To: Page 1 of 3

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r roject Manager for Mor	monny rimi			Telepho	ine No.		Teleph		vo. 2645	S 30	cense N 1334	lo.					
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Occupancy Status Durin	g Abatement (Che	ck Only On	e)		1170-1170		Street	***************************************									
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 8 23 17 City of Camden Agencies Notified Type Notification Street Address 2017 24 **⊠** EPA PO Box 95120 **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Camden, NJ 08101 ASDEST OF CONTROL & □ DCA Name of Contact (NJAC 5:23-8) justification) ☐ Cancellation James Rizzo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) 929 MORTON STREET STRUCTURE Street Address Other (i.e., private and commercial buildings, 929 MORTON STREET STRUCTURE homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 50+ varies varies County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Controlled Environmental Systems Street Address Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 24 / 17 9 / 30 / 17 CES Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/\_ PM-Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Enclosure Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached Notice of Hazard X See Attached Notice of Hazard 200 YD per res X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management of NJ **GROWS** 17273 200/residence City, State City, State Disposal Date Fairless Hills, PA 9/30/17 Tullytown PA Completed By (Print or Type) Title Signatore Patricia Visco Office Manager

State of New Jersey

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

Check # 25572

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Date of Notification (1)	3/23/17	- W- 111 - 22		Nam	ne of Buildi	ng Owner/Operato	r (2) Hoffma	. 17	E	ĺĿ.		7 1	\//		
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Project Manager for Mo			Tele	phone	No.	Telephone No.	License Ne.								
Bill W	eisgarber		(60	9) 29	98-4070	(609) 25	59-9688		(	0049	3	7111-1			
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