUCTURE

City (5)
Camden

County Code (7) / (STATE USE ONLY)
CAMDEN

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

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Telephone No.
215 542 7000

License No.
00847

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/

Scope of Work (Check all that apply)
≥3 sf or ≥3 If
≥160 sf or ≥280 If
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)

Abatement Type
Removal
Repair
Encapsulate
Enclosure

See Attached Notice of Hazard

Name of Registered Waste Hauler
Waste Management of NJ

City, State
Fairless Hills, PA

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

Signature
Patricia Visco
Date 1-2-2018

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:68 and 12:120)

**Name of Building Owner/Operator:** Sem Home Builders LLC

**Name of Contact:** Joe Lockwood

**FACILITY INFORMATION**

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

**Square Feet:** 2300

**Bldg. Age:** 70

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

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

**Name of Abatement Contractor:** ABS Environmental Services, LLC

**Street Address:** PO Box 483, 4 E Gate Drive

**City, State, Zip Code:** Glenwood, NJ 07418

**License No.:** 973-764-2276

**Telephone No.:** 973-764-2276

**Name of OSHA Monitor:**

**Street Address:**

**City, State, Zip Code:**

**Scope of Work (Check All That Apply):**
- [x] Demolition
- [ ] Renovation
- [ ] Full Containment with Negative Pressure
- [x] Glovebag Procedure
- [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/ Custodial Staff?**

**Description of Asbestos-Containing Material (ACM):**
- [x] Surfacings
- [x] Thermal Insulation
- [x] VAT
- [x] Other Miscellaneous

**Amount (Specify SF or LF):**
- [x] 1500 SF
- [x] 144 SF
- [x] 1000 SF

**Name of Registered Waste Hauler:**

**Freehold Cartage**

**City, State:** Freehold, NJ

**Name of Registered Landfill:** Cumberland Landfill

**City, State:** Newburg, PA

**Completed by:** A. Scott Higgins

**Title:** President

**Signature:**

**Date:** 12/29/17
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<thead>
<tr>
<th>Date of Notification (1)</th>
<th>12/28/2017</th>
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<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Dumont Terrace Apartments Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>155 Riverside Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>New York, NY 10024</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Brian Tarzik</td>
</tr>
<tr>
<td>Telephone Number</td>
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<tr>
<td>Type of Facility (4)</td>
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<tr>
<td>Square Feet</td>
<td># of Floors</td>
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<td>Current Use (Prior if being demolished)</td>
<td>Residential</td>
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<td>Name of Monitoring Firm</td>
<td>ASCM No.</td>
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<tr>
<td>Street Address</td>
<td>Crown Air Services LLC</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Brooklyn, NY 11203</td>
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<tr>
<td>Project Manager</td>
<td>Vanessa Miller</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(347) 533-2093</td>
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<td>Start Date (10)</td>
<td>01/15/2018</td>
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<td>Occupancy Status During Abatement (Check Only One)</td>
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<td>Other – Describe:</td>
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<td>Square Feet</td>
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<td>Renovation Demolition</td>
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<td>Amount (Specify SF or LF)</td>
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<td>Abatement Type</td>
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<td>Name of Contact</td>
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