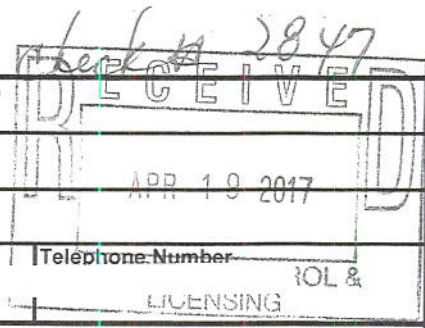


STATE OF NEW JERSEY  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)



Date of Notification (1) 04 / 18 / 17		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 76 South Street	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code Akron, Ohio 44308	
		Name of Contact Jim Halsey	
		Telephone Number IOL & LICENSING	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 579 VAN BEUREN ROAD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) HARDING TWP	County (6) MORRIS	County Code (7)	Square Feet	# Of Floors	Building Age
			Current Use (Prior if being demolished) Telephone Pcle		

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO	
Street Address 655 West Shore Trail		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover NJ 07036	
Telephone Number 212-682-9271		Telephone Number 973-884-6682	
Scheduled Start Date (10) 05 / 02 / 17		License Number 00860	
Sched. Completion Date (11) 05 / 04 / 17			

Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: __ 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07036	

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf	<input type="checkbox"/> Mini - Enclosure	<input type="checkbox"/> Glovebag Procedure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

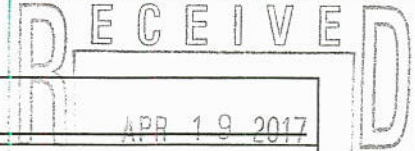
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R	
		YES	NO	N/A				
Exterior Telephone Pole	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	

Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature	Date 4/18/17
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 8:16)

Check # 25474



Date of Notification (1) <u>4/17/17</u>		Name of Building Owner/Operator (2) <u>Metzger</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Morristown, NJ 07960</u>	
		Name of Contact <u>Joseph Metzger</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1800</u>	# of Floors <u>2</u>
City (5) <u>Morristown, NJ</u>		Bldg. Age <u>75+/-</u>	Current Use (Prior if being demolished) _____
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>4/27/17</u>	Scheduled Completion Date (11) <u>5/2/17</u>	Name of OSHA Monitor <u>MECS</u>	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address <u>PO Box 341</u>
	City, State, Zip Code <u>Crosswicks, NJ 08515</u>

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Attic</u>		<input checked="" type="checkbox"/>		<u>Vermiculite</u>	<u>120 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Duct Insulation</u>	<u>15 sf</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/2/17</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>4/17/17</u>

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



Date of Notification (1) <u>4</u> / <u>18</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>	
		City, State, Zip Code <b>Camden, NJ 08101</b>	
		Name of Contact <b>James Rizzo</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>967 TRENT ROAD STRUCTURE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>967 TRENT ROAD STRUCTURE</b>		Square Feet <b>varies</b>	
City (5) <b>Camden</b>		# of Floors <b>varies</b>	Bldg. Age <b>50+</b>
County (6) <b>CAMDEN</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>	
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>		
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>

Start Date (10) <u>4</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>CES</b>		
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>5:00</u> PM/ ___PM-___AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>		
		City, State, Zip Code <b>Spring House, PA 19477</b>		

Scope of Work (Check all that apply)

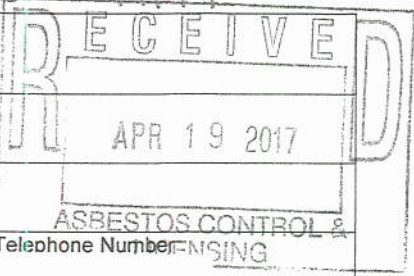
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>5/31/17</b>	City, State <b>Tullytown PA</b>		
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>		Date <u>9/18/2017</u>

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

*Check # 1179*



Date of Notification (1) <u>4</u> / <u>18</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>	
		City, State, Zip Code <b>Camden, NJ 08101</b>	
		Name of Contact <b>James Rizzo</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>713 North 6<sup>th</sup> STREET STRUCTURE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>713 North 6th STREET STRUCTURE</b>		Square Feet <b>varies</b>	# of Floors <b>varies</b>
City (5) <b>Camden</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>	
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>
Start Date (10) <u>4</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>CES</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____PM-____AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Spring House, PA 19477</b>	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>5/31/17</b>	City, State <b>Tullytown PA</b>		
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>	Date <b>4/18/2017</b>		

\* 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)

*Chab # 11180*

Date of Notification (1) <u>4</u> / <u>18</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <p>APR 19 2017</p> <p>ASBESTOS CONTROL &amp; REMEDIATION DIVISION</p>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>		
		City, State, Zip Code <b>Camden, NJ 08101</b>		
		Name of Contact <b>James Rizzo</b>		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>529-530 MECHANIC STREET STRUCTURE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>529-530 MECHANIC STREET STRUCTURE</b>		Square Feet <b>varies</b>	# of Floors <b>varies</b>
City (5) <b>Camden</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>	
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>		
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>
Start Date (10) <u>4</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>CES</b>		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-5:00PM</u> / _____PM-_____AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>	
		City, State, Zip Code <b>Spring House, PA 19477</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>5/31/17</b>		City, State <b>Tullytown PA</b>	
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>		Date <b>4/18/2017</b>	

\* 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)**

*Chart 11181*

Date of Notification (1) <u>4</u> / <u>18</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                  APR 19 2017                  AIR QUALITY CONTROL &amp;             </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>				City, State, Zip Code <b>Camden, NJ 08101</b>			
		Name of Contact <b>James Rizzo</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>2753 SAUNDERS STREET STRUCTURE</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>2753 SAUNDERS STREET STRUCTURE</b>			City (5) <b>Camden</b>	Square Feet <b>varies</b>	Bldg. Age <b>50+</b>				
County (6) <b>CAMDEN</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address		Street Address: <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>					
Start Date (10) <u>4</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>5:00</u> PM/____PM-____AM			Street Address: <b>1121 N Bethlehem Pike -Suite 60</b>						
			City, State, Zip Code <b>Spring House, PA 19477</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glove-bag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>5/31/17</b>	City, State <b>Tullytown PA</b>						
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>		Date <b>4/18/2017</b>				

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

*check # 11192*

Date of Notification (1) <u>4</u> / <u>18</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                  APR 19 2017                  ASBESTOS CONTROL &amp; IG             </div>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						Street Address <b>PO Box 95120</b>		City, State, Zip Code <b>Camden, NJ 08101</b>		
		Name of Contact <b>James Rizzo</b>						Telephone Number				
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) <b>500-502 JACKSON STREET STRUCTURE</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address <b>500-502 JACKSON STREET STRUCTURE</b>				Square Feet <b>varies</b>		# of Floors <b>varies</b>						
City (5) <b>Camden</b>		County Code (7) (STATE USE ONLY) <b>CAMDEN</b>		Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>								
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>								
Street Address				Street Address: <b>1121 N. Bethlehem Pike - Suite 60</b>								
City, State, Zip Code				City, State, Zip Code <b>Spring House, PA 19477</b>								
Project Manager for Monitoring Firm			Telephone No.	Telephone No. <b>215 542 7000</b>		License No. <b>00847</b>						
Start Date (10) <u>4</u> / <u>19</u> / <u>17</u>		Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor <b>CES</b>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>5:00</u> PM/____PM-____AM				Street Address: <b>1121 N Bethlehem Pike -Suite 60</b>								
				City, State, Zip Code <b>Spring House, PA 19477</b>								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure								
				<input type="checkbox"/> Glovebag Procedure								
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		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 SF or LF)		Abatement Type			
		Yes No N/A							Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard		200 YD per res		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>			NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>							
City, State <b>Fairless Hills, PA</b>			Disposal Date <b>5/31/17</b>	City, State <b>Tullytown PA</b>								
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature: <i>Patricia Visco</i>		Date <i>4/18/2017</i>						