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

Data of Natification	(4)			(I ONSOAI	-	C 0.00-7 A1			Statement plans	-AND F			1 Pecuson		
Date of Notification (04 / 18					Name of	Building O	wner / Ope	rator (2)	111115		1 1	/ 5	In		
$\frac{04}{18} / \frac{18}{18}$	<u> </u>				First Ener				pa/1				HH		
Aganaiaa Natified	Tuna of M	-41614			-										
Agencies Notified	Type of No		on		76 South					APR 1	0 20	17			
EPA		Initial	al = al			e, Zip Code	9	1	ber bus	/11 11 1	~ LU	1.7	-		
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			dment _		Name of				Telepho	ne:Numb	91	₹OL	10		
☑ DOL			gency w ellation	// justification	Jim Hals	еу		*		LIUEN	ISING	IUL	CA		
		Carice	Hation		ACILITY IN	FORMATION	N.		-	Property of the Contract of th	(01) (01)				
				Γ.	ACILITY	IFURIVIATIO	JN					86 10			
Name of Facility Whe	ere Abatem	nent is	Taking	Place (3)		Type of F	acility (4)								
Training or r donney train	// O / NOCCOIII	10116 10	raking i	1 1400 (0)		Type of the	actifity (4)								
							School (K	(-12)							
Street Address						1 =		er 8 (Other	than K-1	2)					
579 VAN BEUREN RO	DAD							., private &							
						-		mes, etc.)							
City (5)	County (6))		County Code	(7)	Square Fe		# Of Floor	rs	Building	Age				
HARDING TWP	MORRIS				A	**************************************					, 5 -				
				1		Current U	se Prior if	being dem	nolished)	t					
						Telephone		J							
Name of Monitoring	Firm Hired	by Bld	g. Own	er (8)	ASCM NO										
-		1000 TEXAS	•	1200.000.000											
Environmental Health	Investigatio	ns				NORTHST	TAR CONTE	RACTING G	ROUP. IN	IC.					
Street Address					-	Street Add									
						1									
						32 William	s Parkway								
						City, State	, Z p Code								
	nitoring Fi	irm		Telephone Nu	mber	1									
				212-682-9271		East Hand	ver NJ 070	36							
		Sched	. Comp	letetion Date (1	1)	Telephone	e Number		License	Number					
05 / 02	/04/	17													
// /	10			/			34-8682			0	0860				
							OSFIA Moni			7600					
		ted Dur	ing Ent	ire Period of		_	THE RESERVE OF THE PERSON NAMED IN COLUMN	RACTING G	ROUP. IN	IC.					
100100 00000000000000000000000000000000	Secretary States					Street Add	dress								
			00 14/303	- D - 1											
City, State, Zip Code Sparta, NJ 07871 Project Mngr. For Monitoring Firm Dino Nappi Sheduled Start Date (10) 05 02 17 05 05 00 Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period Abatement Abatement Abatement Performed Outside of Normal Facility - Describe: When the Complete State of Normal Facility Closed State Outside						s Parkway									
Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period Abatement Abatement Performed Outside of Normal Fac Hours - Describe: 8:00 am to 5;00 pm Other - Describe: Scope of Work (Check All That Apply)							e, Zip Code ver. NJ 070								
Scope of Work (Char	k All That	Apply				East Hallo	ver NJ 070	130			AND DESCRIPTION OF		-		
Scope of Work (Chec	K All That	Apply)													
Demolition	1	Г	7	Renovation		Full Conts	inment wi	th Negative	Droceure						
		L	7	Removation	H	Mini - End		ui Negauve	live Flessule						
							Procedure	EG							
						Non-Exempted (*) and Non-Friable Procedure									
						TTOTT EXOT	.pcca () an	.a 11011 1 11a	1000	duit					
Location of			s	Γ	Descript	ion of			Abateme	nt Type					
Asbestos Conta	ining	Loca	ation	As	bestos - C	ontaining			R		E	E			
		Norr	mally		Material			Amount	E	R	N	N			
TO BE ABATE	<u>ED</u>	Us	sed	(1.	e., therma	l systems		(Specify	M	E	С	C			
in Facility		So	lely	insu	lation, sur	facing, VAT	Γ,	SF or LF)	0	P	A	L			
(13)		973.5 50000	/lain-	ord	other misc	ellaneous)			V	Α	P	0			
		18.114.163	ance/						Α	1	S	S			
		100000000000000000000000000000000000000	todial	1					L	R	U	U			
		_	f (12)								L	R			
F F		The second second	IO N/A												
Exterior Telephone Po	ie			Transite Condu	ııt			20 LF	7						
			1111												
Name of Registered V	Vaste Haul	ler		NJDEP Waste			Registered	Landfill							
NEWARK CARTING				Hauler ID No.		I.E.S.I.									
City Ct-t-				4509	of Waste	011 01 1									
City, State NEWARK, NJ					Disposal	City. State		0.5							
INEVVARR, INJ					Date	BETHLEH	EM, PA 181	05							
Completed by (Print of	or Typo)			Title			Cicipoturo				IData				
Completed by (Fillit)	or Type)			Title			Signature				Date	1	,		
Steven Stiles				Project Manage	ar .		4/10/10								

		N		CATIO	N OF ASE	ew Jersey BESTOS ABATEM C 8:60 and 5:16	Check:	Check # 25474						
Date of Notification (1)	17/17			Name	e of Buildir	ng Owner/Operator	(2) Metzger			4 (2 0	0.17		
Agencies Notified	Type Notification	1		Stree	et Address		Wietzgei		APR		3 2	01/		
EPA DEP	Initial Amended			City	State, Zip (Code		ASB	EST	15.1	C UNI	TRI		
⊠ DOL	Amendment		-	Oity,	otate, zip i		rristown, NJ	£.		EN				
M DOH □ DCA	justification) Cancellation			Name	e of Contac	oseph Metzter		Telephone Num	ber					
				FA	CILITY IN	FORMATION						_		
Name of Facility Where							Type of Facility							
Street Address	Res	identi	al				School (K-1	2) 8 (Other than K-1	2)					
								private & commerc .)	ial buil					
City (5)	Morris	stown	, NJ				# of Floors	В	1dg. A	ge +/-				
County (6)	/Iorris				nty Code (ONLY)	7) (STATE	Current Use (P	rior if being demoli	shed)					
Name of Monitoring Firm	7	Owner		ASCM	No.	Name of Abatem	nent Contractor (9	9)						
	MECS		_				ens Environ	mental Servic	es, Ir	, Inc.				
Street Address	PO Box 34	1				Street Address	222	*1=0** !=\						
City, State, Zip Code	1 O Box 34	1				City, State, Zip C		Box 322				_		
The second second	osswicks, NJ	08515	5			Oity, Otate, 1219 C		n, NJ 08501						
Project Manager for Mor	10 10 10 10 10 10 10 10 10 10 10 10 10 1	17-320-00-0	phone		Telephone No.	NACE TRANSPORTER	License Ne-				_			
	eisgarber		_		8-4070	(609) 25		(049	3				
Start Date (10)	Sche	duled C			ite (11)	Name of OSHA		IECS						
4/27/17 Occupancy Status Durin	ng Abatement (Che		5/2/1	/		Street Address	IV	IECS				_		
▼ Facility Closed/Vacat			2000000	ment										
☐ Abatement Performed ☐ Other - Describe:	d Outside of Norma	al Facilit	y Hou	rs		City, State, Zip Code Crosswicks, NJ 08515								
Scope of Work (Check a	all that apply)						55 50 5					_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	novati molitio	on n		 ✗ Full Containment with Negative Pressure ✗ Mini-Enclosure ☐ Glovebag Procedure ☐ Nori-Exempted (*) and Non-Friable Procedure 								
			ocatio						_	bate				
Location		Used	Solely Solely	y by		Description of				Тур	е			
Asbestos-Containing N TO BE ABAT			tenan Istodia		Asbesi	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	_		Щ	т		
IN Facility		5	Staff?		(1.6.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	cap	Enclosure		
(13)		-	(12)			other miscellaneo	ous)		oval	air	Encapsulate	sure		
		Yes	No	N/A							(D			
Attic			X			Vermiculit		120 sf	×					
Baseme	ent		X		The	ermal Duct Ins	sulation	15 sf	×		×			
									-					
Name of Registered Was	ste Hauler		IN	JDEP \	Vaste I	Cubic Yards	Name of Regi	stered Landfill						
Stevens Environn		s. Inc.	l H	auler ID		of Waste 2 cu	/	Fairless Land	dfill					
City, State		,	_ -	102	.,,	Disposal Date	City, State	- an roos Dane	41111					
	Allentown, N	Ŋ				5/2/17 4		Morrisville,	PA					
Completed By	Title					I Cianation II	- /	I D. /-	_	_	_	_		

Mahlon E. Stevens

4/17/17

Project Manager

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	TEPT	= 1/K	W	F	-			
4 /	18 /	17			y of Cam			D) LE 16 19	<u> </u>			- Internal			
Agencies Notified	Type Notifica	ation		Street	Address				-	001	~1	111			
⊠ EPA				PO	Box 951	20		U L APR	19	201	1	Lance			
□ DOLWD	☐ Amended	No. of the contract of the con		City, S	State, Zip C	Code						1			
☑ DOH	Amendm				nden, NJ			ASBESTO:	S C(ONTE	ROL	8			
DCA (NJAC 5:23-8)			3	27.00	of Contac			Telephone Numb	eN5	NG.					
(☐ Cancellat			Jan	nes Rizzo	.	L				1217				
				FΔ	CII ITY IN	IFORMATION		1		-					
Name of Facility Where A	Abatement is 7	aking Place	(3)		012111111	Type of Facility (4)									
967 TRENT ROAD S			1 -7		School (K-12)										
Street Address							☐ Subchapter 8	(Other than K-12)							
967 TRENT ROAD S	STRUCTURI	Ξ					Other (i.e., pr homes, etc.)	ivate and commerc	ial bi	uilding	S,				
City (5)							Square Feet	# of Floors	В	dg. A	ne e				
Camden							varies	varies		50+	, -				
County (6)				Cour	ty Code (7)(STATE USE ONLY)		or if being demolish	ned)	-707					
CAMDEN					,	,		EEMED UNSAF							
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		7						
						Controlled Er	nvironmental S	ystems							
Street Address						Street Address			9						
						1121 N. Bethl	nlehem Pike - Suite 60								
City, State, Zip Code						City, State, Zip Co	ode								
						Spring House	e, PA 19477								
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.			100				
						215 542 7000		00847							
Start Date (10)	8	Scheduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor								
4 /19 /	_17	5 /	31	/	17	CES									
Occupancy Status During	Abatement (Check only	one)	-		Street Address			35 // 10						
☐ Facility Closed/Vacate	ed During Enti	e Period of	Abate	ment		1121 N Bethle	ehem Pike -Sui	te 60							
☐ Abatement Performed															
Time of Abatement: 7	:00AM- <u>5:00</u> F	PM/PN	Λ	_AM	AM Spring House, PA 19477										
Scope of Work (Check al	I that apply)														
≥3 sf or ≥3 If		Пр	novati	on		☐ Full Cont ☐ Mini-Enc		nent with Negative Pressure							
≥160 sf or ≥260 lf			molitic				ag Procedure								
						Non-Exer Non-Exer	mpted (*) and Nor	n-Friable Procedure	9						
		1	Locat						Ab	atem	ent T	ype			
Location Asbestos-Containing			Norma ed Sole		Asha	Description o stos Containing Ma		Amount	Re	Re	En	回			
TO BE ABA	TED	Ma	intena			., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure			
IN Facili	ty	Cus	todial (12)	Statt?		surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	ure			
(13)		Yes	No	N/A	1	other miscenane	ous)				te				
See Attached Notice	of Hazard	$\neg \neg$	П		Soo Att	ached Notice of	Hazard	200 YD per res							
occ Attached Notice	OI IIazai u		닏	-	Jee All	ached Notice of	i iazai u	200 1D per les		닏		닏			
			Ш						Ш		Ш	Ш			
		П	П						П	П	П	П			
Name of Registered Was	te Hauler		N	JDEP \		Cubic Yards cf	Name of Regist	tered Landfill							
Waste Management				auler II	No.	Waste	GROWS								
City, State				17273	5	200/residenc Disposal Date	City, State		111						
Fairless Hills, PA						5/31/17	Tullytown F	ΡΔ							
Completed By (Print or Ty	(na)	Title					- any country		_	1					
Patricia Visco	ype)	Office I	Mana	aor		Signature	(1/	Dat	e 의	10	1				
Taurcia VISCO	es) 1/100C	0	1/	10	120	17									

ASB-41 JAN 13

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

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name of Building Owner/Operator (2)									E		
/	17		Cit	y of Cam	den				7 5	U	\mathbb{V}	5		
Agencies Notified Type Notifica	ation		Street	Address							2,222.112	1		
☑ EPA ☑ Initial			PO	Box 951	20			IJ LI AP	R 1	9 2	017	40.00		
☑ DOLWD ☐ Amended			City, S	State, Zip (Code							- 1		
□ DOH Amendment □ DCA □ Emergen	The state of the s	9	Car	nden, NJ	J 081	01		400=03	.0.0					
DCA Emergen (NJAC 5:23-8) justification		3		of Contac				ASBESTOS CONTROL &						
☐ Cancellat			Jan	nes Rizzo	0					311VI	Z.,			
			FA	CILITY IN	IFOR	MATION			-	-		-		
Name of Facility Where Abatement is T		(3)					Type of Facility	(4)						
713 North 6 th STREET STRUCT	URE						School (K-12)							
Street Address								8 (Other than K-12)						
713 North 6th STREET STRUC	TURE						homes, etc.)	rivate and commer	cial bu	ııldıng	S,			
City (5)	Maria de la Compania						Square Feet	# of Floors	BI	dg. A	ge			
Camden							varies	varies		50+				
County (6)			Cour	ty Code (7	7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demolis	hed)					
CAMDEN							HOUSING D	EEMED UNSAF	Ε					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)				12000	-		
					1 832		nvironmental							
Street Address					1	eet Address						-		
					1	121 N. Bethl	ehem Pike - S	uite 60						
City, State, Zip Code					1	, State, Z p Co				241.75				
						pring House								
Project Manager for Monitoring Firm	2721-00-110	Tele	phone	No.		ephone No.	License No.	100						
					1100000	15 542 7000		00847				1		
Start Date (10)	Scheduled C	omnle	tion Da	te (11)		ne of OSHA M	lonitor	00047				-		
4 / _19_ / _17_	5/					ES	ormor							
Occupancy Status During Abatement (0	Check only o	one)			Stre	et Address								
☐ Facility Closed/Vacated During Entir	e Period of	Abate	ment		1	121 N Bethle	ehem Pike -Su	ite 60						
☐ Abatement Performed Outside of No	rmal Facility	y Hou	rs - Des	cribe		, State, Zip Co						-		
Time of Abatement: 7:00AM-5:00P	PM/PN	Λ	_AM			pring House								
Scope of Work (Check all that apply)								1000						
☐ >3 sf or >3 If	П Ве	novat	ion			☐ Full Cont	ainment with Neg	gative Pressure						
⊠ ≥160 sf or ≥260 lf	⊠ De					Glovebag	bag Procedure							
						Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedur	е					
	130	Locat									Abatement Ty			
Location of Asbestos-Containing Material (ACM	1 11-		ely by	Asha	etne (Description of Containing Mat		Amount	Re	Re	En	m		
TO BE ABATED	/ Ma	intena	ince/			mal systems i		(Specify	Remova	Repair	cap	Enclosure		
IN Facility	Cusi	todial (12)	Staff?			urfacing, VAT,		SF or LF)	val		Encapsulate	sure		
(13)	Yes	No	N/A		oth	ner miscel aned	ous)				ate			
See Attached Notice of Hazard	П		N/A	Soc Att		ed Notice of	Hazard	200 VD						
See Attached Notice of Hazard			1000011	See All	acrie	eu Nouce of	nazaru	200 YD per res						
										Ш		Ш		
Name of Registered Waste Hauler		11/2/38	JDEP \			ic Yards of	Name of Regis	stered Landfill		1				
Waste Management of NJ		H	17273		Was	ste 00/residenc	GROWS							
City, State						osal Date	City, State				110			
Fairless Hills, PA					5/31/17 Tullytown PA									
Completed By (Print or Type)	Title					Signature	Date /							
Patricia Visco	Office I	Vlana	ger			Vatue	40) 1)K	1005	#/1	8/	. Ja 1. "	7		
			A Commence		- N	4 000-00	1000		. / 1	416				

(Pursuant to NJAC 8:60 and 5:16)

		(Pi	ırsuar	nt to NJA	C 8:60 and 5:1	6) (he	ak # lin	8				
Date of Notification (1)			Name	of Buildin	g Owner/Operator	(2)	MEGE	3	\//	F		
4 / 18 /	17		Cit	y of Cam	den		(L), <u>15 \\ \</u>	=_0	U		7	
Agencies Notified Type Notific	ation		Street	Address				- 2		-		
☐ EPA ☐ Initial ☐ Amended	J		PO	Box 951	20		U APR	19	201	7	1	
☑ DOLWD ☐ Amended ☑ DOH Amendm	1000000		City, S	State, Zip (Code							
□ DCA ⊠ Emergen		g	Cai	nden, N.	08101		ASPESTOS CONTROL &					
(NJAC 5:23-8) justificati	on)		DESCRIPTION.	of Contac	5		Telephone Numb	ecici	NG			
Caricella							1		-			
Name of Facility Where Abatement is	Faking Plac	e (3)	rA	CILITY	IFORMATION	Type of Facility	(4)					
529-530 MECHANIC STREET S	357					School (K-1)						
Street Address	11100101	\ <u>_</u>					8 (Other than K-12)					
529-530 MECHANIC STREET S	TRUCTU	RF.					private and commerc	cial bu	ilding	IS,		
City (5)	11100101					homes, etc. Square Feet	# of Floors	BI	da A	70		
Camden						varies	varies	Bldg. Age 50+				
County (6)	2011/02/02		Cour	nty Code (7)(STATE USE ON'LY)	Current Use (P	rior if being demolish	ned)				
CAMDEN							DEEMED UNSAFI					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
					Controlled E	nvironmental	Systems					
Street Address					Street Address							
01 01 01					1121 N. Beth City, State, Zip C	lehem Pike - S	Suite 60					
City, State, Zip Code												
Project Manager for Manitarine Firm		T-1-	-1-		Spring Hous	e, PA 19477						
Project Manager for Monitoring Firm		1 616	phone	No.	Telephone No. 215 542 7000		License No. 00847					
Start Date (10)	Scheduled (Comple	tion Da	te (11)	Name of OSHA N		00047		-		-	
4 / 19 / 17			/		CES	ionto						
Occupancy Status During Abatement (Street Address							
☐ Facility Closed/Vacated During Entit			ment			ehem Pike -Su	uite 60					
☐ Abatement Performed Outside of No	ormal Facili	ty Hou	s - Des	cribe	City, State, Zio C				-			
Time of Abatement: 7:00AM-5:00F	PM/P	M	_AM		Spring House							
Scope of Work (Check all that apply)								32.00				
≥3 sf or ≥3 If	Пв	enovat	on	Full Containment with Negative Pressure Mini-Enclosure								
⊠ ≥160 sf or ≥260 lf		emolitic		n ☐ Glov∋bag Procedure								
					⊠ Non-Exe	mpted (*) and No	on-Friable Procedure	9				
l continue of		s Local Norma						Ab	atem	ent T	ype	
Location of Asbestos-Containing Material (ACM) Us	ed Sole	ely by	Asbe	Description o stos Containing Ma		Amount	Rer	Repair	Enc	Enc	
TO BE ABATED	IVI	aintena stodial			., thermal systems	insulation,	(Specify	Removal	pair	aps	Enclosure	
IN Facility (13)	Ou.	(12)	Otali :		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	J.E	
	Yes	No	N/A			/				Ø		
See Attached Notice of Hazard			\boxtimes	See Att	ached Notice of	Hazard	200 YD per res					
						NI MITTER DECISION FLORE CONTRACTOR OF THE CONTRACTOR OF T						
Name of Registered Waste Hauler		11000	JDEP \		Cubic Yards cf	Name of Regi	stered Landfill					
Waste Management of NJ		1	lauler II 17273		Waste 200/residenc	GROWS						
City, State					Disposal Date	City, State				114600		
Fairless Hills, PA					5/31/17	Tullytown	PA					
Completed By (Print or Type)	Title				Signature	- 11.	Date	е	i	1		
Patricia Visco	Halle	as V	Willet!	4/	181	20	17					

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		11.			-		
4 /	18 /	17		Cit	y of Cam	den	In) E G	E		\mathbb{V}				
Agencies Notified	Type Notifica	ation		Street	Address			1153						
⊠ EPA				PO	Box 951	20		III LI APR	4	0 0	047			
⊠ DOLWD	Amended			City, S	State, Zip (Code		TULL AFT	-1-	2 2	UH/			
⊠ DOH	Amendm		-	Car	nden, N.	J 08101								
☐ DCA (NJAC 5:23-8)			ıg	Name	of Contac	it		Telephône Numbe	as (CON	TRO	18 10		
(☐ Cancellat			Jan	nes Rizz	0		Telephone-tradition of the telephone tradition o						
				FA	CILITY IN	FORMATION		1						
Name of Facility Where A	Abatement is T	aking Plac	e (3)		01211111	II ORIMATION	Type of Facility	(4)				-		
2753 SAUNDERS S							☐ School (K-12							
Street Address								(Other than K-12)						
2753 SAUNDERS S	TREET STR	UCTURE					homes, etc.)	rivate and commerc	iai bu	ilaing	s,			
City (5)							Square Feet	# of Floors	Blo	dg. A	ge			
Camden							varies	varies	1	50+				
County (6)				Cour	nty Code (7	7)(STATE USE ONL Y)	Current Use (Pri	or if being demolish	ed)					
CAMDEN						~	HOUSING D	EEMED UNSAFE	Ξ					
Name of Monitoring Firm	Hired by Build	ling Owne	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		(Teches)					
						Controlled E	nvironmental S	Systems						
Street Address						Street Address								
						1121 N. Beth	lehem Pike - Si	uite 60						
City, State, Zip Code						City, State, Zip Co	ode							
						Spring House, PA 19477								
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.						
						215 542 7000		00847						
Start Date (10)	8	cheduled	Comple	etion Da	te (11)	Name of OSHA N	onitor							
4 / _19_ /	17	5	/ _3	1_/	17	CES								
Occupancy Status During	Abatement (Check only	one)			Street Address								
□ Facility Closed/Vacate						1121 N Bethle	ehem Pike -Sui	ite 60						
☐ Abatement Performed					cribe	City, State, Zip Co	ode							
Time of Abatement: 7	:00AM-5:00F	/W/F	'M	AM		Spring House								
Scope of Work (Check all	that apply)							AME - NALS						
☐ ≥3 sf or >3 lf		ПБ	enovat	ion		☐ Full Cont		h Negative Pressure						
≥160 sf or ≥260 lf			emoliti			☐ Glovebag	bag Procedure							
						⊠ Non-lExe	mpted (*) and No	n-Friable Procedure						
			Is Loca Norma			5			Ab	-	ent T	уре		
Location Asbestos-Containing I) Us	sed Sol		Ashe	Description of estos Containing Ma		Amount	Re	Repair	Ē	Eng		
TO BE ABA		l N	laintena		(i.e	e., thermal systems	insulation,	(Specify	Remova	pair	cap	Enclosure		
IN Facilit (13)	ty	1 00	stodial (12)		1	surfacing, VAT other miscellane	, or	SF or LF)	<u>a</u>		Encapsulate	ure		
(13)		Yes	1	N/A		other miscellane	ous)				र्ल			
See Attached Notice	of Hazard			\boxtimes	See Att	ached Notice of	Hazard	200 YD per res						
														
Name of Registered Wast	te Hauler		1	NJDEP N	Naste	Cubic Yards o	Name of Regis	tered Landfill						
Waste Management	t of NJ		ŀ	17273		Waste 200/residenc	GROWS							
City, State			11213		Disposal Date	City, State								
Fairless Hills, PA						5/31/17	Tullytown	wn PA						
Completed By (Print or Ty	/pe)	Title				Signature/		Date	е, ;					
Patricia Visco	CO - 275/84	Office	Mana	ger		Hal	ture H	laca-	1/1	x/-	2506	-,		

ASB-41 JAN 13

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

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	Date of Notification (1)						Name of Building Owner/Operator (2)								
4/18	/17			City	of Came	D) EGE		\mathbb{V}	L						
Agencies Notified Type N	otification			Street	Address										
⊠ EPA □ Initi				PO	Box 9512	20		APR 1	1 9	2017	i				
□ DOLWD □ Am				City, S	tate, Zip C	ode	1	<u> </u>		CVI		Supported.			
	endment # ergency (in			Can	nden, NJ	08101	10744			_		in the second			
	ification)	icidaling		Name	of Contact		T-ISARESTIMBEPONTROL &								
	cellation			Jan	nes Rizzo		1.	L IG							
				FAC	CILITY IN	FORMATION		THE RESERVE OF THE PERSON OF T							
Name of Facility Where Abateme	nt is Taking	g Place	(3)				Type of Facility	(4)							
500-502 JACKSON STREE	TSTRUC	CTURE					School (K-12								
Street Address							☐ Subchapter	8 (Other than K-12) rivate and commerc	ial bu	ildina	S				
500-502 JACKSON STRE	ET STRU	CTURE	Ξ				homes, etc.				-,				
City (5)	-						Square Feet	# of Floors	Blo	dg. Ag	je				
Camden							varies	varies		50+					
County (6)				Coun	ty Code (7)(STATE USE ONL Y)	Current Use (Pr	rior if being demolish	ned)			1			
CAMDEN							HOUSING D	DEEMED UNSAFE	E						
Name of Monitoring Firm Hired by	/ Building (Owner (8)	ASCM	No.	Name of Abateme	i ent Contractor (9))	104 MEZ. 40						
_	•					Controlled E	nvironmental	Systems							
Street Address						Street Address				-	-				
							lehem Pike - S	uite 60							
City, State, Zip Code		720				City, State, Zip Co									
oxy, oxato, zip oodo							se, PA 19477								
Project Manager for Monitoring F	rm		Tolo	phone	No	Telephone No. License No.									
Froject Manager for Monitoring F	1111		Tele	priorie	NO.	215 542 7(100		00847							
Start Date (10)	Coho	duled C	omnlo	tion Do	to (11)	Name of OSHA M		00047							
4 / 19 / 17	01 000000000000000000000000000000000000	5 /				CES	TOTILO								
Occupancy Status During Abater				00000000		Street Address									
□ Facility Closed/Vacated Durin □ Abatement Performed Outside					a siba		ehem Pike -Su	lite 60							
Time of Abatement: 7:00AM-					cribe	City, State, Zip Co									
						Spring House	e, PA 19477								
Scope of Work (Check all that ap	ply)					□ Full Con	tainment with Ne	native Pressure							
≥3 sf or ≥3 If		☐ Re	novati	on		☐ Mini-End		Negative ressure							
≥160 sf or ≥260 lf		□ De	molitic	n			☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure								
		T 1-	1 1		т	⊠ Non-Exe	empted () and No	I Procedure	1						
Location of		100	Locat Vorma			Description of	, f		-	atem		T			
Asbestos-Containing Material	(ACM)	Use	d Sole	ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure			
TO BE ABATED		100	intena	nce/ Staff?		., thermal systems	insulation,	(Specify	Nov	air	aps	losi			
IN Facility (13)		Cus	(12)	Stail!		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		ula	Te .			
(10)		Yes	No	N/A	1	other miscenane	ous,				6				
See Attached Notice of Haz	ard				See Att	ached Notice of	Hazard	200 YD per res							
			П					-	П	П	П	П			
										П	П	П			
									1						
Name of Registered Waste Haule	ar .	1		JDEP 1	Maste	Cubic Yards of	Name of Regi	stered Landfill							
Waste Management of NJ	10,000	lauler II		Waste	GROWS	Stored Landilli									
		17273	3	200/residenc	0.000.000										
City, State					Disposal Date	City, State	D4								
Fairless Hills, PA					5/31/17	Tullytown PA									
Completed By (Print or Type)	Titl	le				Signature	- 11	Dat	te	j	1	parting more of			
Patricia Visco		Office I	Mana	ger		Ant.	ini (1)	MARION	4	118	1	N7			