**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:96 and 12:138)

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>210 MAIN URBAN RENEWAL LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>VACANT URBAN CONSTRUCTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (K-12)</td>
</tr>
<tr>
<td>Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td>Other (i.e. private &amp; commercial buildings, homes, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Case (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-658 USE ONLY</td>
</tr>
</tbody>
</table>

**Abatement Contractor (9)**

| Name of Abatement Contractor (9) | A. MAC Contracting Inc |

**Project Manager for Monitoring Firm**

| Name of Monitoring Firm Hired by Building Owner (6) | WHITESTONE ASSOCIATES, INC. |

**Schedule of Completion (11)**

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/16</td>
<td>9/27/16</td>
</tr>
</tbody>
</table>

**Scopes of Work (Check All That Apply)**

- [x] [ ] Removal
- [ ] [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mesh Enclosure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Removable Procedure

**Location of Asbestos-Containing Material (ACM) to be Abated**

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>ACM Location Description</th>
<th>Amount</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

**Name of Registered Wastewater Hauler**

<table>
<thead>
<tr>
<th>Name of Wastewater Hauler</th>
<th>NDEP Waste Hauler ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newark Carting, Inc</td>
<td>04503</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
<th>ID of PA Bethlehem Landfill Corp.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18000</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. McDonald</td>
<td>President</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

---

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

Date of Notification (1) 7/29/16

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

Type Notification
☒ Initial
☐ Amended
☐ Emergency
☐ Cancellation

Name of Building Owner / Operator (2)
Haddon Twp School District
Street Address
500 Rhoads Ave
City, State & Zip Code
Westmont, NJ 08108
Name of Contact
C/O Robert Dinan

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Stoy ES
Street Address
208 Briarwood Ave
City (5) Haddonfield
County (6) Camden
County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
Epic Environmental Services
Street Address
1930 Brown Road
City, State & Zip Code
Newfield, NJ 08344

Project Manager for Monitoring Firm
James Eberts
Telephone Number
856-205-1077

Name of Abatement Contractor (9)
Bristol Environmental, Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

License Number
00509

Name of OSHA Monitor
Bristol Environmental Inc.
Street Address
1123 Beaver Street
City, State & Zip Code
Bristol, PA 19007

Occuancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Hours – 7am to 3pm
Describe: 7:00 AM – 3:30 PM

Scope of Work (Check all that apply)
☒ ±3 sf or ±3 if
☐ ±150 sf ±260 if
☐ Renovation
☐ Demolition

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

Room 23

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)
No

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

Amount (Specify SF or LF)
700 SF

Abatement Type

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

Name of Registered Waste Hauler
Service Transport Inc.

Service Transport ID No.
20990

Cubic Yards of Waste
2 Cu Yd

Name of Registered Landfill
Minerva

Completed By (Print or Type)
Gino Pizzigoni
Title Project Manager
Signature

Date 7/29/16
### Notification of Asbestos Abatement

**State of New Jersey**

**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**: 8-12-16

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

**Street Address**: 2376 South Avenue

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

**Name of Contact**: Dan Villane

### Facility Information

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

**Square Feet**: 

**# of Floors**: 2

**Bidg. Age**: 50+

**Current Use (Prior to being demolished)**: Single Family Dwelling

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

**Street Address**: [redacted]

**City, State**: Westfield, NJ 07090

**County**: Union

### Monitoring Firm

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

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

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

**Project Manager for Monitoring**: Steve Schenker

**Telephone No.**: 609-759-3365

### Abatement Contractor

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

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

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

**Telephone No.**: 609-759-3365

**License No.**: 00394

### Occupancy Status During Abatement

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

**Start Date (10)**: 8-12-16

**Scheduled Completion Date (11)**: 8-19-16

### Scope of Work

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

### Location of Asbestos-Containing Material (ACM)

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Basement / 1st floor</td>
<td>Yes</td>
<td>Wrapped Air Duct</td>
<td>8 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

### Waste Management

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

**Waste Hauler ID No.**: 17000

**Cubic Yards of Waste**: < 1

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

**City, State**: Moosic, PA

**Disposal Date**: 8-19-16

**Completed by**: Steve Schenker

**Title**: President

**Signature**: [Signature]

**Date**: 8-2-16

---

*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)

Date of Notification (1) August 1, 2016
Name of Building Owner/Operator (2) V Rose Excavating, LLC

Agencies Notified Type of Notification
[X] EPA Initial Notification
[ ] DEP Amended Notification
[ ] DOL Amendment #
[ X ] DOH Emergency (including justification)
[ ] DCA Cancellation

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

Street Address
City lakewood
County (6) Ocean
County Code (7) (STATE USE ONLY)

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

ASCM No.
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

Project Manager for Monitoring Firm Telephone Number
City, State, Zip Code Toms River, New Jersey 08755-1271

Scheduled Start Date (10) 8/1/16
Scheduled Completion Date (11) 8/2/16

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

Scope of Work (Check all that apply)
[X] >3 sf or ≥3 if
[X] ≥160 sf or ≥260 if
[ X ] Renovation
[X ] 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)
Abatement Type

Exterior X Asbestos siding 2000 sf X

Name of Registered Waste Hauler
Guardian Contracting, Inc.

City, State Toms River, New Jersey

Disposal Date 8/3/16
City, State Tullytown, Pennsylvania

Completed by (Print or Type) Nicholas Fernicola Title Project Manager

Signature

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agencies Notified</strong></td>
<td></td>
</tr>
<tr>
<td>[x] EPA</td>
<td></td>
</tr>
<tr>
<td>[ ] DEP</td>
<td></td>
</tr>
<tr>
<td>[x] DOL</td>
<td></td>
</tr>
<tr>
<td>[x] DOH</td>
<td></td>
</tr>
<tr>
<td>[ ] DCA</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Notification</strong></td>
<td></td>
</tr>
<tr>
<td>[x] Initial Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] Amended Notification</td>
<td></td>
</tr>
<tr>
<td>[ ] Emergency #</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Building Owner/Operator (2)</strong></td>
<td>Equipment Leasing Specialists, LLC 30029</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>501 Madison Avenue</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Toms River, NJ 08753</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Lou Santora</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Residence |
| Street Address |          |
| City | County (6) | County Code (7) |
| Ortley | Ocean |     |

| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. |
| Street Address | N/A |
| City, State, Zip Code | |

| Project Manager for Monitoring Firm | Telephone Number |
| Scheduled Start Date (10) | 8/11/16 |
| Scheduled Completion Date (11) | 8/12/16 |

| 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 | |

| Scope of Work (Check all that apply) |
| [ ] >3 sf or ≥13 ft | |
| [x] ≥160 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) | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| Exteriar | YES | Asbestos siding | 1000 sf |

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>ReMOval</th>
<th>REpair</th>
<th>ENCapsulation</th>
<th>ENCLOsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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. |

| City, State | Toms River, New Jersey |
| Disposal Date | 8/15/16 |
| City, State | Tullytown, Pennsylvania |

Completed by (Print or Type)  
**Nicholas Pernicola**  
Title  
Project Manager  
Signature  
Date 8/1/2016

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
8/1/16

**Name of Building Owner/Operator (2)**
Mike Buccino Private Home

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

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

**Street Address**
[Redacted]

**City, State, Zip Code**
Manahawkin NJ 08050

**Name of Contact**
Mike

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Mike Buccino Private Home

**Street Address**
[Redacted]

**City (5)**
Manahawkin NJ 08050

**County (6)**
Ocean

**County Code (7)**
[STATE USE ONLY]

**Square Feet (100+)**
1

**# of Floors**
1

**Bidg, Age (35+)**

**Current Use (Prior if being demolished)**
Home

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

**ASCM No.**

**Name of Abatement Contractor (9)**
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

**Start Date (10)**
8/10/16

**Scheduled Completion Date (11)**
8/16/16

**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)**
- ≥3 sf or ≥2 l
- ≥190 sq ft or ≥280 sf
- Renovation
- Demolition

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

**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)**
1000SF

**Abatement Type**
- Removal
- Encapsulate
- Exhaust

**Location of Registered Waste Hauler**
NUDEP Waste Hauler ID No.
22459

**Cubic Yards of Waste**
4

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

**City, State**
Morrismville PA 19067

**Disposal Date**
8/16/16

**Completed by**
Anthony T Perna

**Title**
President

**Signature**

**Date**
8/1/16

*Do not use this form for asbestos licensure exempted activities.*
## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>August 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Drew University</td>
</tr>
<tr>
<td>Address</td>
<td>36 Madison Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Madison, NJ</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>James Hall</td>
</tr>
</tbody>
</table>

### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Drew University - S.W Bowne Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>36 Madison Avenue</td>
</tr>
<tr>
<td>City (5)</td>
<td>Madison</td>
</tr>
<tr>
<td>County (6)</td>
<td>Morris</td>
</tr>
<tr>
<td>License No.</td>
<td>00840</td>
</tr>
<tr>
<td>Street Address</td>
<td>3 Crosswicks Street</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bordentown, NJ</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>1056 Stilton Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Piscataway, NJ 08854</td>
</tr>
</tbody>
</table>

### Occupancy Status During Abatement

- **Facility Closed/Vacated During Entire Period of Abatement**: No
- **Abatement Performed Outside of Normal Facility Hours - Describe**: Work performed 2nd shift - 3:30PM-12: Midnight

### Source of Work (Check all that apply)

- [x] Renovation
- [x] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

### Location of Asbestos-Containing Material (ACM) in Facility

- Is Location Normally Used Solely by Maint./Custodial Staff? (12)
  - [ ] YES
  - [ ] NO
  - [ ] NA

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

### Electrical Panel Room

- [x] Mechanical
- [x] TSI
- [x] TSI

### Cubic Yards of Waste

- [ ] 40 Cy.yds.

### Name of Registered Landfill

- [ ] Meadowview Landfill
  - [ ] G.R.O.W.S

### Disposal Date

- [ ] August 15, 2016

### Name of Registered Landfill

- [ ] G.A.C. # 2015-567 – Amendment # 1- Working Hours Changed by Owner.

---

**Hauler #1**
Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561 NY DEP #

**Hauler #2**
Newark Carting, Inc. – Newark, NJ 07101
NJ DEP # 19551

**Completed by (Print or Type)**

- **Marin Graue**
  - **Title**: SENIOR PROJECT MANAGER
  - **Date**: August 1, 2016

---

**Notice of Asbestos Abatement**

- [ ] Affirmative
- [ ] Negative

**Date of Affirmative Notice**: August 4, 2016

---

**G.A.C.**

- [ ] 2015-567 – Amendment # 1- Working Hours Changed by Owner.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/12/16
Name of Building Owner/Operator (2) Elliot Rogoff

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

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

Street Address

City, State, Zip Code
Millburn, NJ 07041

Name of Contact
Eric Plackis

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5) Millburn
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 2195
# of Floors 2
Bldg. Age 67

Current Use (Prior to being demolished)
Home

Name of Monitoring Firm Hired by Building Owner (8) 

ASCM No.

Name of Abatement Contractor (9) Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code Brick, New Jersey 08723

Project Manager for Monitoring Firm

Telephone No.
(732)899-7499

License No. 01196

Start Date (10) 8/12/16
Scheduled Completion Date (11) 8/26/16

Name of OSHA Monitor

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)
☒ 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)

Dust and/or particulate on walls

Amount (Specify SF or LF)
OSHA dust/moth webbing 40LF 5

Asbestos floor tile

100SF

Name of Registered Waste Hauler Brick Industries Inc.

NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste 4

Name of Registered Landfill GROWS Inc.

City, State Brick, New Jersey PA

Completed by Eric Plackis

Title President

Signature Date 8/12/16

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

Date of Notification (1) 8 / 3 / 16

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

Agencies Notified
☑ EPA
☑ DOLWD
☑ DOH
☐ DCA
(NJAC 5:23-8)
Type Notification
☑ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
North 32nd STREET RESIDENCES

Street Address
555 North 32nd STREET Residences

City (5)
Camden

County (6)
CAMDEN
County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCN 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.
C 804-839-2432

License No.
00847

Start Date (10)
2 / 15 / 16

Scheduled Completion Date (11)
10 / 30 / 16

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 - 5:00PM

Name of Registered Waste Hauler
Waste Management of NJ

Cubic Yards of Waste
200/residenc

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

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

Abatement Type
☐ 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

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 SF or LF)

SEE ATTACHED
☐ ☐ ☐

SEE ATTACHED
☐ ☐ ☐

200 YD per res

Disposal Date
10/30/16

City, State
Tullytown PA

Date 8-3-16

* 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) 8/3/16

Agencies Notified

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

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
North 31st STREET RESIDENCES

Street Address
1028 North 31st STREET Residences

City (5)
Camden

County (6)
CAMDEN

County Code (7) (STATE USE ONLY) CAMDEN

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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.
C 609-839-2432

Telephone No.
215 542 7000

License No.
00847

Start Date (10)
8/3/16

Scheduled Completion Date (11)
10/30/16

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-5:00PM

Scope of Work (Check all that apply)

≥30 sf or ≥3 fl
≥160 sf or ≥250 fl

Renovation
Demolition

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

Amount
Specify SF or LF

Abatement Type
Removal
Rip Out
Encapsulate
Endorse

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

Yes
No
N/A

SEE ATTACHED

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residened

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
10/30/16

City, State
Tullytown PA

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

Signature

Date 8-3-16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**
**Pursuant to NJAC 8:60 and 5:16**

**Date of Notification (1):** 8/3/16

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

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

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

**Street Address:**
PO Box 95120
Camden, NJ 08101

**Name of Contact:**
John Bond

**Telephone Number:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
North 23rd STREET RESIDENCES

**Street Address:**
984 North 23rd STREET Residences

**City (5):**
Camden

**County (6):**
CAMDEN

**Square Feet: Varies**

**Current Use (Prior if being demolished):**
HOUSING DEEMED UNSAFE

**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

**Street Address:**
1121 N. Bethlehem Pike - Suite 60
Spring House, PA 19477

**City, State, Zip Code:**
City, State, Zip Code

**License No.:**
00847

**Current Use (Prior if being demolished):**
HOUSING DEEMED UNSAFE

**Start Date (10):** 8/8/16

**Scheduled Completion Date (11):** 10/30/16

**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-5:00PM

**Abatement Type:**
Removal, Removal, Encapsulate, Encapsulate

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**
- Yes
- No

**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

**Name of Registered Waste Hauler:**
Waste Management of NJ

**NJDEP Waste Hauler ID No.:**
17273

**Cubic Yards of Waste: 200/residenc:**

**Name of Registered Landfill:**
GROWS

**City, State:**
Fairless Hills, PA

**City, State:**
City, State

**Disposal Date:**
Completion Date: 10/30/16

**Signature:**
Patricia Visco

**Date:**
8-3-16

*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)

**Name of Building Owner/Operator:** John Bond  
**City of Camden**

**Facility Information**

- **Name of Facility Where Abatement is Taking Place:** North 22nd STREET RESIDENCES
  - **Street Address:** 11, 13, 1132, 1245 North 22nd STREET Residences
  - **City:** Camden  
  - **County:** CAMDEN

- **Name of Monitoring Firm Hired by Building Owner:** ASCM No. 117
  - **Type of Abatement Contractor:** Controlled Environmental Systems

- **Start Date:** 8/3/16  
  - **Scheduled Completion Date:** 10/30/16

- **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

- **Location of Asbestos-Containing Material (ACM) To Be Abated:** IN Facility
  - **Location Normally Used Solely by Maintenance/ Custodial Staff:** Yes

- **Location of Registered Waste Hauler:** Waste Management of NJ
  - **Waste Hauler ID No.:** 17273

- **Name of Registered Landfill:** GROWS
  - **Disposal Date:** 10/30/16

**Abatement Type**

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

**Note:** *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) 8 / 3 / 16

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

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
North 21st STREET RESIDENCES

Street Address
39, 1216 North 21st STREET Residences

City (5)
Camden

County (6)
CAMDEN

Square Feet
varies

County Code (7)/STATE USE ONLY

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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 385

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
C 609-839-2432

Start Date (10) 8 / 3 / 16

Scheduled Completion Date (11) 10 / 30 / 16

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-5:00PM/

Scope of Work (Check all that apply)

≥3 sf or ≥3 If

≥160 sf or ≥260 If

Renovation

Demolition

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)

SEE ATTACHED

Location

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste 200/residenc

Name of Registered Landfill GROWS

City, State Fairless Hills, PA

Disposal Date 10/30/16

Name of Registered Waste Hauler Waste Management of NJ

City, State Tullytown PA

Completed By (Print or Type) Patricia Visco

Title Office Manager

Signature

Date 8-3-16

ASB-41 JAN 13

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

State of New Jersey

Date of Notification (1) 8 / 3 / 16

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

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

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

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

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

ASCM No. 117

County Code (7) (STATE USE ONLY)

Name of OSHA Monitor
CES

City (5)
Camden

County (3)
CAMDEN

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Wast
200/resident

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date 8-3-16

* 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): 3/3/16

Name of Building Owner/Operator (2): Camden

City of Camden

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

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

Street Address:
- PO Box 95120
- City, State, Zip Code: Camden, NJ 08101

Name of Contact:
- John Bond

Telephone Number: __________

FACILITY INFORMATION

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

Street Address:
- 330, 342, 344, 356 MORSE STREET Residences

City (5):
- Camden

County (6):
- CAMDEN

County Code (?)(STATE USE ONLY):
- 117

Current Use (Prior if being demolished):
- HOUSING DEEMED UNSAFE

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

Name of Abatement Contractor (9):
- ASCM No. 117

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

Telephone No.:
- 215 542 7000

License No.:
- 00847

Start Date (10):
- 3/8/15

Scheduled Completion Date (11):
- 3/30/16

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-5:00PM

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, VAC, or other miscellaneous):

Amount (Specify SF or LF):

Abatement Type:

Removal

Repair

Encapsulate

Endorse

SEE ATTACHED

200 YD per res

Name of Registered Waste Hauler:
- Waste Management of NJ
- NJ/DEP Waste Hauler ID No. 17273

Cubic Yards of Waste:
- 200/residencer

Name of Registered Landfill:
- GROWS

City, State:
- Fairless Hills, PA

Disposal Date:
- 10/30/16

Completed By (Print or Type):
- Patricia Visco

Title:
- Office Manager

Signature:

Date:
- D-3-16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8/3/16

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

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

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

City, State, Zip Code Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LOIS AVENUE RESIDENCES

Street Address
1106 LOIS AVENUE Residences

County Code (7)(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No. 117

Health and Safety Services

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
Jim Proctor

Telephone No.
C 609-639-2432

License No.
00847

Start Date (10) 8/15/16

Scheduled Completion Date (11) 10/30/16

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-5:00PM

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

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
- Repeal
- Encapsulate
- Endure

NAME OF REGISTERED WASTE HAULER
Waste Management of NJ

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste 200/residenc

Name of Registered Landfill GROWS

City, State
Fairless Hills, PA

Disposal Date
10/30/16

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date 8/3/16

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

Date of Notification (1) 3/16

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

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

Name of Building Owner/Operator (2) John Bond
City of Camden

Street Address PO Box 95120
City, State, Zip Code Camden, NJ 08101

Name of Contact John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HOWELL STREET RESIDENCES

Street Address 2004, 2006, 2315 STREET Residences
City (5) Camden
County (6) CAMDEN

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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

Asbestos 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 Procotor
Telephone No. C 609-839-2432

Start Date (10) 3/15/16
Scheduled Completion Date (11) 10/30/16

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 - 5:00PM

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

Yes No N/A

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
- Removal
- Repair
- Encapsulate
- Endorse

Location of Registered Hauler

Waste Management of NJ

Cubic Yards of Waste

Name of Registered Landfill
GROWS

City, State Fairless Hills, PA

Disposal Date 10/30/16

Name of Registered Waste Hauler ID No. 17273

City, State Tullytown PA

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

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)

Date of Notification (1) 8 / 3 / 16

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

Agencies Notified
☒ EPA
☒ DOLOD
☒ DOH
□ DCA
(NJAC 5:23-8)

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
HARRISON AVENUE RESIDENCES

Street Address
2869 HARRISON AVENUE
Residences

City (5)
Camden

County (6)
CAMDEN

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

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
C 609-839-2432

License No.
215 542 7000

Name of OSHA Monitor
CES

Start Date (10)
8 / 3 / 16

Scheduled Completion Date (11)
10 / 30 / 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: 7:00AM-5:00PM_____PM_____AM

Scope of Work (Check all that apply)
☐ >3 sf or >3 if
☒ >160 sf or >260 if
☐ 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)

Abatement Type

SEE ATTACHED

200 YD per res

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residenc

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
10/30/16

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date 8-3-16

ASB-41
JAN 13

* 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)**
3/13/16

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

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

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

**Street Address**
PO Box 95120
Camden, NJ 08101

**Name of Contact**
John Bond

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
**FEDERAL STREET RESIDENCES**

**Street Address**
1523, 1527, 1529 FEDERAL STREET Residences

**City (5)**
Camden

**County (6)**
CAMDEN

**County Code (7)(STATE USE ONLY)**

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

**ASCN No.**
117

**Name of Abatement Contractor (9)**
Controlled Environmental Systems

**Street Address**
PO Box 365
Spring House, PA 19477

**City, State, Zip Code**
Barlin, NJ 08009

**License No.**
00847

**Telephone No.**
C 609-839-2432

**Project Manager for Monitoring Firm**
Jim Proctor

**Start Date (10)**
3/15/16

**Scheduled Completion Date (11)**
10/30/16

**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: 7:00AM-5:00PM

**Scope of Work (Check all that apply)**
- ≥2 sf or ≥3 if
- ≥160 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- 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 SF or LF)**

**SEE ATTACHED**

**Name of Registered Waste Hauler**
Waste Management of NJ
NJDEP Waste Hauler ID No. 17273

**Cubic Yards of Waste**
200/residence

**Name of Registered Landfill**
GROWS

**City, State**
Fairless Hills, PA

**Disposal Date**
10/30/16

**Name of Registered Landfill**
Tullytown PA

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

**Signature**

**Date**
3/13/16

---

*Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  2 / 3 / 16

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

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

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

Street Address  PO Box 95120
City, State, Zip Code  Camden, NJ 08101
Name of Contact  John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

EUTAW AVENUE RESIDENCES

Street Address  136 EUTAW AVENUE Residences
City (5)  Camden
County (6)  CAMDEN
County Code (7) [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  varies
# of Floors  varies
Bldg. Age  50+

Current Use (Prior if being demolished)  HOUSING DEEMED UNSAFE

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 Prout
Telephone No.  609-839-2432
License No.  00847

Start Date (10)  2 / 15 / 16
Scheduled Completion Date (11)  10 / 30 / 16
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-5:00PM/_____PM-____AM

Scopes 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 (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

Location of Registered Waste Hauler Management of NJ

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste
200/residency

Name of Registered Landfill
GROWS

City, State  Fairless Hills, PA
Disposal Date  10/30/16

Completed By (Print or Type)  Patricia Visco
Title  Office Manager
Signature  [Signature]
Date  2 / 3 / 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)  8/3/16
Name of Building Owner/Operator (2)  City of Camden
Agencies Notified  EPA  DOLWD  DOH  DCA (NJAC 5:23-6)  Type Notification  Initial  Amended  Amendment #  Emergency (including justification)  Cancellation
Street Address  PO Box 95120
City, State, Zip Code  Camden, NJ 08101  Name of Contact  John Bond
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)  DUPONT STREET RESIDENCES
Street Address  1107, 1109 DUPONT STREET Residences
City (5)  Camden
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.  C 609-839-2432
License No.  00847

Start Date (10)  8/3/16  Scheduled Completion Date (11)  10/30/16

Scope of Work (Check all that apply)
- 3 or more stories
- 1000 sf or more of enclosed space
- 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  (13)
IN Facility  YES  NO  N/A

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)  200 YD per res
Amount (Specify SF or LF)  200/residence
Abatement Type  SEE ATTACHED

Location of Asbestos-Containing Material (ACM) TO BE ABATED  (13)
IN Facility  YES  NO  N/A

Amount (Specify SF or LF)  200/residence
Abatement Type

Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  200 YD per res

Name of Registered Waste Hauler  Waste Management of NJ  NJDEP Waste Hauler ID No. 17273
City, State  Fairless Hills, PA
Disposal Date  10/30/16
Name of Registered Landfill  GROWS  City, State  Tullytown PA
Completed By (Print or Type)  Patricia Visco  Title  Office Manager  Signature
Date  8/3/16

* 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): 8/3/16  
Name of Building Owner/Operator (2): City of Camden

Agencies Notified:  
- EPA  
- DOLWD  
- DOH  
- DCA (NJAC 5:23-8)  
Type Notification:  
- Initial  
- Amended  
- Emergency (including justification)  
- Cancellation

Street Address: PO Box 95120  
City of, State, Zip Code: Camden, NJ 08101

Name of Contact: John Bond  
Telephone Number:  

FACILITY INFORMATION

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

Street Address: 2812 Cramer Street Residences  
City: Camden  
County: CAMDEN

Name of Monitoring Firm Hired by Building Owner (8): ASCM No.: 117  
Name of Abatement Contractor (9): Controlled Environmental Systems

Health and Safety Services:  
Street Address: PO Box 365  
City, State, Zip Code: Berlin, NJ 08009

Project Manager for Monitoring Firm: Jim Proctor  
Telephone No.: C 609-838-2432  
License No.: 00847

Start Date (10): 8/15/16  
Scheduled Completion Date (11): 10/30/16  
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-5:00PM

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-Fireproof Procedure

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
- Endorse

SEE ATTACHED:  
- [ ]
- [ ]
- [ ]

Name of Registered Waste Hauler: NJDEP Waste Hauler ID No.: 17273

Waste Management of NJ  
Disposal Date: 10/30/16

City, State: Fairless Hills, PA  
Name of Registered Landfill: GROWS

City, State: Tullytown PA

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

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:18)

Date of Notification (1)  8/3/16  
Name of Building Owner/Operator (2)  
City of Camden  
Agencies Notified  
☐ EPA  
☐ DOLWD  
☐ DOH  
☐ DCA  
(NJAC 5:23-8)  
Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation  
Street Address  
P.O. Box 95120  
City, State, Zip Code  
Camden, NJ 08101  
Name of Contact  
John Bond  
Telephone Number  

FACILITY INFORMATION  
Name of Facility Where Abatement is Taking Place (3)  
CAMBRIDGE STREET RESIDENCES  
Street Address  
927, 931, 939 CAMBRIDGE STREET Residences  
City (5)  
Camden  
County (6)  
CAMDEN  
County Code (7)(STATE USE ONLY)  
Current Use (Prior if being demolished)  
HOUSING DEEMED UNSAFE  

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  
Project Manager for Monitoring Firm  
Jim Proctor  
Telephone No.  
C 609-839-2432  
License No.  
00847  

Start Date (10)  
8/1/16  
Scheduled Completion Date (11)  
10/30/16  
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-5:00PM/ 6:00PM-7:00AM  
Scope of Work (Check all that apply)  
☐ ≥30 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)  
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)  
200 YD per res  
Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
Enclosure  

SEE ATTACHED  
☐ Yes  
☐ No  
☐ N/A  

Name of Registered Waste Hauler  
Waste Management of NJ  
NJDEP Waste Hauler ID No.  
17273  
Cubic Yards of Waste  
Disposal Date  
200/residence  
10/30/16  
Name of Registered Landfill  
GROWS  
City, State  
Fairless Hills, PA  
Tullytown PA  
Completed By (Print or Type)  
Patricia Visco  
Title  
Office Manager  
Signature  
Date  
8-3-16  

* 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)  3/3/16  
Name of Building Owner/Operator (2)  Camden 
City of Camden  

Agencies Notified  
☐ EPA  
☐ DOLWD  
☐ DOH  
☐ DCA (NJAC 5:23-8) 
Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation 

Street Address  
PO Box 95120  
City, State, Zip Code  
Camden, NJ 08101  
Name of Contact  
John Bond  
Telephone Number  

FACILITY INFORMATION 

Name of Facility Where Abatement is Taking Place (3)  
CARMAN STREET RESIDENCES  
Street Address  
1944 CARMAN STREET Residences  
City (5)  
Camden  
County (5)  
CAMDEN  
County Code (7)(STATE USE ONLY)  
Square Feet  
varies  
# of Floors  
varies  
Bldg. Age  
50+  
Current Use (Prior if being demolished)  
HOUSING DEEMED UNSAFE  

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 9 (Other than K-12)  
☐ Other (i.e., private and commercial buildings, homes, etc.)  

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  
Street Address  
1121 N Bethlehem Pike -Suite 60  
City, State, Zip Code  
Spring House, PA 19477  
Scope of Work (Check all that apply)  
☐ 3 sf or >3 sf  
☐ 160 sf or >260 sf  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Friable Procedure  

Start Date (10)  
3/3/16  
Scheduled Completion Date (11)  
3/30/16  
Time of Abatement: 7:00AM-5:00PM PM-___AM  
Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe 

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility  
IN Facility  
Yes  No  N/A  
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility  
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)  
200 YD per res  
Abatement Type  
☐ Removal  
☐ Repair  
☐ Encapsulate  
☐ Enclosure  

SEE ATTACHED  
☐ ☐ ☐ ☐  

Name of Registered Waste Hauler  
Waste Management of NJ  
NJDEP Waste Hauler ID No.  
17273  
Cubic Yards of Waste  
200/residence  
Name of Registered Landfill  
GROWS  
City, State  
Fairless Hills, PA  
Disposal Date  
10/30/16  
City, State  
Tullytown PA 
Completed By (Print or Type)  
Patricia Visco  
Title  
Office Manager  
Signature  
Date  
8-3-16  

* 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)
3/3/16
Name of Building Owner/Operator (2)
City of Camden

Agencies Notified
- EPA
- DOLWD
- DOH
- DCA (NJAC 5:23-6)
Type Notification
- Initial
- Amended
- Amendment #____
- Emergency (including justification)
- Cancellation

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101
Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BEIDEMAN AVE RESIDENCES

Street Address
1118 BEIDEMAN AVE Residences
City (5)
Camden
County (5)
CAMDEN
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCN 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.
C 609-839-2432

Start Date (10)
3/3/16
Scheduled Completion Date (11)
10/30/16
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: 7:00 AM to 5:00 PM
- Non-Exempted (*) and Non-Frangible Procedure

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-Frangible 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
Endorsement

SEE ATTACHED

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No.
17273
Cubic Yards of Waste
200/residence
Name of Registered Landfill
GROWS
City, State
Fairless Hills, PA

Completed By (Print or Type)
Patricia Visco
Title
Office Manager
Signature
Date
8-3-16

* Do not use this form for asbestos licensure exempted activities.
**Notification of Asbestos Abatement**

(Pursuant to NJAC 8:80 and 8:16)

---

**Date of Notification**
- 08/03/16

**Agency Notified**
- EPA [ ]
- DOLWD [ ]
- DHSS [ ]
- OCA (NJAC 5:23-8) [ ]

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

---

**Name of Building Owner/Operator**
- IAT Project Development LLC

**Street Address**
- 748 E Winchester, Suite 150

**City, State, Zip Code**
- Murray UT 8107

**Name of Contact**
- Tammy Sweers, VP-Construction

**Telephone Number**

---

**Facility Information**

**Name of Facility Where Abatement Is Taking Place**
- International Academy of Trenton (fka Trenton Times)

**Street Address**
- 500 Perry Street

**City (5)**
- Trenton

**County (6)**
- Mercer

**County Code (7) (STATE USE ONLY)**

**Current Use (Prior if being demolished)**

**Former Newspaper Publisher**

---

**Name of Monitoring Firm Hired by Building Owner**
- ASCM No.
- Acer

**Street Address**
- 1012 Industrial Drive

**City, State, Zip Code**
- West Berlin, NJ 08091

**Telephone No.**
- 856-809-1202

**License No.**
- 00860

---

**Name of Abatement Contractor**
- Northstar Contracting Group, Inc.

**Street Address**
- 32 Williams Parkway

**City, State, Zip Code**
- East Hanover, NJ 07936

**Telephone No.**
- 973-772-3860

---

**Start Date**
- 08/18/16

**Scheduled Completion Date**
- 12/30/16

**Currency Use (Prior if being demolished)**

**Former Newspaper Publisher**

---

**Occupy 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-3:30PM, PM- AM [ ]

---

**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 [ ]
- N/A [ ]

**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 SF or LF)

**Abatement Type**
- Removal [ ]
- Repair [ ]
- Encapsulate [ ]
- Endorse [ ]

---

**Name of Registered Waste Hauler**
- NJDEP Waste Hauler ID No.: SW2117

**Cubic Yards of Waste**
- TBD

**Name of Registered Landfill**
- Minerva Landfill

---

**Name of Registered Waste Hauler**
- Service Transport Group 58 Piles Lane

**Disposal Date**
- TBD

**City, State**
- Newcastle DE

**Completed By (Print or Type)**
- Richard P Semega Jr

**Title**
- Project Manager

**Signature**

**Date**
- 08-31-16

---

*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>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/02/2016</td>
<td>Somerset Hills School District</td>
</tr>
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**Entities Notified**

- [ ] EPA
- [X] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

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<tr>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>Initial</td>
<td>25 Olcott Avenue</td>
<td>Bernardsville, NJ 07924</td>
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</table>

**Emergency (including justification)**

<table>
<thead>
<tr>
<th>Amendment #</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedwell Elementary School</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Square Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>141 Saney Drive</td>
<td>Bernardsville</td>
<td>80,000</td>
</tr>
</tbody>
</table>

**County (8)**

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior to being demolished)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Bldg. Age</th>
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</thead>
<tbody>
<tr>
<td>Somerset</td>
<td>50+</td>
</tr>
</tbody>
</table>

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

- Environmental Remediation & Man. Inc.

**Name of Abatement Contractor (9)**

- Bako Construction & Restoration Inc.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-10 Maple Ave. Bldg. 35E</td>
<td>Fair Lawn, NJ 07410</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

- Guillermo M. Morales

<table>
<thead>
<tr>
<th>Telephone No.</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>609-259-8077</td>
<td>973-256-7010</td>
</tr>
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</table>

**Start Date (10)**

<table>
<thead>
<tr>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/03/2016</td>
</tr>
</tbody>
</table>

**Occupancy 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)**

- [ ] 23 sf or 23 ft
- [ ] 160 sf or 160 ft
- [ ] Renovation
- [ ] Demolition
- [ ] Decontamination of floors & wall

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Decontamination of floors &amp; wall</td>
<td>100 SF</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>In Facility (13)</th>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 248</td>
<td>Bako Construction &amp; Restoration, Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
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</tbody>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>Totowa, NJ</td>
<td>08/04/2016</td>
<td>Tullytown Resource Recovery Facility</td>
</tr>
</tbody>
</table>

**Completed by**

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damir Valjevac</td>
<td>08/02/2016</td>
</tr>
</tbody>
</table>

**Signature**

[Signature]
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 07/30/2016

**Name of Building Owner/Operator (2):** Edgewater Park Township School District

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td>25 Washington Ave</td>
<td>Edgewater Park, NJ 08010</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td>DEP</td>
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<td></td>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
<td></td>
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<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
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<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement Is Taking Place (3):** Samuel M. Ridgeway School

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School (K-12)</td>
</tr>
<tr>
<td></td>
<td>Subchapter B (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>Other (i.e., private &amp; commercial buildings, homes, etc.)</td>
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**Square Feet**

**Number of Floors**

**Blog Age**

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
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</thead>
<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>School</td>
</tr>
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</table>

**Name of Monitoring Firm Hired by Building Owner (8):** ATC Group Services

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9):</th>
<th>VMC Company Inc</th>
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<tbody>
<tr>
<td>Street Address</td>
<td>208 Piegat Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Clifton, NJ 07011</td>
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**Project Manager for Monitoring Firm:** John Lutz

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<th>Start Date (10)</th>
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<tr>
<td>08/19/2016</td>
<td>08/25/2016</td>
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**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):**

- ≥3 sf or ≥3 if
- >100 sf or ≥2800 if

- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</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>
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<tbody>
<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Pipe fitting insulation</td>
<td>50 LF</td>
<td>x</td>
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<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Water tank insulation</td>
<td>240 SF</td>
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<tr>
<td>Boiler Room</td>
<td>Yes</td>
<td>Breaching insulation</td>
<td>100 SF</td>
<td>x</td>
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**Name of Registered Waste Hauler:** Newark Carting Inc

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<tr>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>05409</td>
<td>IESL Landfill</td>
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<th>Completed by</th>
<th>Date</th>
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<tr>
<td>Voytek Roszkowski</td>
<td>07/30/2016</td>
</tr>
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</table>

**Title**

*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)
3/16

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

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

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

Street Address
PO Box 95120
Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
North 34th STREET RESIDENCES

Street Address
143, 812, 814, 815 North 34th STREET Residences

City (5)
Camden

County (6)
CAMDEN

County Code (7) (STATE USE ONLY)

Name of Facility Where Abatement is Taking Place (3)
North 34th STREET RESIDENCES

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

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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.
C 609-339-2432

Start Date (10)
3/15/16

Scheduled Completion Date (11)
10/30/16

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-5:00PM/5:00PM-7:00AM

Scope of Work (Check all that apply)
- ≥3 sf or ≥3 If
- ≥150 sf or ≥250 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

Yes No N/A

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

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
- Repair
- Removal
- Encapsulate
- Dismantle
- Enclosure

SEE ATTACHED

Cubic Yards of Waste 200/residenc

Name of Registered Landfill GROWS

City, State
Fairless Hills, PA

Disposal Date
10/30/16

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No.
17273

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
8-3-16

* 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)
8 / 3 / 16

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

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

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

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
PFEIFFER STREET RESIDENCES

Street Address
557, 590 PFEIFFER STREET Residences

City (5)
Camden

County (6)
CAMDEN

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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.
C 609-839-2432

Start Date (10)
8 / 15 / 16

Scheduled Completion Date (11)
10 / 30 / 16

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: 7:00 AM - 5:00 PM - ___ PM - ___ AM

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 If
☐ ≥ 180 sf or ≥ 280 lf
☐ 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 (15)

Abatement Type
Removal
Repair
Encapsulate
Encore

SEE ATTACHED

Yes
No
N/A

SEE ATTACHED

200 YD per res

Name of Registered Waste Hauler
Waste Management of NJ

NJ/DEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residence

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
10/30/16

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
8-3-16

* 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)  8 / 3 / 16  
Name of Building Owner/Operator (2)  City of Camden

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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<td>John Bond</td>
<td>ASBESTOS CONTROL &amp; LICENSING</td>
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<td>□ DOH</td>
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<td>□ OCA (NJAC 5:23-B)</td>
<td>Emergency (including justification)</td>
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<td>□ Cancellation</td>
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Name of Facility Where Abatement is Taking Place (3)  PIERCE STREET RESIDENCES

Street Address  1604, 2009, 2117, 2211 PIERCE STREET Residences

City (5)  Camden  
County (6)  CAMDEN  
County Code (7) (STATE USE ONLY)  117

Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. 117  
Health and Safety Services  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  varies  
# of Floors  varies  
Bldg. Age  50+

Current Use (Prior to being demolished)  HOUSING DEEMED UNSAFE

Name of Abatement Contractor (9)  1121 N. Bethlehem Pike - Suite 60  
Street Address  Spring House, PA 19477  
City, State, Zip Code  PA 19477

License No.  00847  
Telephone No.  215 542 7000  
Telephone No.  C 609-839-2432

Start Date (10)  2 / 15 / 16  
Scheduled Completion Date (11)  10 / 30 / 16  
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-5:00PM/7PM/AM

Scope of Work (Check all that apply)  
□ <3 sf or <3 if  
□ 2-60 sf or ≥260 if

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

SEE ATTACHED  200 YD per res

Name of Registered Waste Hauler  Waste Management of NJ  
NJDEP Waste Hauler ID No.  17273  
Cubic Yards of Waste  200/residency  
Name of Registered Landfill  GROWS

Disposal Date  10/30/16

City, State  Fairless Hills, PA

Completed By (Print or Type)  Patricia Visco  
Title  Office Manager  
Signature  
Date  8-3-16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 5:16)

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<td>- PGA</td>
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<td>- Amended</td>
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<td>- Amendment #____</td>
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<td>- Emergency (including justification)</td>
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<tr>
<td>- Cancellation</td>
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<tr>
<td>Name of Building Owner/Operator (2)</td>
<td></td>
</tr>
<tr>
<td>City of Camden</td>
<td></td>
</tr>
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</table>

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place (3)**
  - PLEASANT STREET RESIDENCES

- **Street Address**
  - 2908, 2910 PLEASANT STREET Residences

- **City (5)**
  - Camden

- **County (6)**
  - CAMDEN

- **County Code (7)(STATE USE ONLY)**
  - CAMDEN

- **Name of Monitoring Firm Hired by Building Owner (8)**
  - 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.**
  - C 609-839-2432

- **Start Date (10)**
  - 5 / 13 / 16

- **Scheduled Completion Date (11)**
  - 10 / 30 / 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:**
  - 7:00AM-5:00PM/6:00PM-7:00AM

- **Scope of Work (Check all that apply)**
  - ≥ 360 or ≥ 250 ft
  - ≥ 200 ft or ≥ 260 ft
  - 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

- **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

- **Name of Registered Waste Hauler**
  - WASTE MANAGEMENT OF NJ

- **NJDEP Waste Hauler ID No.**
  - 17273

- **Cubic Yards of Waste 200/residency**

- **Name of Registered Landfill**
  - GROWS

- **City, State**
  - Fairless Hills, PA

- **Disposal Date**
  - 10/30/16

- **City, State**
  - Tullytown PA

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

- **Title**
  - Office Manager

- **Signature**
  - [Signature]

- **Date**
  - 8-3-16

*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) 8/3/16

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<td>(NJAC 5:23-8)</td>
<td>Cancellation</td>
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Name of Facility Where Abatement is Taking Place (3)
RAND STREET RESIDENCES

Street Address
448, 456, 490 RAND STREET Residences

City (5)
Camden

County (6)
CAMDEN

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

License No.
00847

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
C 609-839-2432

Start Date (10) 5/16

Scheduled Completion Date (11) 10/30/16

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: 7:00AM-5:00PM/ PM- AM

Scope of Work (Check all that apply)
≥ 3,000 sf or ≥ 3 if
≥ 1800 sf or ≥ 260 if
Renovation
Demolition

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

Amount (Specify SF or LF)

Abatement Type

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No. 17273

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
10/30/16

City, State
Tullytown PA

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

Date 9-3-16

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 16

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

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

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RANDOLPH STREET RESIDENCES

Street Address
602, 606 RANDOLPH STREET Residences
City (5)
Camden

County (6)
CAMDEN

County Code (7) [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 Ft
varies

# of Floors
varies

Bidg. Age
50+

Current Use (Prior if being demolished)

HOUSING DEEMED UNSAFE

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.
C 609-639-2432

License No.
215 542 7000
00847

Start Date (10) 15 16

Name of OSHA Monitor
CES

Scheduled Completion Date (11) 10 30 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: 7:00AM-5:00PM/___PM-___AM

Scope of Work (Check all that apply)
- Renovation
- Demolition

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

Yes No N/A

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

Is Location

Description of Amount

Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous)

(Specify SF or LR)

Abatement Type

Enclosure

SEE ATTACHED

SEE ATTACHED

200 YD per res

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste
200/residency

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
City, State
10/30/16
Tullytown PA

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

Date
8-3-16

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:90 and 5:16)  

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<th>Name of Contact</th>
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</thead>
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<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>John Bond</td>
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<td>□ DOLWD</td>
<td>□ Amended</td>
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<td>□ DOH</td>
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<td>□ DCA (NJAC 5:23-8)</td>
<td>□ Emergency (including justification)</td>
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<td>□ Cancellation</td>
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**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
RARITAN STREET RESIDENCES

<table>
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<td>623 RARITAN STREET Residences</td>
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<tr>
<th>City (5)</th>
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<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor (9)</th>
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<tbody>
<tr>
<td>Health and Safety Services</td>
<td>117</td>
<td>Controlled Environmental Systems</td>
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<table>
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<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
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<tr>
<td>PO Box 365</td>
<td>Berlin, NJ 08009</td>
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<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
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<tbody>
<tr>
<td>Jim Proctor</td>
<td>609-839-2432</td>
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<tr>
<th>Start Date (10)</th>
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<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>□ Facility Closed/Vacated During Entire Period of Abatement</td>
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<tr>
<td>□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM, PM-AM</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 3+ sf or 3+ ft.</td>
</tr>
<tr>
<td>□ 160 sf or 260 ft.</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Glovebag Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (**) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEE ATTACHED</th>
<th>SEE ATTACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste Management of NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>17273</td>
<td>200/residency</td>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairless Hills, PA</td>
<td>10/30/16</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tullytown PA</td>
<td>8-3-16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Visco</td>
<td>Office Manager</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended Amendment #</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101
Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

ROWE STREET RESIDENCES

Street Address
3212 ROWE STREET Residences
City (5)
Camden
County (6)
CAMDEN

County Code (7) (STATE USE ONLY)

Square Feet
varies
# of Floors
varies
Bldg. Age
50+

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCM No.
117
Name of Abatement Contractor (9)
Controlled Environmental Systems

Project Manager for Monitoring Firm
Jim Proctor
Street Address
PO Box 365
City, State, Zip Code
Berlin, NJ 08099

Telephone No.
C 609-839-2432
License No.
215 542 7000
00847

Start Date (10)

8 / 3 / 15
Scheduled Completion Date (11)

8 / 30 / 16

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

Scope of Work (Check all that apply)

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

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

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)

Amount
(Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endorse

Name of Registered Waste Hauler
Waste Management of NJ
N.J. DEP Waste Hauler ID No.
17273
Cubic Yards of Waste
200/residence
Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA
Disposal Date
10/30/16
City, State
Tullytown PA

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

Date
8-3-16

SEE ATTACHED

200 YD per res

* 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)

<table>
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<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
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<tbody>
<tr>
<td>8/3/16</td>
<td>City of Camden</td>
</tr>
</tbody>
</table>

**Agencies Notified**

- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)
- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

**Street Address**

- PO Box 95120
- Camden, NJ 08101

**Name of Contact**

- John Bond

**Telephone Number**

- [Blank]

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place**

- ROYDEN STREET RESIDENCES

**Type of Facility**

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet**

- varies

**# of Floors**

- varies

**Bldg. Age**

- 50+

**County Code**

- [STATE USE ONLY]

**Current Use (Prior if being demolished)**

- HOUSING DEEMED UNSAFE

**Name of Monitoring Firm Hired by Building Owner**

- ASCM No.

- 117

**Name of Abatement Contractor**

- Controlled Environmental Systems

**Street Address**

- PO Box 365
- Berlin, NJ 08009

**City, State, Zip Code**

- [Blank]

**Project Manager for Monitoring Firm**

- Jim Proctor

**Telephone No.**

- 609-839-2432

**License No.**

- 215 542 7000
- 00847

**Start Date**

- 8/15/16

**Scheduled Completion Date**

- 10/30/16

**Name of OSHA Monitor**

- CES

**Occupancy Status During Abatement**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe

**Time of Abatement**

- 7:00AM-5:00PM

**Scope of Work**

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

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

**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 SF or LF)**

- 200 YD per res

**Abatement Type**

- [ ] Removal
- [ ] Encapsulate
- [ ] Endorse

**Name of Registered Waste Hauler**

- Waste Management of NJ

**Waste Hauler ID No.**

- 17273

**Cubic Yards of Waste**

- 200/residence

**Name of Registered Landfill**

- GROWS

**City, State**

- Fairless Hills, PA

**Disposal Date**

- 10/30/16

**City, State**

- Tullytown PA

**Completed By (Print or Type)**

- Patricia Visco

**Title**

- Office Manager

**Signature**

- [Signature]

**Date**

- 8-3-16

* 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: 8/3/16
Name of Building Owner/Operator: Camden
City: Camden

Agencies Notified:
- [ ] EPA
- [ ] DOLWD
- [ ] DOH
- [ ] DCA (NJAC 5:23-8)
- [ ] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address:
PO Box 95120
City, State, Zip Code: Camden, NJ 08101

Name of Contact:
John Bond
Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place:
SEWELL STREET RESIDENCES

City (5):
Camden
County (8):
CAMDEN

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

ASCM No. 117

Name of Abatement Contractor:
ASCM Environment

Street Address:
PO Box 365
City, State, Zip Code: Berlin, NJ 08009

Project Manager for Monitoring Firm:
Jim Proctor
Telephone No.: 609-383-2432

Start Date: 8/15/16
Scheduled Completion Date: 10/16/16

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: 7:00 AM - 5:00 PM

Scope of Work (Check all that apply):
[ ] ≥ 3 ft or ≥ 3 ft
[ ] ≥ 100 sq ft or ≥ 280 sq 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:

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): 200 YD per res

Abatement Type:

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

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

Location of Registered Waste Hauler:
NJDEP Waste Hauler ID No. 17273
Cubic Yards of Waste 200/residence

Name of Registered Landfill:
GROWS

City, State:
Fairless Hills, PA

Disposal Date:
10/30/16
City, State:
Tullytown PA

Completed By (Print or Type):
Patricia Visco
Title: Office Manager
Signature:
Date: 8-3-16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
8 / 3 / 16

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

**Agencies Notified**
- [x] EPA
- [x] DOLWD
- [x] DOH
- [ ] DCA
  *(NJAC 5:23-8)*

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

**Street Address**
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

**Name of Contact**
John Bond

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
SHERMAN STREET RESIDENCES

**Street Address**
2413, 2415 SHERMAN STREET Residences
Camden

**City (5)**
Camden

**County (6)**
CAMDEN

**Square Feet**
varies

**# of Floors**
varies

**Bldg. Age**
50+

**Current Use (Prior to being demolished)**
HOUSING DEEMED UNSAFE

**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.**
C 609-839-2432

**License No.**
215 542 7000

**Name of OSHA Monitor**
CES

**Start Date (10)**
8 / 3 / 16

**Scheduled Completion Date (11)**
10 / 30 / 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: 7:00AM-5:00PM

**Scope of Work (Check all that apply)**
- [ ] ≥3 sf or ≥3 if
- [ ] ≥160 sf or ≥260 if
- [ ] 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>IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

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

- [ ] 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)**
200 YD per res

**Abatement Type**
- [ ] Removal
- [ ] Repair
- [ ] Encapsulation

**Endorsement**

**Name of Registered Waste Hauler**
Waste Management of NJ

**NJDEP Waste Hauler ID No.**
17273

**Cubic Yards of Waste**
200/residence

**Name of Registered Landfill**
GROWS

**City, State**
Fairless Hills, PA

**Disposal Date**
10/30/16

**City, State**
Tullytown PA

**Completed By (Print or Type)**
Pamela Visco
Title
Office Manager

**Signature**

**Date**
8-3-16

*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) 8/3/16

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

Agencies Notified

EPA
DOLWD
DOH
DCA
(NJAC 5:23-5)

Type Notification
Initial
Amended
Amendment 
Emergency (including justification)
Cancellation

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SOUTH 24TH STREET RESIDENCES

Street Address
54, 58, 60, 100 SOUTH 24th STREET Residences

City (5)
Camden

County (6)
CAMDEN

County Code (7) (STATE USE ONLY) CAMDEN

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

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
215 542 7000

License No.
00847

Start Date (10)
8/15/16

Scheduled Completion Date (11)
10/30/16

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-5:00PM/

Scope of Work (Check all that apply)

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)

Yes
No
N/A

SEE ATTACHED

Location Normally Used Solely by Maintenance/Custodial Staff?

Is Location
(12)

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
Endose

SEE ATTACHED

200 YD per res

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residenc

Name of Registered Landfill
GROWS

City, State
Spring House, PA 19477

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date 8/3/16

* 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) 8 / 3 / 16

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

Name of Contact
John Bond

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SOUTH 33rd STREET RESIDENCES

Street Address
114 SOUTH 33rd STREET Residences

City (5)
Camden

County Code (6) CAMDEN

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.
C 609-839-2432

Start Date (10) 8 / 15 / 16

Scheduled Completion Date (11) 10 / 30 / 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: 7:00AM-5:00PM

Scope of Work (Check all that apply)
☒ ≥ 3,000 sq ft or ≥3,000 ft
☒ ≥ 1600 sq ft or ≥2600 ft

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 of Asbestos-Containing Material (ACM) TO BE ABATED

IN Facility (13)

Yes ☑ No ☐ N/A ☒

Amount (Specify SF or LF)

Abatement Type

Full Containment with Negative Pressure ☐

Mini-Enclosure ☐

Glovebag Procedure ☐

Non-Exempted (*) and Non-Friable Procedure ☐

Abatement Type

Removal ☐

Repair ☐

Encapsulate ☐

Enclosure ☐

签署了Name of Registered Landfill

GROWS

Name of Registered Waste Hauler:
Waste Management of NJ

NJDEP Waste Hauler ID No. 17273

Cubic Yards of Waste

200/residence

Disposal Date
10/30/16

City, State
Fairless Hills, PA

Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date 3-3-16

* 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)
8/3/16

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

Agencies Notified
☐ EPA
☐ DOH
☐ DOLWD
☐ NJAC 5:23-B

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

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
STEWARD AVENUE RESIDENCES

Street Address
38 STEWARD AVENUE

City (5)
Camden

County (8)
CAMDEN

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.
C 609-839-2432

License No.
215 542 7000

Start Date (10)
8/15/16

Scheduled Completion Date (11)
10/30/16

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: 7:00AM-5:00PM

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 If
☐ ≥100 sf or ≥260 If

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

Amount
(Specify SF or LF)
200 YD per res

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

Name of Registered Waste Hauler
Waste Management of NJ

NJ/DEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/Residenc

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
10/30/16

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
8/3/16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Date of Notification (1)**

8 / 3 / 16

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

City of Camden

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

THOMPSON STREET RESIDENCES

Street Address

2937 THOMPSON STREET Residences

City (5)

Camden

County (6)

CAMDEN

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

HOUSING DEEMED UNSAFE

**Type of Facility (4)**

☑ School (K-12)

☑ Subchapter 8 (Other than K-12)

☑ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

varies

# of Floors

varies

Bldg. Age

50+

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

Project Manager for Monitoring Firm

Jim Proctor

Telephone No.

C 609-839-2432

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-5:00PM/Monday-Friday

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

☑ Yes

☑ No

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

☑ Yes

☑ No

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

Amount (Specify SF or LF)

Abatement Type

Removal

Encapsulate

Endorse

Name of Registered Waste Hauler

Waste Management of NJ

NJ DEP Waste Hauler ID No.

17273

Cubic Yards of Waste

200/residence

Name of Registered Landfill

GROWS

City, State

Fairless Hills, PA

Disposal Date

10/30/16

City, State

Tullytown PA

Completed By (Print or Type)

Patricia Visco

Title

Office Manager

Signature

Date

8-3-16

* 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)** 8/3/16
**Name of Building Owner/Operator (2)**

City of Camden

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

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

Street Address
PO Box 95120
City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond
Telephone Number

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)** WAYNE AVENUE RESIDENCES

Street Address
2323 WAYNE AVENUE Residences

City (5)
Camden

County (8)
CAMDEN

County Code (7)(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
varies

# of Floors
varies

Bldg. Age
50+

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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

Health and Safety Services
ASCN No. 117

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Telephone No.
C 609-839-2432

License No.
00847

**Project Manager for Monitoring Firm**
Jim Proctor

Name of OSHA Monitor
CES

Facility 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

Start Date (10)
8/3/16

Scheduled Completion Date (11)
10/30/16

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: 7:00AM-5:00PM

Scope of Work (Check all that apply)
- [ ] ≥23 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)

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 SF or LF)

Abatement Type
- [ ] Removal
- [ ] Repair
- [ ] Encapulate
- [ ] Enclosure

**SEE ATTACHED**

- [ ] See Attached
- [ ] See Attached

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