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

Date of Notification (1): 10/24/17

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

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

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

Name of Facility Where Abatement is Taking Place (3):
620-624 KAIGHN AVENUE STRUCTURE

City (5):
Camden

County (6):
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

Start Date (10):
10/24/17

Scheduled Completion Date (11):
12/31/17

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: 7:00 AM - 5:00 PM

Scope of Work (Check all that apply):
- >3 sf or >3 sf
- >160 sf or >260 sf

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

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

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

Amount (Specify SF or LF):
200 YD per res

Abatement Type:
- Removal
- Repair
- Encapsulate
- Endocure

Name of Registered Waste Hauler:
Waste Management of NJ

NJDEP Waste Hauler ID No.:
17273

Cubic Yards of Waste:
200/residenc

City, State:
Fairless Hills, PA

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

Signature:
Date:
12/31/17

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

Date of Notification (1)
10/20/2017

Name of Building Owner/Operator (2)
Arthur Guida

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

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

Street Address
Fairview, NJ 07022

City, State, Zip Code
Fairview, NJ 07022

Name of Contact
Arthur

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Guida's Residence

Street Address

City (5)
Fairview

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
MKD Property Maintenance LLC

Street Address
105 Van Riper Ave

City, State, Zip Code
Clifton, NJ 07011

Project Manager for Monitoring Firm

Telephone No.
201-899-9008

License No.
01336

Name of OSHA Monitor

Start Date (10)
11/05/2017

Scheduled Completion Date (11)
11/16/2017

Occupy Status During Abatement (Check One 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 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)

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)

Location
Pipe insulation
146 lin ft

Boiler insulation
19 sq ft

Abatement Type

Amount (Specify SF or LF)

Name of Registered Landfill
110 Sand Company

Cubic Yards of Waste
1 YD

Disposal Date
City, State
Melville, NY 11747

Completed by
Darko Raloski

Title
Project Manager

Signature
Date
10/20/2017

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1)
10/20/2017

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amended
- Amendment # ______
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
Patricia Relucio

Street Address

City, State, Zip Code
Elizabeth, NJ 07020

Name of Contact
Patricia

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Relucio's Residence

Street Address

City (5)
Elizabeth

County (6)
Union

County Code (7)
(State Use Only) ______

Current Use (Prior to if being demolished) ___

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

Name of Abatement Contractor (9)
MKD Property Maintenance LLC

Street Address
105 Van Riper Ave

City, State, Zip Code
Clifton, NJ 07011

Project Manager for Monitoring Firm

Telephone No.
Telephone No.
201-899-9008

License No.
01336

Start Date (10)
11/04/2017

Scheduled Completion Date (11)
11/15/2017

Name of OSHA Monitor

Occupy 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)

- ≥3 sf or ≥3 if
- ≥100 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)

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

Endorse

Name of Registered Waste Hauler
TBD

NJDEP Waste Hauler ID No.
TBD

Cubic Yards of Waste
1 yd

Name of Registered Landfill
110 Sand Company

Disposal Date
City, State
Melville, NY 11747

Completed by
DarkoRaloski

Title
Project Manager

Signature

Date
10/20/2017

* 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)

Date of Notification (1) 10/17/2017
Name of Building Owner/Operator (2) bruce adrian

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

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

Name of Contact  bruce adrian
Street Address
City, State, Zip Code  newark, nj 07112

FACILITY INFORMATION

Name of facility where abatement is taking place (3) bruce adrian
Street Address
City (5) newark
County (6) essex
County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address 20 California Ave.
City, State, Zip Code Paterson, NJ 07503

Project Manager for Monitoring Firm
Phone Number

Start Date (10) 10/24/17
Sched. Completion Date (11) 11/17/17

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
- Other-Describe:

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)
- basement boiler & storage rm
- basement several locations

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

Description of asbestos-containing material (ACM)
- PIPE INSULATION

Amount (Specify SF or LF)
- 130 ft
- 55 ft

Registered Waste Hauler
D & S RESTORATION, INC.
NJDEP Hauler ID# 13506
Cubic Yards of Waste 2 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State PATERN, NJ 07503

Disposal Date 10/25/17

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

Date 10/20/2017
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Name of Building Owner/Operator (2)
108 Contracting ANG - Joint Base - McGuire Dix Lakehurst AFB

Address
3369 Wonnacott Ave

City, State, Zip Code
Joint Base - McGuire Dix Lakehurst AFB, NJ 08641-5406

Name of Contact
CMSgt David A Brown

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
3322 Cyber Operations Squadron

Street Address
3322 Wonnacott Ave

City (5)
Joint Base - McGuire Dix Lakehurst AFB 08641-5406

County (6)
Burlington

Square Feet
10,000

# of Floors
1

Bldg. Age
50+

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

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

ASCN 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

Project Manager for Monitoring Firm

Telephone No.
856 840 8800

Telephone No.
215 542 7000

License No.
00847

Start Date (10)
11 / 6 / 17

Scheduled Completion Date (11)
12 / 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: 7:00AM-5:00PM/________PM-________AM

Scope of Work (Check all that apply)
□ >3 sf or >3 If
□ >100 sf or >280 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

<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>office</td>
<td>☐</td>
<td>Pipe &amp; Fitting (tent &amp; glove bag)</td>
<td>220 LF</td>
<td>☒ Endorsement</td>
</tr>
<tr>
<td>exterior transite</td>
<td>☒</td>
<td>exterior transite (non Friable proc’d)</td>
<td>634 SF</td>
<td>☒ Repair</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Geppert Recycling

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Western Berks Community Landfill

City, State
Hatfield, PA

Disposal Date
12/15/17

City, State
Birdsboro, PA 19508

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
16/2/17

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Name of Building Owner/Operator: Helen Paul

FACILITY INFORMATION

Type of Facility: Residential Home

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

- Description: Pipe wrap

Amount: 85.2 LF K

Abatement Details:
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure

Name of Registered Waste Hauler: All Stages Abatement

NJDEP Waste Hauler ID No.: 02636592

Cubic Yards of Waste: 2 cu

Name of Registered Landfill:

City, State: Saddle Brook, NJ 07663

Disposal Date: 10/23/17

Completed by: Tony Palumbo, Title: Vice President

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