State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:56 and 12:120)

**Date of Notification (1):** 11-10-16  
**Name of Building Owner/Operator (2):** Ken Swider

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

**Type Notification:** Initial

**Street Address:**  
**City, State, Zip Code:** Flemington, NJ 08822

**Name of Facility Where Abatement is Taking Place (3):** Single Family Dwelling  
**Square Feet:** 2

**Street Address:**  
**City:** Flemington  
**County:** Hunterdon  
**County Code:**  
**Current Use (Prior if being demolished):**

**Name of Monitoring Firm Hired by Building Owner (8):** EPC Technologies  
**ASCM No.:** N/A

**Name of Abatement Contractor (9):** EPC Technologies Inc.

**Street Address:** P.O. Box 337  
**City, State, Zip Code:** New Egypt, NJ 08533

**Start Date (10):** 11-28-16  
**Scheduled Completion Date (11):** 11-28-16

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

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

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):** Pipe Insulation  
**Amount (Specify CU or LF):** 40 LF

**Name of Registered Waste Hauler:** EPC Technologies  
**Name of Registered Landfill:** Waste Management of PA

**City, State:** New Egypt, NJ  
**Disposal Date:** 11-17-16  
**Title:** President

**Name of Registered Waste Hauler ID No.:** 17000  
**Cubic Yards of Waste:** 1

**Completed by:** Steve Schenker  
**Signature:**

**Date:** 11-10-16

---

*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>Nov 10, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Tunison Home Improvement</td>
</tr>
<tr>
<td>Street Address</td>
<td>719 Bound Brook Rd</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Dunellen, NJ 08812</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Bob Tunison</td>
</tr>
<tr>
<td>Telephone Number</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>Single Family Dwelling (Demo)</td>
</tr>
<tr>
<td>Street Address</td>
<td>1177 West Street</td>
</tr>
<tr>
<td>City (5)</td>
<td>Piscataway, NJ</td>
</tr>
<tr>
<td>County (6)</td>
<td>Middlesex</td>
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<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>EPC Technologies</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 Schenkke</td>
</tr>
<tr>
<td>Telephone No</td>
<td>609-758-3365</td>
</tr>
<tr>
<td>License No</td>
<td>00394</td>
</tr>
<tr>
<td>Name of OSHA Monitor</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>
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<tr>
<td>Start Date (10)</td>
<td>11-25-16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>17-2-16</td>
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<tr>
<td>Scope of Work (Check All That Apply)</td>
<td></td>
</tr>
<tr>
<td>x 23 sf or x30 sf</td>
<td></td>
</tr>
<tr>
<td>x 160 sf or x280 sf</td>
<td></td>
</tr>
<tr>
<td>Scope of Work</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Kitchen</td>
<td>Flooring 150 SF X</td>
</tr>
<tr>
<td>Bedroom</td>
<td>Flooring 150 SF X</td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>EPC Technologies</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No</td>
<td>17000</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>2</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Waste Management of PA</td>
</tr>
<tr>
<td>City, State</td>
<td>New Egypt, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>12-2-16</td>
</tr>
<tr>
<td>Completed by</td>
<td>Steve Schenkke</td>
</tr>
<tr>
<td>Title</td>
<td>President</td>
</tr>
</tbody>
</table>

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

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**Date of Notification (1):** 11-15-16

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

**Name of Building Owner/Operator (2):** D. Villane Construction LLC

**Street Address:** 2376 South AVE

**City, State, Zip Code:** Scotch Plains NJ 07076

**CITY, COUNTY:** Westfield County

**Type of Facility (4):** Family Apartment Dwelling

**Square Feet:** 2

**Name of Abatement Contractor (9):** EPC Technologies

**Address:** P.O. Box 337

**City, State, Zip Code:** New Egypt, NJ 08533

**Start Date (10):** 11-28-16

**Scheduled Completion Date (11):** 12-22-16

**License No:** 00394

**Name of OSHA Monitor:** EPC Technologies Inc

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

**City, State, Zip Code:** New Egypt, NJ 08533

**Scope of Work (Check All That Apply):**
- 2,000 sf or 2,300 sf
- Siding
- Shingles
- Exterior Garage
- Exterior House
- Basement/1st Floor

**Amount (Specify SF or LF):**
- 3,500 SF
- 1,000 SF

**Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):**
- Exterior House
- Exterior Garage
- Basement/1st Floor

**Description of Asbestos-Containing Material (ACM) i.e. thermal systems insulation, surfacing, ventilation, or other miscellaneous (12):**
- Siding Shingles
- Wrapped Air Ducts

**Name of Registered Waste Hauler:** EPC Technologies

**City, State:** New Egypt, NJ

**Disposal Date:** Various dates

**Name of Registered Landfill:** Waste Management of PA

**City, State:** Moonachie, NJ

**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 5:16)

Check# 2642

Date of Notification (1):
11 14 16

Name of Building Owner/Operator (2):
Peyton Bryant

Agencies Notified:
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 8:23-8)

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

Street Address:

City, State, Zip Code:
Montclair, NJ 07042

Name of Contact:
Peyton Bryant

Telephone Number:

FACILITY INFORMATION

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

Private house

Street Address:

City (5):
Montclair, NJ 07042

County (6):
Essex

County Code (7) [STATE USE ONLY]:

Type of Facility (4):
☒ School (K-12)
☐ Subchapter 8 (Other than K-1 2)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet: # of Floors: Bldg. Age:

Current Use (Prior if being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):
Gr Tech LLC

Street Address:
576 Valley Rd #283

City, State, Zip Code:
Wayne, NJ 07470

Telephone No.:
973-638-1777

License No.:
01127

Name of OSHA Monitor:
Envirovision Consultants, Inc

Street Address:
20-21 Wagawar Road, Bldg. # 35E

City, State, Zip Code:
Fair Lawn, NJ 07410

Start Date (10): 11 23 16

Scheduled Completion Date (11): 11 24 16

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 PM AM

Scope of Work (Check all that apply):
☒ >3 sq ft or >3 if
☐ ≥160 sq ft or ≥280 if
☒ Renovation
☒ Demolition

Description of Abatement Type:
Clean up and decontamination with negative pressure
Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Tent with Negative Pressure
Non-Exempted (1) and Non-Friable Procedure

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 SIF or LF):
150 LF

Abatement Type:

Location of Registered Waste Hauler:

TBD

Cubic Yards of Waste:
TBD

Name of Registered Landfill:
T.R.R.F, Inc

City, State:
Wayne, NJ 07470

Completed By [Print or Type]:

Title:
Owner

Date:
11/14/16

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

A88-41
MAY 11
Date of Notification (1)  11/7/2016

Name of Building Owner/Operator (2)  TULFRA HAMPSHIRE SELF STORAGE, CO.

Agencies Notified  Type Notification  Street Address
- EPA  Initial  87 WEST PASSAIC STREET
- DEP  Amended
- DOL  Emergency (including justification)
- DOH  Cancellation
- DCA

Name of Facility Where Abatement is Taking Place (3)  TOTOWA BUSINESS CENTER # 100

Facility Information
Street Address  930 NORTH RIVerview DRIVE
City (5)  TOTOWA
County (6)  PASSAIC
State (7)  New JerseY

Name of Monitoring Firm Hired by Building Owner (8)  BIOTERRA ENVIRONMENTAL SOLUTIONS

Name of Abatement Contractor (9)  INCINIA CONTRACTING, INC.

Name of Contact  LLOYD TULP
Telephone Number

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

Square Feet  115,000
# of Floors  2
Bldg. Age  1962

Current Use (Prior to being demolished)  S-1/B

Name of OSHA Monitor  INCINIA CONTRACTING, INC.

Start Date (10)  11/28/2016
Scheduled Completion Date (11)  12/16/2016

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

Scope of Work (Check All That Apply)  
- ≥30 sf or ≥3 ft
- ≥160 sf or ≥280 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 (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) (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>1ST FLOOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>30 LF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR</td>
<td>X</td>
<td>PIPE INSULATION JOINT</td>
<td>320 SF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR OFFICE</td>
<td>X</td>
<td>VAT - WHITE</td>
<td>400 SF</td>
<td>X</td>
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<tr>
<td>1ST FLOOR OFFICE</td>
<td>X</td>
<td>VAT - TAN</td>
<td>200 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  ATLANTIC CARTING
NJ/DEP Waste Hauler ID No.  NJ 691
Cubic Yards of Waste  40

Name of Registered Landfill  IESI PA BETHLEHEM LANDFILL CORI
City, State  BETHLEHEM, PA

Disposal Date  TBD

Completed by  MILENA ZORIC
Title  EXECUTIVE DIRECTOR
Signature
Date  11/7/2016

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or T-F)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Floor – Foyer</td>
<td>X</td>
<td>VAT, Blue</td>
<td>300 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>X</td>
<td>VAT and associated Mastic</td>
<td>40,000 SF</td>
<td></td>
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</tbody>
</table>
### NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification (1):** November 15, 2016

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

**Street Address:** 333 Broad Street

**City, State, Zip Code:** Red Bank, NJ 07701

**Name of Contact:** Telephone Number

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

**Facility Address:** 500 Doremus

**City (5):** Newark, NJ

**County (6):** Essex

**ESSEX**

**Name of Monitoring Firm Hired by Building Owner (8):** AET, Inc.

**Street Address:** 907 Doolittle Drive

**City, State, Zip Code:** Bridgewater, NJ 08807

**Project Manager for Monitoring Firm:** Eric Houseknecht

**Telephone No.:** (908) 218-1108

**Start Date (10):** 10/30/16

**Scheduled Completion Date (11):** 4/30/17

**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):**

- 2,3 sf or >23 If
- 2,160 sf or >260 If
- Renovation Demolition

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (Including 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>Bld 1</td>
<td>Yes</td>
<td>Roofing</td>
<td>4150 s/f</td>
<td>Remove</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vessel</td>
<td>300 s/f</td>
<td>Encapsulate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pipe</td>
<td>405 If</td>
<td>Endorse</td>
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<tr>
<td></td>
<td></td>
<td>vessel</td>
<td>35 s/f</td>
<td>Endorse</td>
</tr>
<tr>
<td>Bld 2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:** Newark Carting / Spartan Environmental

**NJ DEP Waste Hauler ID No.:** 22233

**Cubic Yards of Waste:** TBD

**Cumberland Co / BFI / GROWS / TRRF**

**Disposal Date:** 4/30/17

**City, State:** Newburg / Imperial / Morrisville, PA

**Name of Registered Landfill:**

**Completed by:** Michael Cooper

**Title:** President

**Signature:**

**Date:** 11/15/16

*Do not use this form for asbestos licensure exempted activities.*
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</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>
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<tbody>
<tr>
<td>Bld 2</td>
<td>Yes</td>
<td>roofing</td>
<td>6500 s/f</td>
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<td><em>&quot;</em></td>
<td>No</td>
<td>transite</td>
<td>3160 s/f</td>
<td>-</td>
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<td>Bld 3</td>
<td>Yes</td>
<td>transite</td>
<td>880 s/f</td>
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<tr>
<td><em>&quot;</em></td>
<td>No</td>
<td>roofing</td>
<td>2900 s/f</td>
<td>-</td>
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<tr>
<td>Bld 4</td>
<td>Yes</td>
<td>duct insul</td>
<td>850 s/f</td>
<td>-</td>
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<td><em>&quot;</em></td>
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<td>2500 s/f</td>
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<td>Bld 5</td>
<td>Yes</td>
<td>transite</td>
<td>480 s/f</td>
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<td><em>&quot;</em></td>
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<td>pipe</td>
<td>220 l/f</td>
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<tr>
<td>Bld 6A</td>
<td>Yes</td>
<td>roofing</td>
<td>1715 s/f</td>
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<td>Bld 7</td>
<td>Yes</td>
<td>pipe</td>
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<td>Bld 10</td>
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<tr>
<td>Bld 12</td>
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<td>1075 s/f</td>
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<td><em>&quot;</em></td>
<td>No</td>
<td>vessel</td>
<td>200 s/f</td>
<td>-</td>
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<tr>
<td><em>&quot;</em></td>
<td>No</td>
<td>pipe</td>
<td>215 l/f</td>
<td>-</td>
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<tr>
<td>Bld 21</td>
<td>Yes</td>
<td>pipe</td>
<td>230 l/f</td>
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<td><em>&quot;</em></td>
<td>No</td>
<td>Vat/Mastic</td>
<td>200 s/f</td>
<td>-</td>
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<td><em>&quot;</em></td>
<td>No</td>
<td>transite</td>
<td>100 s/f</td>
<td>-</td>
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<tr>
<td>pipe rack</td>
<td>Yes</td>
<td>pipe</td>
<td>915 l/f</td>
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<td>misc</td>
<td>Yes</td>
<td>vessel</td>
<td>300 s/f</td>
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<tr>
<td>misc structures</td>
<td>Yes</td>
<td>transite</td>
<td>880 s/f</td>
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</tr>
</tbody>
</table>
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 11-11-2016

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

Type Notification
☐ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Kennedy University Hospital

Street Address
18 E. Laurel Road

City, State & Zip Code
Stratford, NJ 08084

Name of Contact
Mr. James Barth

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)
Kennedy University Hospital- MRI Renovation area

Street Address
18 E. Laurel Road

City (5) Stratford, NJ County (5) Camden County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Criterion Laboratories

ASCM No.

Name of Abatement Contractor (9)
Resource Management Group, LLC

Street Address
3370 Progress Drive, Suite J

City, State & Zip Code
Bensalem, PA, 19020

Name of OSHA Monitor
J&S Environmental Laboratories Inc

Street Address
2115 Hamilton Ave, Suite 202

City, State & Zip Code
Trenton, NJ 08619

Project Manager for Monitoring Firm
Mr. Mike Panepresso

Telephone Number
215-241-1300

License Number
01185

Scheduled Start Date (10) 11-15-2016
Scheduled Completion Date (11) 11-21-2016

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

Describe: Project to be conducted 2nd shift 4:00 pm to 12:30 am

☐ Facility Occupied During Abatement

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

Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endure

MRI Renovation area ☐ ☐ ☐ ☐

Spray on fire proofing ☐ ☐ ☐

25 SF ☐ ☐ ☐ ☐

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

Name of Registered Waste Hauler
N.J.DEP Waste Hauler ID No. 0035218

Cubic Yards of Waste TBD

Name of Registered Landfill
Grows Landfill

City, State
Trenton, NJ

Disposal Date TBD

City, State
Morrisville, PA

Completed By (Print or Type)
Mr. Brian J. Haney

Title
President

Signature

Date
11/11/2016
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 5:60 and 12:120)

State of New Jersey

Date of Notification (1)
11-11-2018

Agencies Notified
- EPA
- DEP
- DOH
- DCA

Type Notification
- Initial
- Amended
- Emergency
- Cancellation

Name of Building Owner / Operator (2)
Kennedy University Hospital

Street Address
16 E. Laurel Road

City, State & Zip Code
Stratford, NJ 08084

Name of Contact
Mr. James Barth

Telephone Number

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Kennedy University Hospital - MRI Renovation area

Street Address
16 E. Laurel Road

City, State & Zip Code
Stratford, NJ 08084

Name of Monitoring Firm Hired by Building Owner (6)
ASCM No.

Name of Abatement Contractor (8)
Resource Management Group, LLC

Street Address
2115 Hamilton Ave., Suite 202

City, State & Zip Code
Tranion, NJ 08619

Project Manager for Monitoring Firm
Mr. Mike Panszewski

Telephone Number
215-344-1232

Name of OSHA Monitor
J&S Environmental Laboratories Inc

Street Address
2330 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 Hours
- Facility Occupied During Abatement

Scope of Work (Check all that apply)
- 23 sq. ft or 23 sq. ft
- 2160 sq. ft or 260 sq. ft
- Renovation
- Demolition

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?
Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(i.e., thermal systems, insulation, surfacing, etc.)

Amount (Specify SF or LF)

Abatement Type
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glove Bag Procedures
- Non-Regulated and Non-Patible Procedures
- Encapsulation
- Endurance

Name of Registered Waste Hauler
Resource Management Group, LLC

Name of Registered Landfill

Cubic Yards of Waste

Disposal Date

Date

Complied By (Print or Type)
Mr. Brian J. Haney

Title
President

Signature

NJDEP Waste Hauler ID No. 0036218

Name of Registered Landfill
Grows Landfill

City, State
Morrisville, PA

Date
11/1/2018
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 11/11/2016

**Name of Building Owner/Operator (2):**  
Joseph Collins

**Agencies Notified:**  
- X EPA  
- X DEP  
- X DOL  
- X DOH  
- [ ] DCA

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

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

**City (5):**  
West Caldwell

**County (6):**  
Essex

**County Code (7):**  
N/A

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

**Square Feet:** N/A  
**# of Floors:** N/A  
**Bldg. Age:** N/A

**Current Use (Prior to Abatement):** House

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

**Name of Abatement Contractor (9):**  
D&S Abatement, Inc.

**Street Address:**  
11 Rosengren Avenue

**City, State, Zip Code:**  
Totowa, NJ 07512

**Telephone No.:**  
973-345-8685  
**License No.:**  
01311

**Start Date (10):**  
11/21/2016

**Scheduled Completion Date (11):**  
11/22/2016

**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:** occupied

**Scope of Work (Check All That Apply):**  
- [X] ≥ 23 sf or ≥ 23 If  
- [ ] ≥ 150 sf or ≥ 250 ft²  
- X Renovation  
- [ ] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (12):**  
- [ ] In Facility  
- [ ] Not 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):**  
- Pipe insulation

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

**Abatement Type:**  
- X Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (”) and Non-Friable Procedure

**Name of Registered Waste Hauler:**  
D&S Abatement, Inc.

**NJDEP Waste Hauler ID No.:**  
20996

**Cubic Yards of Waste:** TBD

**Name of Registered Landfill:** TBD

**Waste of Management:** TBD

**City, State:**  
Totowa, NJ

**Completed by:**  
Oliver Hegedus  
**Title:** Project Manager

**Signature:**  
[Signature]

**Date:** 11/11/2016

---

* 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)
11/11/2016

Name of Building Owner/Operator (2)
Frank Corvino

Agencies Notified
✘ EPA
✘ DEP
✘ DOL
✔ DOH
✘ DCA

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

Street Address
West Orange, NJ 07052

Name of Contact
Frank Corvino

City, State, Zip Code
West Orange, NJ 07052

Telephone Number

FACTOR INFORMATION

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

Street Address

City (5)
West Orange

County (6)
Essex

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
N/A

# of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
11/22/2016

Scheduled Completion Date (11)
11/23/2016

Name of OSHA Monitor
D&S Abatement, Inc.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Scope of Work (Check All That Apply)
☒ 23 sf or ≥33 sf
☒ ≥100 sf or ≥260 sf
☒ 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)
pipe insulation

Amount (Specify SF or LF)
150LF

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

Abatement Type
Removal
Repair
Encapsulate
End Cap

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste of Management

City, State
Totowa, NJ

Completed by
Ned Joksimovic
Title
Project Manager

Signature

Date
11/11/2016

* 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)
11/11/2016

Name of Building Owner/Operator (2)
Joan Meeker

Agency(ies) Notified
EPA
DEP
DOL
DOH
DCA

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

Street Address

City, State, Zip Code
Roseland, NJ 07068

Name of Contact
Joan Meeker

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Roseland

County (6)
Essex

County Code (7) (STATE USE ONLY) N/A

Current Use (Prior if being demolished)
House

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

ASCM No.

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

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

TelephoneNumber
973-345-8685

License No.
01311

Name of OSHA Monitor
D&S Abatement, Inc.

Street Address
11 Rosengren Avenue

City, State, Zip Code
Totowa, NJ 07512

Start Date (10)
11/23/2016

Scheduled Completion Date (11)
11/24/2016

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours
Other – Describe: occupied

Scope of Work (Check All That Apply)

≥50 sf or ≥50 ft²
≥100 sf or ≥260 ft²
Renovation
Demolition

Full Containment with Negative Pressure
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
Encapsulation
Endorse

Basement

X

pipe insulation

55 LF

X

Name of Registered Waste Hauler
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.
20996

Cubic Yards of Waste
TBD

Name of Registered Landfill
Waste of Management

City, State
Totowa, NJ

Disposal Date
TBD

Name of Registered Landfill

City, State
Tullytown, PA

Completed by
Ned Joksimovic

Title
Project Manager

Signature

Date
11/11/2016

* 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)
11/14/2016

Name of Building Owner/Operator (2)
Dia Marchionne

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

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

Street Address

City, State, Zip Code
Hoboken

Name of Contact
Dia Marchionne

Telephone Number

FACILITY INFORMATION

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

Street Address

City (5)
Hoboken

County (6)
Bergen

County Code (7)

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Optimum Environmental Solutions

Street Address
2717 Linwood Road

City, State, Zip Code
Union

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
908-418-2737

License No.
01227

Start Date (10)
11/18/2016

Scheduled Completion Date (11)
11/21/2016

Name of OSHA Monitor
Optimum Environmental Solutions

Street Address
2717 Linwood Road

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
☒ Other – Describe: Residential

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 (13)

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)
281

Abatement Type

Removal
Repair
Encapsulation
Endorsement

Floor Tiles

VAT

Name of Registered Waste Hauler
Tri-State

NJ/DEP Waste Hauler ID No.
2A456

Cubic Yards of Waste

Name of Registered Landfill
Minerva Enterprise, Inc

City, State
Waynesburg, Ohio 44688

Disposal Date
11/14/2016

Completed by
Emmanuel Chiobi

Title
Operations Manager

Signature
Emmanuel Chiobi

Date
11/14/2016

* 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)
11-14-2016

Name of Building Owner/Operator (2)
Summit Plaza Associates

Street Address
730 Newark Avenue

City, State, Zip Code
Jersey City, NJ 07306

Name of Contact
Anthony Cordasco

Facility Information

Type of Facility (4)
Subchapter 8 (Other than K-12)
Other (I.V., private & commercial buildings, homes, etc.)

Square Feet
20000

# of Floors
10

Big. Age
70+

Current Use (Prior if being demolished)

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

Street Address
[Redacted]

City (5)
Jersey City, NJ 07306

County (6)
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

Telephone No.
201-333-8855

License No.
01174

Name of OSHA Monitor
Same as above

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)
11-15-2016

Scheduled Completion Date (11)
11-17-2016

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

Scope of Work (Check All That Apply)

a\2 of or \260 if
\260 if or \260 if
Removal
Demolition

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

Location of
Asbestos-Containing Material (ACM)

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Boiler room

X

Pipe insulation

180 LF

Abatement Type

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

Amount (Specify SF or LF)

Name of Registered Waste Hauler
Green Environmental Services, LLC

City, State
Jersey City, NJ

Waste Hauler ID No.
0034689

Cubic Yards of Waste
3

Disposal Date
11-17-2016

Name of Registered Landfill
Grows North Landfill

City, State
Morriseville, PA

Completed by
Liliana Serrano

Title
Office Manager

Signature

Date
11-14-2016

* 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)
11-11-2016

Name of Building Owner/Operator (2)
397 Central Avenue LLC

Street Address
100 Challenger Road, Suite 401

City, State, Zip Code
Ridgefield Park, NJ 07660

Name of Contact
Moshe Steinberg

Type of Facility (4)

Residential

Square Feet
10000

County Code (7)
Hudson

# of Floors
4

Current Use (Prior if being demolished)

Bldg. Age
75+

Name of Facility Where Abatement is Taking Place (3)

ASCM No.

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

Street Address
235 Virginia Avenue

License No.
01174

City, State, Zip Code
Jersey City, NJ 07304

Telephone No.
201-333-8855

Project Manager for Monitoring Firm

Name of OSHA Monitor
Same as above

Telephone No.

City, State, Zip Code

Start Date (10)
11-11-2016

Scheduled Completion Date (11)
11-11-2016

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Scope of Work (Check All That Apply)

Renovation

Full Containment with Negative Pressure

Demolition

Mini-Enclosure

Non-Exempted (*) and Non-Friable Procedure

Glovebag Procedure

Name of Monitoring Firm Hired by Building Owner (8)

Name of Registered Waste Hauler
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.
0034889

Cubic Yards of Waste
3

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

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)
255 LF

Abatement Type

Endorse

Name of Registered Landfill
Grows North Landfill

Disposal Date
11-11-2016

City, State
Morristown, PA

Completed by
Liliana Serrano

Title
Office Manager

Signature

Date
11-11-2016

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:123)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>11/15/16</th>
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</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>RNM Construction</td>
</tr>
<tr>
<td>Street Address</td>
<td>6723 Porter Ave.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pennsauken, NJ 08110</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Richard Martin</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>6723 Porter Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (8)</td>
<td>CAMDEN</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Pennsauken, NJ 08110</td>
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<tr>
<td>County Code (7)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (9)</th>
<th>ASCM No.</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
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</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>11/25/16</th>
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<tr>
<td>Scheduled Completion Date (11)</td>
<td>11/27/16</td>
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<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>AAA LEAD PROFESSIONALS</th>
</tr>
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<tbody>
<tr>
<td>Street Address</td>
<td>6 WHITE DOVE COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD, NJ 08701</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>732-666-9078</td>
</tr>
<tr>
<td>License No.</td>
<td>1200</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
<th>AAA LEAD PROFESSIONALS</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>6 WHITE DOVE COURT</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>LAKEWOOD, NJ 08701</td>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
<th></th>
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<tbody>
<tr>
<td>Renovation</td>
<td></td>
</tr>
<tr>
<td>Demolition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED (13)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1st floor</td>
<td></td>
</tr>
<tr>
<td>2nd Floor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td>156sf</td>
<td></td>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Endorse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tile and Mosaic</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceiling &amp; Joint Compound</td>
<td>296sf</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flooring</td>
<td>36sf</td>
<td>x</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NEWARK CARTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ DEP Waste Hauler ID No.</td>
<td>04509</td>
</tr>
<tr>
<td>City, State</td>
<td>NEWARK, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>JOSEPH PERLSTEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>OWNER</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)

State of New Jersey

Date of Notification (1): November 15, 2016

Name of Building Owner/Operator (2): RM Associates

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

Type of Notification:
- [ ] Initial Notification
- [ ] Amended Notification
- [x] Emergency (including justification)
- [ ] Cancellation

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

FACILITY INFORMATION

Street Address: 2291 Rte. 33, Suite 1001

City: Hamilton, NJ

City, State, Zip Code: Hamilton, Square, NJ 08690

Name of Contact: Bob Murdza

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

Square feet: 1800 sf

# of Floors: 1

Bldg. Age: 60

Current Use (Prior if being demolished): Residence

Name of Abatement Contractor (9):

Guardian Contracting, Inc.

Street Address: 1889 Route 9, Unit 61

City, State, Zip Code: Toms River, New Jersey 08755-1271

Telephone Number: 732-349-9932

License Number: 00624

Name of OSHA Monitor: E.M.S.L. Analytical

Street Address: 1056 Stelton Road

City, State, Zip Code: Piscataway, New Jersey 08854

Scope of Work (Check all that apply):
- [x] >3 sf or ≥2 sf
- [x] ≥160 sf or ≥260 sf
- [x] Demolition

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

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

ASCM No.: N/A

Type of Abatement (Check all that apply):
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [x] Non-Exempted (*) and Non-Firable Procedure

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

Exterior: X

Yes, NO, N/A

Asbestos siding

Amount (Specify SF or LF): 1750 sf

Abatement Type:

Removal

Repair

Encapsulation

Enclosure

Location of Asbestos-Containing Material (ACM) Normally used Solely by Maintenance/Custodial Staff (12):

Name of Registered Waste Hauler:

Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.: 20223

Cubic Yards of Waste: 3

Name of Registered Landfill: T.R.R.F.

Disposal Date: 11/18/16

City, State: Toms River, New Jersey

Completed by (Print or Type):

Nicholas Fennica

Title: Project Manager

Signature: [Signature]

Date: 11/15/2016

*Do not use this form for asbestos licensure exempted activities.
# DEMOLITION / RENOVATION NOTIFICATION

<table>
<thead>
<tr>
<th>Operator Project #:</th>
<th>Postmark:</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## I. TYPE OF NOTIFICATION (O - Original  R - Revised  C - Cancelled): O

## II. IS ASBESTOS PRESENT? (Yes/No): Y

## III. FACILITY INFORMATION (identify owner, removal contractor and other operator)

- **OWNER NAME:** RM Associates
- **Address:** 2291 Rte. 33, Suite 1001
- **City:** Hamilton Square  
  **State:** New Jersey  
  **Zip:** 08690
- **Contact:** Bob Murdza
  **Tel:** 609-209-7305

- **REMOVAL CONTRACTOR:** Guardian Contracting, Inc.
  **NJ License:** 00624
- **Address:** 1889 Route 9, Unit 61
- **City:** Toms River  
  **State:** New Jersey  
  **Zip:** 08755
- **Contact:** Nicholas Fernicola
  **Tel:** 732-349-9932

## IV. TYPE OF OPERATION (D - Demo  O - Ordered Demo  R - Renovation  E - Emergency Renovation): D

## V. FACILITY DESCRIPTION (Including building name, number and floor or room number)

- **Building Name:** Residence
- **Address:** 1826 Shore Blvd
- **City:** Point Pleasant  
  **State:** New Jersey  
  **County:** Ocean
- **Site Location:** Exterior
- **Building Size:** 1800 sf  
  **# of Floors:** 1  
  **Age in Years:** 60
- **Present Use:** Residence
  **Prior Use:** Residence

## VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

## VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:

<table>
<thead>
<tr>
<th>Class</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be removed</td>
<td></td>
</tr>
<tr>
<td>2. Category I ACM not removed</td>
<td></td>
</tr>
<tr>
<td>3. Category II ACM not removed</td>
<td></td>
</tr>
</tbody>
</table>

## VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)

<table>
<thead>
<tr>
<th>Start</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/16/16</td>
<td>11/17/18</td>
</tr>
</tbody>
</table>
Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil bags, sealed and labeled and placed in a locked container for disposal.

WASTE TRANSPORTER #1
Name: Guardian Contracting, Inc.
Address: 1889 Route 9, Unit 61
City: Toms River
State: New Jersey
Zip: 08755
Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2
Name:
Address:
City:
State:
Zip:
Contact Person:

WASTE DISPOSAL SITE
Name: T.R.R.F.
Location: Bordentown Road
City: Tullytown
State: Pennsylvania
Zip: 19007
Telephone: 215-943-9732
Permit #: 101494

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
Name:
Title:
Authority:

Date of Order (MM/DD/YY):
Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS
Date and Hour of Emergency (MM/DD/YY):
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLGED, PULVERIZED, OR REDUCED TO POWDER

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title)

Signature of Owner/Operator

November 15, 2016
(Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title)

Signature of Owner/Operator

November 15, 2016
(Date)
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

Date of Notification (1): 11/15/16

Name of Building Owner/Operator (2): Moses Schwartz

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

Street Address (3):

City, State, Zip Code: Lakehurst, NJ 08730

Name of Contact: Eric Plackis

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (4):

Street Address:

City (5): Lakehurst

County (6): Ocean

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished):

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

ASCM No.:

Name of Abatement Contractor (9):

Brick Industries Inc.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

License No.:

Start Date (10): 11/25/16

Scheduled Completion Date (11): 12/2/16

Name of OSHA Monitor:

Occupancy Status During Abatement (Check Only):
- 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
- ≥150 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 (12):

Is Location Normally Used Solely by Maintenance/Custodial Staff? (13):
- 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

Name of Registered Waste Hauler:

Brick Industries Inc.

NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste:

Name of Registered Landfill:

GROWS Inc.

City, State:

Brick, New Jersey

Disposal Date:

12/3/16

City, State:

PA

Completed by:

Eric Plackis

Title: President

Signature:

Date: 11/15/16

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

State of New Jersey

Date of Notification (1) 11/2/16

Name or Building Owner/Operator (2) Jim Moore Private Home

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Jim Moore Private Home

Street Address [Redacted]

City (5) Beach Haven NJ 08008

County (6) Ocean

County Code (7) [State Use Only]

Name of Abatement Contractor (8) Pernaco Inc.

Street Address PO Box 329

City, State, Zip Code West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No. 856-753-9800

License No. 00727

License Type (9)

Start Date (10) 11/14/16

Scheduled Completion Date (11) 11/18/16

Name of OSHA Monitor Same

Scope of Work (Check All That Apply)

- 23 sf or 23 If
- 160 sf or 260 If

Renovation  Demolition

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? Yes No N/A

Exterior Siding  Exterior Siding  1800 SF

Name of Registered Waste Hauler United Roll off

NJ/DEP Waste Hauler ID No. 22459

Cubic Yards of Waste 3

Name of Registered Landfill G. R. O. W.S.

City, State El M NJ

Disposal Date 11/18/16

City, State Morrisville PA 19067

Completed by Anthony T Perna Title President

Signature  Date 11/3/16

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

Date of Notification (1)  11/11/2016

Name of Building Owner/Operator (2)  MORRIS COUNTY GOLF CLUB

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

Type Notification  
- Initial  
- Amended  
- Emergency (including justification)

Street Address  36 PUNCH BOWL ROAD

City, State, Zip Code  MORRISTOWN, NEW JERSEY 07960

Name of Contact  DAN BROMAGE

Facility Information

Name of Facility Where Abatement is Taking Place (3)  MAIN CLUB HOUSE

Street Address  36 PUNCH BOWL ROAD

City (6)  MORRISTOWN

County (6)  MORRIS

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

Square Feet  35.272

# of Floors  3

Bldg. Age  1920

Current Use (Prior if being demolished)  BUSINESS-GOLF CLUB

Name of Monitoring Firm Hired by Building Owner (8)  BIOTERRA ENVIRONMENTAL SOLUTIONS

Street Address  1030 CHESTNUT STREET # 1224

City, State, Zip Code  UNION, NEW JERSEY 07083

Name of Abatement Contractor (9)  INCINIA CONTRACTING, INC.

Street Address  1360 CLIFTON AVENUE, UNIT 365

City, State, Zip Code  CLIFTON, NEW JERSEY 07012

Project Manager for Monitoring Firm  RICK EUSTAQIO

Telephone No.  973-494-3762

Telephone No.  973-450-9500

License No.  01036

Name of OSHA Monitor  INCINIA CONTRACTING, INC.

Street Address  1360 CLIFTON AVENUE, UNIT 365

City, State, Zip Code  CLIFTON, NEW JERSEY 07012

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)  
- ≥ 50 sf or ≥ 3 if  
- ≥ 160 sf or ≥ 200 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>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>LOCKER ROOM</td>
<td>X</td>
<td>PIPE INSULATION JOINTS</td>
<td>6 SF</td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>30 LF</td>
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<tr>
<td>BOILER ROOM</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>170 LF</td>
<td></td>
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<tr>
<td>2ND FLOOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>400 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  ATLANTIC CARTING

NJDEP Waste Hauler ID No.  NJ 691

Cubic Yards of Waste  40

Name of Registered Landfill  IESI PA BETHELHEM LANDFILL CORP

City, State  WAYNE, NEW JERSEY 07470

Disposal Date  TBD

Completed by  MILENA ZORIC

Title  EXECUTIVE DIRECTOR

Signature  

Date  11/11/2016

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) 11/1/2016

Name of Building Owner/Operator (2) IDT CORPORATION

Name of Abatement Contractor (9) INCINIA CONTRACTING, INC.

Name of Registered Waste Hauler ATLANTIC CARTING

Name of Contact SHMUEN JONAS

Street Address 520 BROAD STREET

City, State, Zip Code NEWARK, NEW JERSEY 07102

Square Feet 25,000

Bldg. Age 55+

Type of Facility (4)

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

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

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

Type of Abatement

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

□ Building
□ Building
□ Building

□ Building
□ Building
□ Building

 popover instructions

□ Building
□ Building
□ Building

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, surfacing, VAT, or other miscellaneous)

PIE INSULATION

Amount (Specify SF or LF) 113 LF

Abatement Type

□ Removal
□ Repair
□ Encapsulation
□ Enclosure

Completed by MILENA ZORIC

Title EXECUTIVE DIRECTOR

Signature

Date 11/1/2016

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1)
11 / 16 / 16

Name of Building Owner/Operator (2)
202 Ackerman Ave. LLC

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

Type Notification
- Initial
- Amended
- Amendment #1
- Emergency (including justification)
- Cancellation

Street Address
PO Box 626

City, State, Zip Code
Tallman, NY 10982

Name of Contact
Zevy Miller

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
202 Ackerman Ave.

Street Address
202 Ackerman Ave.

City (5)
Clifton, NJ 07013

County (6)
Passaic

County Code (?)(STATE USE ONLY)

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

Square Feet
15,000

# of Floors
3

Bidg. Age
90+

Current Use (Prior if being demolished)
Vacant Retail

Name of Monitoring Firm Hired by Building Owner (6)
AET

ASCM No.
NA

Name of Abatement Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union St.

City, State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
Eric Sutherland

Telephone No.
610-558-8902

License No.
00508

Name of OSHA Monitor
AET

Start Date (10)
11 / 28 / 16

Scheduled Completion Date (11)
12 / 2 / 16

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: 7AM - 3:30PM / 3:30 AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 ft
- ≥150 sf or ≥260 ft
- 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)

Amount (Specify SF or LF)

Location
Name of Registered Waste Hauler
Richard Burns, Inc.

NJDEP Waste Hauler ID No.
19955

Cubic Yards of Waste
10

Name of Registered Landfill
Western Barks Community Landfill

City, State
Philadelphia, PA

Disposal Date
TBD

Name of Registered Landfill

City, State
Birdsboro, PA

Compiled By (Print or Type)
Mark Griffin

Title
Estimator

Signature

Date
11/16/16

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 5:80 and 5:16)

**Date of Notification (1)**

| 11 | 15 | 16 |

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

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

**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

**County Code (7)**

**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+

**Current Use (Prior to being demolished)**
Adult Technical School

**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

**Telephone No.**
215 542 7000

**License No.**
00847

**Name of OSHA Monitor**
CES

**Start Date (10)**
11 / 28 / 16

**Scheduled Completion Date (11)**
8 / 30 / 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: 7:00AM-Midnight/P.M. PM - AM
  Night shift only on some buildings

**Scope of Work (Check all that apply)**
- ≥3 sf or ≥3 l
- ≥160 sf or ≥260 l
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- glovebag Procedure
- Non-Exempted (X) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Building 1 Door/Window-Exterior</th>
<th>Building 2 Door/Window-Exterior</th>
<th>Building 5 Door/Window-Exterior</th>
<th>Building 6 Door/Window-Exterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ACM Caulk/Glazing</td>
<td>☐ ☐ ☐ ACM Caulk/Glazing</td>
<td>☐ ☐ ☐ ACM Caulk/Glazing</td>
<td>☐ ☐ ☐ ACM Caulk/Glazing</td>
</tr>
<tr>
<td>Apx 8200 LF</td>
<td>Apx 9100 LF</td>
<td>Apx 6800 LF</td>
<td>Apx 8420 LF</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Gappert Recycling

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**
24,000 yard

**Disposal Date**

**City, State**
Hatfield, PA

**Name of Registered Landfill**
Western Berks Community Landfill

**City, State**
Birdsboro, PA 19502

**Completed By (Print or Type)**
Patricia Visco

**Title**
Office Manager

**Signature**

**Date**
11/15/16

---

* 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)  11 / 15 / 16

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

FACILITY INFORMATION

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

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

City (5)  
Sicklerville

County (6)  
Camden

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

Health and Safety Services

ASCM No.  
117

Name of Abatement Contractor (9)  
Controlled Environmental Systems

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+

Current Use (Prior if being demolished)  
Adult Technical School

Project Manager for Monitoring Firm  
Jim Proctor

Start Date (10)  
11 / 28 / 16

Scheduled Completion Date (11)  
8 / 30 / 17

Occuancy 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 - Midnight

PM - AM

(please write in space below)

Scope of Work (Check all that apply)  

[ ] >= 3 sf or >= 3 ft

[ ] >= 160 sf or >= 280 sf

[ ] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[ ] Glovesing Procedure

[ ] Non-Exempted (*) and Non-Firable Procedure

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

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  Enclose

Building 8 Window-Exterior  

[ ] [x] [x] [x] ACM Glazing

Apx 2000 LF  

Building 9 DoorWindow-Exterior  

[ ] [x] [x] ACM Caulk & Glazing

Apx 1500 LF

Building 10 Window-Exterior  

[ ] [x] [x] ACM Glazing

Apx 1010 LF

Building 11 Window-Exterior  

[ ] [x] [x] ACM Glazing

Apx 1325 LF

Name of Registered Waste Hauler  
Geppert Recycling

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  
24,000 yrd

Name of Registered Landfill  
Western Berks Community Landfill

City, State  
Birdsboro, PA 19508

Completed By (Print or Type)  
Patricia Visco

Title  
Office Manager

Signature  
Patricia Visco

Date  
7/15/16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1):
11 / 3 / 16

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

NOV 18 2016

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

Type Notification:
- Initial
- Amended
- Amendment #
- 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

City (5):
Sicklerville

County Code (7) [STATE USE ONLY]:
Camden

County Code (7) [STATE USE ONLY]:

Square Feet:
various

# of Floors:
1

Bidg. Age:
50+

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 to being demolished):
Adult Technical School

Controlled Environmental Systems

Name of Abatement Contractor (9):

Name of Monitoring Firm Hired by Building Owner (6):
Health and Safety Services

ASCM No.:
117

Street Address:
PO Box 365

City, State, Zip Code:
Berlin, NJ 08009

Project Manager for Monitoring Firm:
Jim Proctor

Telephone No.:
609 839 2432

Start Date (10):
11 / 14 / 16

Scheduled Completion Date (11):
8 / 30 / 17

Name of OSHA Monitor:
CES

Scope of Work (Check all that apply):
- 239 sf or >239 sf
- 2160 sf or >2690 sf

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

<table>
<thead>
<tr>
<th>Building</th>
<th>Door/Window-Exterior</th>
<th>ACM Caulk/Glazing</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 1</td>
<td>Yes</td>
<td>ACM Caulk/Glazing</td>
<td>Apx 8200 LF</td>
</tr>
<tr>
<td>Building 2</td>
<td>Yes</td>
<td>ACM Caulk/Glazing</td>
<td>Apx 9100 LF</td>
</tr>
<tr>
<td>Building 5</td>
<td>Yes</td>
<td>ACM Caulk/Glazing</td>
<td>Apx 6800 LF</td>
</tr>
<tr>
<td>Building 6</td>
<td>Yes</td>
<td>ACM Caulk/Glazing</td>
<td>Apx 8420 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler:
Gappert Recycling

NJDEP Waste Hauler ID No.:

Cubic Yards of Waste:
24,000 yrd

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:

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

Date of Notification (1)

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

Agencies Notified
☐ EPA
☐ DOH
☐ DOH (NJAC 5:23-8)
☐ DOLWD
☐ DCA
☐ Emergency (Including Justification)
☐ Amended
☐ Amendment #
☐ Cancellation

Type Notification
☐ Initial

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

County Code (7) [STATE USE ONLY]

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
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
609 839 2432

Start Date (10)
11 / 14 / 16

Scheduled Completion Date (11)
8 / 30 / 17

Name of OSHA Monitor
CES

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-Midnight PM/PM-AM

Scope of Work (Check all that apply)
☐ ≥ 3,000 ft² or ≥ 250 LF
☐ ≥ 1,000 ft² or ≥ 250 LF

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

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

Building 8 Window-Exterior
☐ ☐ ☐ ACM Glazing

Apx 2000 LF
☐ ☐ ☐

Building 9 Door/Window-Exterior
☐ ☐ ☐ ACM Caulk & Glazing

Apx 1500 LF
☐ ☐ ☐

Building 10 Window-Exterior
☐ ☐ ☐ ACM Glazing

Apx 1010 LF
☐ ☐ ☐

Building 11 Window-Exterior
☐ ☐ ☐ ACM Glazing

Apx 1325 LF
☐ ☐ ☐

Name of Registered Waste Hauler
Geppart Recycling

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
24,000 yrd

Disposal Date

Name of Registered Landfill
Western Berks Community Landfill

City, State
Hattiesburg, PA

City, State
Birdsboro, PA 19503

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

Signature
Patricia Visco
Date
11 / 3 / 16

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