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AMAC

Date of Notification (1)		- Laboratoria	-		12:120)	1	L.				Copper Andrea
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Agencies Notined 24 En/AGBESTOS	Type Nothcetton		Street Ac	Screen Box G	27			CA	WY		8
DEP LICEN	Amendment 6		City, Stat	e, Zip Code OFE WOOD	NS	5 07%	51		T.		, .
D DOA	Emergency (in justification) Concellation	oluding	Name of					Lond Nine	abuser .	-1-1-1	
				And Richards	_						
Name of Facility Where A	betement is Taking	Plane (3)	AC			Type of Facility (
Street Address	ph					School (K-1 Subchapter Other (i.e. p	R (Other t	han K-12 ommerch) il bulleli	ngs, h	DP110
HACKEUSA		- Victoria in the second secon		ria Paninanananana papadahan ka		Equare Feet	FOR	loors	10	lög. Ag	
County (6) BERGEN			County C	ISE OALY		Current Use (Pri	or if being	demolah 2 Co	ed) 65 7/2		aria Man
Name of Monitoring Firm			ASC	M/No.		of Abelement Con AC Contracting In		l			
Street Address			to the fact that the same of t			Address Vreelend Ave.					
Chy, Strick, Zip Code WARREW, L		-				State, Zip Code and Perk, NJ 0743.	2				
Project Menager for Mont		¥	908-	hone No 7777		none No. -282-5841	1	Journal N 00156	0,		-
Start Date (10)		Scheduled Co		Date (11)		of OSHA Monitor		Inc.		-	
Occupancy Status During Facility Closed/Vacs Absternant Performs Cther - Describe:	Abetoment (Check and During Entire P	k Only One) eniod of Abetor	ment		280 C/by, 8	Address Huyer Street Sinte, Zip Code Anasck, NJ 07608					
Scope of Work (Chack A	Trust Apply)						2	·			-
를 높160 m or ≥280 H		Renova D Demoi			2	Full Containme Mini-Enclosure Glovebag Prod	nt with Ne	igative Pr	235479	1	
		la Loca	вбоп		2	1 Non-Exemples	(7) mna N	on-rhada	PROCE	Abele	
Location Asbestss-Containing		North Used So	hely by		sacripilos résistas	n of Material (ACN)	-	ount		1 ³ 77	
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Newark Carting, inc City, State, Zip Code Newark, NJ 97105				Dispo	10 to	City, Ste	e, Zip Coo	10 10		-	100 104

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification	(1) 7/29/16							wner / Operato	or (2)	AUG		00.		111 1
Agencies Notified	Type Notific	ation				ddres		ool District			AUÐ	4	2019	•	ILL
☐ EPA	. , , , , , , , , , , , , , , , , , , ,					S1221 S2.17	Ave			1					
□ DEP □ DOL		al		City,	, Sta	ite &	Zip Co	de		İ	A.	0.0	NTRO	21 8	
		ended					NJ 08	108				11/	G	- u	
□ DOH □ DCA		ergency				f Con					17	Telenho	ne Ni	ımbe	er
☐ DCA	☐ Can	cellation		C/O	Ro	bert	Dinar	1							
				F	ACI	LITY	INFO	RMATION							
Name of Facility WI	here Abatem	ent is Taking P	lace (3)				Type of Facil							
Stoy ES									2.0) NON SUB-CH					
Street Address										3 (Other than K-			SEE 17.		
206 Briarwood A	ve									# of Floors				(C.)	
City (5)		County (6)	IC.	unt	, Co	de (7		Square Feet		# of Floors	B	ldg. Ag			
Haddonfield		Camden	100	Juinty	/ 00	ue (7)	60,000		r if being dome	liab a d\		40+		_
naudonneid		Camden						School	(1110	r if being demo	lisnea)				
Name of Monitoring	Firm Hired I	ov Building Own	ner (8	1		ASCN	/ No		tomo	ent Contractor (0)			_	- 11-0
Epic Environmen			161 (0	/.	ľ	7001	i ivo.			imental, Inc.	9)				
Street Address				1100000				Street Addre					(4)		
1930 Brown Roa								1123 Beave	er St	reet					
City, State & Zip Co								City, State &	CONTRACTOR OF THE PARTY OF						
Newfield, NJ 083		r:	T-1-	- I	- NI			Bristol, PA			Tr. N	-			
Project Manager for James Eberts	wonttoring i	FIFM		pnor - 205		umbe	er .	Telephone N (215)788-60		er	License N 00509	umber			
	cheduled Start Date (10) Scheduled Co							Name of OSI		Ionitor	00303				
8/1/16	()			/16		(/		Distriction of the Charles of the Ch		mental Inc.					
Occupancy Status I								Street Addre	ss						
		During Entire F						1123 Beave							
Abatement Describe:	7:00 AM -	utside of Norm	al Ho	urs -	– 7a	m to	3pm	City, State &							
		Abatement						Bristol, PA	190	U/					
Scope of Work (Che						o de de							-	-	
										Full Contains	ment with N	egative	Pres	sure	8
≥3 sf or ≥3 I			\boxtimes			/ation				Mini-Enclosu	- FOTO				
≥160 sf ≥26	O If			D€	emo	lition				Glove Bag P					
1.	ocation of		1-	1				5	X	Non-Exempt					_
	tos-Containir	na		Loca mally				Description Asbestos-Cor		na	Amount (Specify	Aba	teme	nt I	уре
Mat	erial (ACM)	.5		olely				Material (A			SF or LF)	_		Щ	m
	BE ABATED		_ 5.000 (A 200)	ntena		2000 St. 1		(i.e., thermal s				Rem	Re	cap	nck
11	n Facility (13)		Cus	odia (12		ап?	in:	sulation, surfacell r other miscell	cing, laner	VAI		Remova	Repair	Encapsulate	Enclsoure
	()		Yes	No		I/A		, other miceon		, ,		-		ate	CO.
Room 23			П		IT	$\neg \uparrow$		Floor tile & I	Mas	tic	700 SF		\Box	П	\Box
			П		Ī	٦T						Th		Ħ	Ħ
] [
											inter-				
Name of Registered	l Waste Hau	ler		933		EP W er ID		ubic Yards f Waste	Na	me of Registere	ed Landfill				
Service Transpor	rt Inc			300	1099			Cu Yd	i	Minerva					
City, State					.000			isposal Date		y, State					
New Castle, DE								8/2/16		Vaynebu	CO. 0#				
Completed By (Print	t or Type)	7.		T	itle		S	ignature		1.000	0 / 0 11	Date			
Gino Pizzigon					roje			01	1	(0)		7/29	/16		
				N	lan	ager		Du.	Ter						
GI 15085										9					

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

	March	20-
7	Unco	154
1)]-	P P 10	
3		

Date of Notification (1)	P	Name of	Building Owner/Operato	r (2)	1 LI AUG	4	20	16,	,
8-9-16)- Villar	ne Con	3+ Ructio	10		L	
Agencies Notified Type Notification □ EPA Initial	5	Street Ag	376 Soc	wh AV	EAR	S C	TNC	ROL	. &
□ DEP. □ Amended Amendment #	***************************************	City, Sta	te Zip Code	Plains	XIT	0	70	70	
☐ Emergency (includ	ling	Name of	Contact	141713	Telephone Num	nhar!	, ,	. 4	
DOH justification) Cancellation		Day	n Villane	_					
	(0)	FACI	LITY INFORMATION	T					
Name of Facility Where Abatement is Taking Place	-	je//	(°-C	Type of Facility (` `				
Street Address	Du	JCTT	''' 5		2) 8 (Other than K-12 private & commercia		lings,	home	es,
City (5) West field	NO	J	07090	Square Feet	# of Floors	B	Idg. A	ge) + -	8
County (6) (Ln (c))			Code (7) USE ONLY)		or if being demolish		16:2	s	
Name of Monitoring Firm Hired by Building Owner	(8)	ASCN	No. Name	e of Abatement Cor				Direct	
EPC lechnologi	65		MA	FL 154	thaoleg	ie	,	In	16
F.O. Box 33	7		F	Address 0. Box	337	,			
City, State, Zip Code	7	80	533 N	State, Zip Code	DI NJ	0		53	3
Project Manager for Mosithri gy-irm	4	Telephor	5000 - 0.000 000 000 000 000 000 000 000	758-334	License N	3.3	39	4	
Start Date (10) 8-12-16 Sche	eduled Com			of OSHA Monitor	hnologies	T		•	
Occupancy Status During Abatement (Check Only	y One)	1 107	1	t Address	~		CI		
Facility Closed/Vacated During Entire Period				P.O. BOX	337			. 8	
☐ Abatement Performed Outside of Normal Fa	cility Hours	\		State, Zip Code lew Egypt	ALT	785	53	3	
Scope of Work (Check All That Apply)				JIP.	700	, 0			
≥3 sf or ≥3 if □ ≥160 sf or ≥260 if	Renovat Demoliti			Mini-Enclosure Glovebag Pro				e	
	Is Location	on.		-				ement	
Location of	Normall	у	Descriptio	n of		-	Ту	pe	
Asbestos-Containing Material (ACM)	Used Solel Maintenan		Asbestos Containing (i.e. thermal system		Amount (Specify	70		En	ū
TO BE ABATED In Facility	Custodial S (12)	itaff?	surfacing, V	AT, or	SF or LF)	Remova	Repair	aps	Enclosure
(13)	(12)	Г	other miscella	aneous)		val	#	Encapsulate	ure
	es No	N/A				1			
Dec 1/15+11							10.		
Basement / 15+floor	K		WREDPED A	2 Duct	8LF	X		-	1
Wasement / I +1600	x		Whapped A	R Duct	8 LF	X			
Wasement / I + 1600	*		WREPPED A	a Duct	8LF	X			
			V						
Name of Registered Waste Hauler	N-	JDEP Wauler ID	/aste Cubic Yards No. of Waste	Name of	Registered Landfill		4	e F	A
Name of Registered Waste Hauler EPC Technologies City, State	N- Ha		/aste Cubic Yards No. of Waste Disposal Date	Name of Waste City, Star	Registered Landfill Manager te	ment	4 0	F F	A
Name of Registered Waste Hauler EPC Technologies City, State Kw Egypt Completed by Till	N- Ha	i 70	/aste Cubic Yards No. of Waste Disposal Date	Name of Waste City, Start-16 Moza	Registered Landfill	men!		e f	

Date of Notification (1)		Name of Build	O	t (2)	F G	F2 1/6		1 - 1
August 1, 2016	5	Name of Build	V Ros	se Excavating, LLC		300	27	7
	tion I Notification	Street Address	30 W	ood Haven Road	AUG	4 201	16	
[x] DOL Amer	nded Notification ndment # rgency (including fication)	City, State, Zip	Toms	River, NJ 08753		S CONTR	ROL &	
I DCA	ellation	Name of Conta	ct Rose	T	elephone Number			
	F	ACILITY INFO	RMATION					
Name of Facility Where Abatement is Taking		ACIDITI IN O.	ROMATION	Type of Facility (4)				
Residence				[]	School (k-12)			
Street Address					Subchapter 8 (oti			
-				[x]	Other (i.e., private homes, etc.)	ie & commerc	наг оппо	mgs,
City	County (6)	County Code (7 (STATE USE C		Square feet 2000 sf	# of Floors	Bldg. Age	60	
Lakewood	Ocean	***************************************	***************************************	Current Use (Prior if Residen	being demolished)		00	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	Abatement Contractor	(9)	•		
N/A. Street Address			Street A		n Contracting,	Inc.	_47	
			Succiti	7.75	oute 9, Unit 61			
City, State, Zip Code			City, Sta	te, Zip Code Toms R	iver, New Jers	ey.08755-1	271	
Project Manager for Monitoring Firm	Telephone Num	ber	100000000000000000000000000000000000000	ne Number 9-9932	License N 00624	lumber		
Scheduled Start Date (10) 8/1/16	Scheduled Comp 8/2/16	oletion Date (11)		OSHA Monitor	. Analytical			
	only one) I During Entire Period of A		Street A	idress	elton Road	F		
Abatement Performed (Outside of Normal Facility	Hours	City, Sta	te, Zip Code Piscatav	way, New Jerse	ey 08854		
Scope of Work (Check all that apply)			[]	Full Containment	with Negative Pres	sure		
>3 sf or ≥3 lf	[] Ren	ovation	[]	Mini-Enclosure Glovebag Procedu	re			
[x] ≥160 sf or ≥260 lf	[x] Der	nolition	[x]	33 2000		Procedure		
						Abatement	Type	
	Is Location		Description	on of			T	Е
Location of	Normally used		Asbestos-Cor		Amount	R R E E	E N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custod	ial	Material (A (i.e., thermal		(Specify SF or LF)	M P	CA	C
in facility	Staff		insulation, su	rfacing,		OI	P	0
(13)	(12)		VAT, o other miscell			V R	S	S
	YES NO N/		other miscen	ancous)		L	L E	R E
							E	Б.
Exterior	X	Asbestos si	ding		2000 sf	X		
						X		
Name of Designated Wests 11	NIDDD III	des ID M. Love	37	- Tar on :	1 T 10°11			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hat 20223	CONTRACTOR OF THE CONTRACTOR O	Yards of Was	te Name of Register T.R.R.F.	red Landfill			
City, State	Di	sposal Date	City, St	ate				
Toms River, New Jersey Completed by (Print or Type)	Title 8/	3/16 Signature	Tullyt	own, Pennsylvania	/	Date		
Nicholas Fernicola	Project Manager	Signature	$\setminus \cap'$	1		8/1/2016	i	
	*Do not use this f	form for asbestos l	censure exen	apted activities.				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name o	f Building	Owner/Ope				6					
August 1, 2016						Equip	ment	t Leasing Specia	alists, LLC	30	0	29	
[] DEP [] Amer	Notificated Notice	tification		Street A	ddress	100 Marie 100 M	1adis	son Avenue	DEC	E	7	V E	
[x] DOH [] Emer		ncluding			in oth		Rive	er, NJ 08753	ALI ALI		1 0	015	
I DCA	ication) ellation			Name o	f Contact Lou S	antora		Te	lephone Number	U	7 _	010	
L			FAC	H.ITY I	NFORM	ATION			ASBES	TOS	CON	TROL	&
Name of Facility Where Abatement is Taking	Place (3)	1110	/LDIII /	an Orar	2111011	Тур	pe of Facility (4)	i	ICEN			
Residence					7.15			[]	School (k-12) Subchapter 8 (oth	or thom	J. 12)		
Street Address	J. = 4. (9.7)							[x]	Other (i.e., privat homes, etc.)			al build	lings,
City	Count	y (6)		County C	Code (7) USE ONL	٧٦	Squ	uare feet 1000 sf	# of Floors	Bldg	, Age	50	
Ortley	Ocea	ın		(DIMIL	ODE ONE	ı y	Cu	rrent Use (Prior if b	eing demolished)			0	
N. S.M. in it is The Ite of the D. ite	2	2)		10010	T .	La c	C 41	Residenc					
Name of Monitoring Firm Hired by Building (N/A	Jwner (5)		ASCM N	10.	Name of	Abate	ement Contractor (9 Guardiai	Contracting,	Inc.			
Street Address						Street A	ddress	3	* * * * * * * * * * * * * * * * * * * *				
City, State, Zip Code						City, Sta	ite, Zip		ute 9, Unit 61				
Project Manager for Monitoring Firm		Telephone	Number			Telephor	ma Nive		ver, New Jerse License N		755-1:	271	
Project Manager for Monitoring Firm		Telephone	Number			732-34			00624	umber			
Scheduled Start Date (10) 8/11/16		Scheduled 8/12/1	100	on Date (1	11)	Name of	f OSH.	A Monitor FMSI	. Analytical				
Occupancy Status During Abatement (Check)				Street A	ddress	3					
[X] Facility Closed/Vacated Abatement Performed (lton Road				
Other – Describe	Juiside	of Normal 1	acinty 110	,u12		City, Sta	ite, Zip		ay, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[]		Full Containment w	vith Negative Pres	sure			
>3 sf or ≥3 lf		ſ 1	Renova	tion		[]	1	Mini-Enclosure Glovebag Procedure	9				
$\begin{bmatrix} x \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$		[x]	Demoli			[x]		Non-Exempted (*)		Procedu	ire		
										Abat	ernent '	Гуре	
Location of	,	Is Locatio				Descriptio				R	R	Е	E
Asbestos-Containing Material (ACM)	1	Normally us Solely by				estos-Con Material (A			Amount (Specify SF	Е	E P	N C	N C
TO BE ABATED	Main	tenance/Cu			(i.e	, thermal	syste	ms	or LF)	M	A	A	L
in facility		Staff			ins	ılation, su		ng,		O V	I R	P S	O S
(13)		(12)			oth	VAT, of er miscell		116)		A	K	U	U
	YES	NO	N/A		Ott	er miscen	ancoi	us)		L		L E	R
Exterior		X	T	Ashe	stos sidir	σ			1000 sf	X		E	Е
Executor .		11500	3103 31411	5			1000 31	2.					
		1											
Name of Registered Waste Hauler	1	NJDEP Wast		ID No.		rds of Was	ite	Name of Registere	d Landfill				
Guardian Contracting, Inc. City, State			0223 Dispos	sal Date	3	City, St		T.R.R.F.			-		
Toms River, New Jersey	T:a		8/15/			Tullyt	own,	, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manag	er	Signat	ure	1.	Z			8/1/	2016		



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

Agencies Notified Type Notification Street Address Initial DEP Amended Amendment # Emergency (including) Emergency (including) Mike Bucchino Private Home ASBESTOS CONTROL & City, State, Zip Code Manahawkin NJ 08050	Date of Notification (1)	N	ame of	Building C	wner/Op	perator	(2)			AUG	4 2	116				
Initial Amendment # Amendment # Dold					2-1745 Teconice-2		Private	e Hom	ne .	11.	į	AUU	+ [010		
DEP Amended Amended Energency (including Interfaction) Statistication State Address Scheduled Completion Date (11) State (10) S		Type Notification		S	treet Ad	ldress					L	DECTOR	COVI	TRO	18	
DOH	EPA DEP			C	ity, Stat	e, Zip Coo	ie				ASI	LICE	1211A	3		
DOH	× DOL	Amendment		_		A DOMEST BASIN SHOWING BEING	J 0805	0		Access of						
Name of Facility (Mhere Abstement is Taking Place (3) Wilk Blucchino Private Home Street Address City (5) Manahawkin NJ 08050 County (6) County (7) Coean Name of Monitoring Firm Hired by Building Owner (8) NA Street Address Street Address Street Address Street Address Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Street (10) Start Date (10) Street (1	Indicad .	justification)		333		Contact					Tel	ephone Nur	nber			
Sireet Address School (K-12)	Name of Eacility Where	Abatament is Takin	n Place (3)		FACIL	ITY INFO	RMATIC	NC	Type	of Facility (4	1)					
Size Address City (5) Manahawkin NJ 08050 County (6) Ocean County (6) Ocean County (7) Ocean County (7) Ocean County (8) Name of Monitoring Firm Hired by Building Owner (8) NA Street Address City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Froject Manager for Monitoring Firm Telephone No. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Froject Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Street Address Po Box 329 City, State, Zip Code West Berlin NJ 08091 Froject Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Street Address Coupancy Status During Abatement (Check Only One) Froject Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Street Address City, State, Zip Code West Berlin NJ 08091 Froject Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Street Address City, State, Zip Code West Berlin NJ 08091 Froject Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) Street Address City, State, Zip Code City, State City, State City, State City, State Disposal Date City, State City, State City, State Disposal Date Completed by Title Completed by Title Completed by Title Completed by Title County Code (7) Current Use (Pior It Bed Pororodure Abatement Code) City, State City, State City, State City, State Completed by Title County Code (7) Current Use (Pior It Bed Pororodure Abatement Code) City, State		g 1 1d00 (0)						П	5 0	25						
Manahawkin NJ 08050 County (6) County (7) Coean Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code West Berlin NJ 08091 Freject Manager for Monitoring Firm Telephone No.	Street Address			11						Subchapter Other (i.e. p	8 (Oth			ings,	home	es,
STATE USE ONLY Home		050									100	f Floors	15755	-	ge	
N/A Permaco Inc.							A			83	or if bei	ng demolish	ned)			
City, State, Zip Code City, State, Zip Code City, State, Zip Code West Berlin NJ 08091		Hired by Building	Owner (8)		ASCM	No.					tractor	(9)				
Project Manager for Monitoring Firm Telephone No. Telephone No. B56-753-9800 D727 Start Date (10) B/10/16 Same Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer—Describe: Scope of Work (Check All That Apply) Street Address Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type	Street Address															
Start Date (10) Scheduled Completion Date (11) Name of Registered Waste Hauler United Roll Off Name of Registered Waste Name of Registered Landfill Q.R.O.W.S. City, State Name of Registered Waste Name of Registered Landfill Q.R.O.W.S. City, State Q.R.O.W.S. City, Stat	City, State, Zip Code										91					
8/16/16 Same Occupancy Status During Abatement (Check Only One) Expected Address Street Address Street Address Street Address City, State, Zip Code City	Project Manager for Mor	nitoring Firm		T	elephor	ne No.							0.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code C				Com	pletion [Date (11)				SHA Monitor		I.				
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State Ci	Occupancy Status Durin	g Abatement (Che	ck Only One)				Street	Addre	ess						
Salid or ≥3 If Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*)	Abatement Perform	ned Outside of Norr	Period of Atmal Facility H	ateme	ent		_	City, S	State, 2	Zip Code						
Name of Registered Waste Hauler United Roll Off Name of Registered by Title Signature Date D	Scope of Work (Check A	All That Apply)	-													
Is Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Exterior Siding NJDEP Waste Hauler United Roll Off NJDEP Waste Elm NJ Completed by Title Signature Date Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Type Abatement Type Repair			-						M G	ini-Enclosure lovebag Prod	e cedure	÷			•	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (Specify SF or LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (Specify SF or LF) Reput Find Containing Material (ACM) (Specify SF or LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Reput Find Containing Material (ACM) (I.e. thermal systems insulation, surfacing (I.e. thermal systems insulation,			le I					E	EI IN	on-Exemple	1 () ar	id Non-Friat				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Roll Off City, State Elm NJ Completed by Title Sea Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Reput Repu	Location	n of	No	ormally	/		Des	scription	าดเ					Ту	ре	
Exterior Siding X	TO BE AB In Faci	IIIT	Mair Custo	tenan	ce/		thermal surface	system cing, VA	s insu AT, or	lation,	(Specify	Removal	Repair	Encapsulat	Enclosure
Name of Registered Waste Hauler United Roll Off United Roll Off City, State Elm NJ Completed by NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste 4 G.R.O.W.S. City, State B/16/16 Disposal Date Morrisville PA 19067 Date			Yes	No	N/A										CD	
United Roll Off Hauler ID No. 22459 of Waste 4 G.R.O.W.S. City, State Disposal Date 8/16/16 City, State Morrisville PA 19067 Completed by Title Signature Date	Exterior 9	Siding			Х		Exte	rior Si	ding		1	000SF	х			
United Roll Off Hauler ID No. 22459 of Waste 4 G.R.O.W.S. City, State Disposal Date 8/16/16 City, State Morrisville PA 19067 Completed by Title Signature Date													1			
United Roll Off Hauler ID No. 22459 of Waste 4 G.R.O.W.S. City, State Disposal Date 8/16/16 City, State Morrisville PA 19067 Completed by Title Signature Date																
United Roll Off Hauler ID No. 22459 of Waste 4 G.R.O.W.S.	Name of Decision 200	ata I lavila		l Ki	וחבהיי	lasta	Oubi-	Vordo		Nome of	Dogic4	orod I onde				
EIm NJ Completed by Title 8/16/16 Morrisville PA 19067 Date	for an a see S record	ste nanier		Ha	auler ID		of Was			71-53 112 -1 555 13-5		Grea Lanulli				
									e			A 19067				
				lent			S	ignatur		1		1000000				

Print Form

NOCK

State of New Jersey - Notification of Asbestos Abatement

NOCK			(Pursu	ant to N.J.A.C	. 8:60-7 and 12:120-7)) EGEI	VER
Date of Notification (1)					Name of Building Owner/C	perator(2)	₹ .	
August 1, 2016					Drew University	14	L AUG 42	016
Agencies Notified		Notification Initial Not		n	Street Address 36 Madison Avenue		L	
X EPA		X Ame	nded Ce	ertification # 1	City, State, Zip Code		ASBESTOS CON	TROL &
x DCA		□ Emerg	ency (ii	ncludina	Madison, NJ		LICENSING	3
x DOL		justific		9	Name of Contact		Telephone Number	
X DEP x DOH		☐ Cance			James Hall			
X DON				FACILITY INF	FORMATION			
Name of Facility Where Abate Drew University- S.W				7710/2177 114	Type of Facility (4) School (K-12) Subchapter 8 (other than	K-12)		
Street Address 36 Madison Avenue		35			Other (i.e. private & o	commercial be		years
City (5) Madison	County (6			Code (7) Jse Only)	Current Use (prior if being	demolished)	:	
Name of Monitoring Firm Hire Briggs Associates, I		Owner (8)	ASCM	No.	Name of Contractor (9)			
Dinggs Associates, i	IIC.				GREENWOOD ABAT	EMENT C	ONSULTANTS, INC	.
Street Address					Street Address			
3 Crosswicks Street					544 MAIN OFFICE			
07. 01.1. 7. 0.1					511 MAIN STREET			
City, State, Zip Code Bordentown, NJ					City State, ZipCode Butler, NJ 07405			
Project Manager for Monitorin	a Firm	Telephone N	lumbor		Telephone Number		License Number	
Michael Hoodak	<u>q Fiiiii</u>	609.298.			973-492-0477		00840	
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11)	Name of OSHA Monitor			
August 1, 2016, 2016		August 1	5, 201	6				
					EMSL inc.			
Occupancy Status During A			7 T.		Street Address			
Facility Closed/Vacate Abatement Performed Describe					1056 Stelton Road City, State, Zip Code			
Other – Describe: Oci Work Performed 2 nd s	cupied hift - 3:30F	PM-12: Midnig	ht		Piscataway, NJ 088	54		
Source of Work (Check all that	it apply)							
420 43							inment with Negative P	ressure
_ ≥ 3 sf or ≥ 3 l					ion	Mini-Enclo	5070 S	
	260			Demolition			Procedure	
Location of Asbestos-Contain	ina lala	ocation Normal	ly Head	Deposintian of Asi	bestos Containing Material	Non-Exem Amoun	t Abatement Type	
Material (ACM) in Facility (13)		ely by Maint./Cu			nal systems insulation, surfacin	- NUMBER OF STREET	v SF	
*****		f? (12) S NO	NA	VAT, or other mis		or LF)	Remove Repair	Encap Enclose
Electrical Panel Roo	m 🗵			Mechanical		50 sf 150 lf	The second second	
Crowleness	X	1		TSI		600 H	- 1/4	
Crawlspace				TSI		250 H		
Basement & Tank Rn	n I	LNIDED	4-11-1	TSI	Toutie Verticity	250 11		n dfill
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	NJDEP Was		1D#	Cubic Yards of Waste:		Name of Registered La Meadowfill Landfill	nann
Oce Haulei Delow # 1 &	_	See Delow			40 Cy.yds.		G.R.O.W.S	
							0.11.0.11.0	
Hauler #1) Greenwood			ants, In	c. – Butler, NJ (07405	Disposal Da		
NJ DEP # 12 Hauler #2) Newark Carti		50777.57	04509, 1	NJ DEP # 19551		August 1	5, 2016 Rodle 2, Bridgepo 304-842-	ort, WVA
Completed by (Print or Type)		Title			Signature		Date	
Marin Graure	100	SENIOR P	ROJEO	т	Marin Graure		August 1, 2016	
willi Studio		MANAGER			marin graure			1
		MANAGER						

CK2441

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

Date of Notification (1)		1	vame o	f Building (Owner(C	Operator	(2)				V		
Agencies Notified Type Notification		5	Street A	ddress	111	0			1110				
EPA Initial			214 04	1. 7: 0	d.		L		AUG	4 20	116	, l.	-/
DEP Amended Amendment	ŧ	(ity, Sta	ate, Zip Co	de	11	~~ 1	141				1	
Emergency (i		- I	Name o	f Contact	111	NU	011	Te	lephone Nu	mber	HOL	8	-
DOH justification) DCA Cancellation		1555		lackis				i	and labout 1	NUTTH-			
			FACI	LITY INFO	RMAT	ION							
Name of Facility Where Abatement is Taking	Place (3)						Type of Fa	cility (4)					
Street Address,							Subch	ol (K-12) hapter 8 (Otl (i.e. private			dings,	home	es,
City (5) WIN	*						Square Fe	et #0	of Floors	В	Ildg. A	ige	
County (6) ESSEX				Code (7) USE ONLY)			Current Us	se (Prior if be	ing demolis	shed)	0		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.				nt Contracto	r (9)				
Street Address						0.000	Industrie Address	es Inc.					
Street Address							Box 915						
City, State, Zip Code							tate, Zip Co	de					
						Brick	, New Jer	rsey 0872	3				
Project Manager for Monitoring Firm		T	elepho	ne No.			one No. 1899-7499	9	License I 01196	No.			
Start Date (10)	Scheduled 2	Comp	pletion	Date (11)		Name	of OSHA Mo	onitor					
Occupancy Status During Abatement (Check	Only One)					Street	Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of Aba al Facility H	eteme ours	ent			City, St	ate, Zip Co	de					
Other – Describe:					_							-21:2	
Scope of Work (Check All That Apply)						4							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nolitic				4	Mini-End Gloveba	g Procedure					
	lala	catio					I NOII-EXE	empted (*) ar	iu Non-i na		3 0 0 V V	ement	
Location of	Nor	mally	,		De	scription	of				Ту	ре	
Asbestos-Containing Material (ACM)	Used S Mainte				os Cont	taining M	aterial (ACN		Amount	_		Ш	m
TO BE ABATED In Facility	Custod		aff?	(i.e.		systems cing, VA	insulation, Γ, or		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(12)			other n	niscellan	eous)			oval	air	sulat	sure
	Yes 1	No	N/A								- W	Ф	5389
				DSHEST	os d	uchia	orh wa	mine 40) LF	8			
				asbest				10	OSF				
Name of Registered Waste Hauler		1150000	DEP W		Cubic	1 1	Nan	ne of Regist	ered Landfi	11	10.00		
Brick Industries Inc.		0.00	uler ID 602	140.	of Was	sie U	GF	ROWS Inc					
City, State Brick, New Jersey	4444	1	··· */2886		Dispos	al Date	City	, State					
Completed by	Title				S	ignature	12 10/1	7	D	ate,	, ,	1	-
Eric Plackis	Preside	ent				4	ME			810		6	

Date of Notification (1)					Name	of Building	g Ow	mer/Operator (2	2)	-				
8 /	3_1_	16				of Came				ii AUG	4	2016		
Agencies Notified	Type Notifica	ation			Street	Address			1	W		(47.12)		and a
⊠ EPA					PO	Box 951	20		1					
□ DOLWD	☐ Amended	I		+	City S	State, Zip C	ode:			ASSESTO	001	Trit	1 2	_
☑ DOH	Amendme	ent #				nden, NJ			1					
☐ DCA	☐ Emergen		uding			of Contact	07.34,000	101		T-1	l			
(NJAC 5:23-8)	justification						L			Telephone Num	ber			
	☐ Cancellat	ion			Joh	n Bond								
					FAC	CILITY IN	IFOF	RMATION						
Name of Facility Where A			Place	(3)					Type of Facility					
North 32 nd STREE	T RESIDENC	CES							School (K-1		**			
Street Address					200			***************************************		8 (Other than K-12 private and comme		ilding	S	
565 North 32 nd ST	REET Resid	ences	3						homes, etc.		. Olar Di		,	
City (5)							200		Square Feet	# of Floors	BI	dg. A	ge	
Camden									varies	varies		50+	-	
County (6)					Coun	ity Code (7	VSTA	ATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
CAMDEN					4	,	Non			DEEMED UNSA				
Name of Monitoring Firm	Hired by Build	ding Ou	wner (8)	ASCM	No	Na	me of Abateme	ent Contractor (9					
Health and Safety S		ing Ov	WIICI (, ,	117	140.			nvironmental	ā.				
Street Address	Del vices				117	-			IVIIOIIIIeiitai	Systems				
							1000000	eet Address						
PO Box 365									lehem Pike - S	Suite 60				
City, State, Zip Code							Cit	y, State, Zip Co	ode					
Berlin, NJ 08009							5	Spring House	e, PA 19477					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	lephone No.		License No.			7.3	
Jim Proctor				С	609-8	39-2432	2	215 542 7000		00847				
Start Date (10)		Schedu	led Co	omplet	tion Da	te (11)	Na	me of OSHA M	lonitor					
	16	10	_ /	30	_ / _	16	(CES						
Occupancy Status During	Abatement (Check of	only o	ne)			Str	eet Address				- 9X		
☐ Facility Closed/Vacate	ed During Enti	re Perio	od of A	Abater	nent		1	1121 N Bethle	ehem Pike -Su	uite 60				
☐ Abatement Performed	Outside of No	ormal F	acility	Hour	s - Des	cribe	Cit	y, State, Zip Co	ode					
Time of Abatement: 7	:00AM- <u>5:00</u> F	PM/	PM		_AM		100	Spring House						
Scope of Work (Check al	I that apply)	-			*************			- pg	-,					
	-11-37	1100	Late Control							gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novatio molitio				☐ Mini-Enc						
≥ 100 SI 01 ≥ 200 II		L	△ Del	ПОППО	111			□ Gloveba □ Non-Exe □ Non-E	g Procedure mpted (*) and N	on-Friable Procedu	ıre			
			Is	Locati	ion							atem	ent T	vne
Location	of			lormal				Description o	f	19	36			1
Asbestos-Containing		1)		d Sole				Containing Ma		Amount	l em	Repair	nca	ncl
TO BE ABA				odial S		(i.e		ermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	ar.	sde	Enclosure
(13)	Ly			(12)				ther miscellane		SI OI LI	30		Encapsulate	ē
			Yes	No	N/A				15 to 10 to				Ф	
SEE ATTACHED		1				SEE AT	TAC	CHED		200 YD per re	s 🛛			
			П								П		П	П
		1									П	П	П	П
			П	$\overline{\Box}$							1	П	П	
Name of Registered Was	te Hauler			_ N	JDEP \	Naste	Cul	bic Yards of	Name of Reg	I istered Landfill				
Waste Managemen				40056	auler II		100000000	iste	GROWS	Stered Landini				
	. 01 140				17273	3		200/residenc						
City, State							F	posal Date	City, State	24				
Fairless Hills, PA						2	1	0/30/16	Tullytown					
Completed By (Print or T	ype)	Title						Signature	1.	D	ate	0.000	,	
Patricia Visco		Off	fice N	lanag	ger			Vo.Tu	au Val	ac .	ate F-	3-	16	9

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

Date of Notification (1)				-	Name	of Building	Owi	ner/Operator (2	2)		0/	١٠١		+
8 /	3 1	16	_			of Cam		non oporator (-/ 11	AUG	1	2016		11
Agencies Notified	Type Notifica	ation			Street	Address						1610	122-11	-
⊠ EPA					PO	Box 951	20		[- 1	
⊠ DOLWD	☐ Amended				City, S	State, Zip C	ode		1	ASBESTOS	COM	TRO	L &	1000
□ DCA	Amendme	_			Car	nden, NJ	081	01		LICEN	SHAK	3		
(NJAC 5:23-8)	justification		idding		Name	of Contac	t			Telephone Number	er			
	☐ Cancellat				Joh	nn Bond				200				
					FAG	CILITY IN	FOF	RMATION		-				
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)				
North 31 st STREET	RESIDENC	ES							School (K-12					
Street Address										3 (Other than K-12) rivate and commerc	ial hi	ilding	c	
1028 North 31st ST	REET Resid	lence	S						homes, etc.)		nai be	munig	٥,	
City (5)									Square Feet	# of Floors	BI	dg. Ag	ge	
Camden									varies	varies		50+		
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
CAMDEN									HOUSING D	EEMED UNSAF	Ε			
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
Health and Safety S	Services				117		C	ontrolled E	nvironmental S	Systems				
Street Address				-			Stre	eet Address			-			
PO Box 365							1	121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code							City	, State, Zip Co	ode					
Berlin, NJ 08009							S	pring House	e, PA 19477					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Jim Proctor				С	609-8	39-2432	2	15 542 7000		00847				
Start Date (10)	S	Schedu	ıled C	omple	tion Da	ite (11)	Nar	me of OSHA N	lonitor					
8/15/	16	_10)/	_ 30	_ /	16	C	ES						
Occupancy Status During	Abatement (0	Check	only o	one)			Stre	eet Address						- 12 - 17 <u>- 1</u>
□ Facility Closed/Vacate							1	121 N Bethle	ehem Pike -Su	ite 60				
Abatement Performed						scribe	City	, State, Zip Co	ode					
Time of Abatement: 7		-IVI/	PIV	/	AIVI		S	pring House	e, PA 19477					
Scope of Work (Check al	I that apply)													
≥3 sf or ≥3 lf			□Re	novati	ion			☐ Full Cont	tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf				molitic				☐ Glovebag	g Procedure					
						_		Non-Exe	mpted (*) and No	n-Friable Procedure	1			
Lagation	-f			Locat Norma				Description	_		Ab	atem	ent T	уре
Location Asbestos-Containing		1)	Use	d Sole	ely by	Asbe	stos	Description of Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABA	TED			intena	ince/ Staff?		., the	rmal systems	insulation,	(Specify	Removal	oair	aps	Enclosure
IN Facili (13)	ty		Ous	(12)	Otali:			surfacing, VAT, her miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
1.0/			Yes	No	N/A		0.	nor micocharic	040)				e	
SEE ATTACHED						SEE AT	TAC	HED		200 YD per res				\Box
			П	П							П	П	П	П
			<u> </u>	П							Ħ	П		Ī
Name of Registered Was	te Hauler			I	JDEP \	Waste	Cut	oic Yards of	Name of Regis	stered Landfill	-		_	
Waste Management				1000	lauler II 17273	D No.	Wa	ste	GROWS	NOTOG EGITGIII				
City, State					1/2/5		-	00/residenc posal Date	City, State					
Fairless Hills, PA							1	0/30/16	Tullytown	PA				
Completed By (Print or Ty	ype)	Title					1	Signature	1.	Dat	e			
Patricia Visco	portion that	Of	fice I	Vlana	ger			Vate	icia Via	200		-3	-16	5

ASB-41 JAN 13

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

[] (1) (1) (1) (1)									Miz	15-	13) >	1	
Date of Notification (1)	3 /	16				of Building of Came		ner/Operator (2	2)		AUG	4	2016		
Agencies Notified	Type Notifica	tion			Street	Address				i			7, 50,000		
⊠ EPA					PO	Box 9512	20			À	ASBESTOS	CO:	TERC	11	
⊠ DOLWD	Amended				City, S	tate, Zip C	ode		L		LICE	4Sit	G	- 10	
□ DOH	Amendme				Can	nden, NJ	081	01							
(NJAC 5:23-8)	justification		ing	-	Name	of Contact	t			Tel	lephone Numb	er			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cancellati				Joh	n Bond									
					EAC	II ITV IN	EOD	MATION					-		
Name of Facility Where	Λ h = t = = - t := T	alsiaa Dla	/2	`	FAC	ALII Y IN	FUR	MATION	T 4 F !!!	(4)					
		politica presidenti di me	ce (3)					Type of Facilit						
North 23rd STREE	I KESIDENC	ES							☐ School (K-		her than K-12)				
Street Address 984 North 23rd STF	REET Reside	nces							Other (i.e., homes, etc	private			uilding	S,	
City (5)				-					Square Feet	#	of Floors	BI	dg. Ag	je	
Camden									varies		varies	- 1	50+		
County (6)			-		Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Prior if	being demolis	hed)			
CAMDEN											MED UNSAF	Ε			
Name of Monitoring Firm	Hired by Build	ling Owne	er (8)	1	SCM	No.	Nan	ne of Abateme	ent Contractor (9)					
Health and Safety S	Services				117		C	ontrolled Er	nvironmenta	I Syst	ems				
Street Address							Stre	eet Address			-		0.90		
PO Box 365							1	121 N. Bethl	ehem Pike -	Suite	60				
City, State, Zip Code			-	i e	- 120		City	, State, Zip Co	ode						
Berlin, NJ 08009							S	pring House	, PA 19477						
Project Manager for Mon	nitoring Firm		7	Teler	ohone	No.		ephone No.		TL	icense No.		-		
Jim Proctor	7			C	609-8	39-2432	2	15 542 7000			00847				
Start Date (10)		Scheduled 10				te (11)		ne of OSHA M	onitor						
Occupancy Status During	g Abatement (0	Check on	y one	9)			Stre	et Address							
☐ Facility Closed/Vacate	ed During Entir	e Period	of Ab	aten	nent		1	121 N Bethle	ehem Pike -S	Suite 6	60				
☐ Abatement Performed						cribe	City	, State, Zip Co	ode						
Time of Abatement: 7	7:00AM- <u>5:00</u> P	M/	PM		_AM			pring House							
Scope of Work (Check a	Il that apply)								*						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Reno Demo					☐ Mini-Enc				re			
			Is Lo	ocati	on							At	atem	ent T	vpe
Location	n of			rmal				Description o	f			1	_		_
Asbestos-Containing			Jsed S Maint					Containing Ma			Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA					Staff?	(i.e		rmal systems i			(Specify SF or LF)	ova	=	psu	nsc
(13)			(12)				ner miscellane				-		late	Θ,
W 922		Ye	es	No	N/A		ni-mod (
SEE ATTACHED	SEE ATTACHED							HED		200	O YD per res				
Name of Registered Was	ste Hauler			N.	JDEP \		Cub	oic Yards of	Name of Re	gistere	d Landfill				
Waste Managemen					auler II 17273		Was	ste 00/residenc	GROWS						
City, State								posal Date	City, State						
Fairless Hills, PA							1	0/30/16	Tullytow	n PA					
Completed By (Print or T	ype)	Title					-	Signature	11		(Da	ite o			
Patricia Visco		Offic	e Ma	anag	jer			PAI	ino) VI	1 de	3	Ď	-3	16	

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

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Date of Notification (1)	3 /	16				of Buildin y of Cam	-	ner/Operator (2)	TL AUG	1 0	IN16	ti	;
Agencies Notified	Type Notific	ation			Street	Address				1 100	4 /	Ulh		
⊠ EPA					PO	Box 951	20		1	L				
⊠ DOLWD	☐ Amended	_			City, S	State, Zip (Code			ASBESTOS C	OB	ROL	2	-
☑ DOH ☐ DCA	Amendm		مان ما ام		Car	nden, N.	081	101		LICENS	11/15	1		
(NJAC 5:23-8)	☐ Emergen justificati		ciuaing	3		of Contac				Telephone Numb	er			
(☐ Cancella	200			Joh	n Bond				1	-			
					ΕΛ	CII ITV IA	IEO	RMATION						
Name of Facility Where A	hatement is 7	Taking	Place	(3)	IA	CILITI	ei Oi	MATION	Type of Facility	· (A)				
North 22nd STREE			1 1000	. (0)					School (K-1					
Street Address	THEODEN		-							8 (Other than K-12)				
11, 13, 1132, 1245 N	Jorth 22nd	STRE	FTP	aeida	ncoe					private and commerc	cial bu	uilding	s,	
City (5)	TOTAL PERIOR			00100	11003		-		homes, etc.	# of Floors	TBI	ala A		
Camden									varies	waries		dg. Ag 50+	ge	
County (6)					Cour	aty Codo C	7\/CT/	ATE USE ONLY)				504		
CAMDEN					Cour	ity Code (/	NOIF	(TE USE CIVET)		rior if being demolish				
Name of Monitoring Firm	Hirad by Build	dina O	hunor	(0)	ASCM	No	No	ma of Abatama			=			
Health and Safety S		ulily O	Wilei	(0)	117	NO.	1		ent Contractor (9					
Street Address	oei vices				117			eet Address	nvironmental	Systems				
PO Box 365							10.0000000		aham Dilea (D: 4- CO				
City, State, Zip Code							-		ehem Pike - S	Suite 60				
Berlin, NJ 08009							2000	y, State, Zip Co						
Project Manager for Moni	itarina Firm			Tale		NI-		Spring House	e, PA 19477	1				
Jim Proctor	itoring Film				phone	39-2432	8.8	ephone No.		License No.				
Start Date (10)		Cabadi	ulad C	-		te (11)		15 542 7000		00847				
3 / 15-1	16) /			me of OSHA M CES	onitor					
			2237			10								
Occupancy Status During							1337	eet Address		2012				
☐ Facility Closed/Vacate☐ Abatement Performed						oribo			hem Pike -Su	uite 60				
Time of Abatement: 7						cribe		y, State, Zip Co						
Caara af18/- 4 (Ob - 4 - 1)							5	Spring House	e, PA 19477					
Scope of Work (Check all	tnat apply)							☐ Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf				novati				☐ Mini-Encl	osure	gative i ressure				
≥160 sf or ≥260 lf			⊠ De	molitic	n			☐ Glovebag	Procedure	on-Friable Procedure				
			le	Locat	ion			M MOII-EXE	ripted () and N	Triable Procedure	1			
Location	of		1	Norma	lly			Description o	F		-	ateme	_	-
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Name of Registered Wast	te Hauler			N	JDEP \	Naste	Cut	oic Yards of	Name of Regi	stered Landfill	1			
Waste Management	of NJ			H	auler II		Wa		GROWS					
City, State					17273	,		00/residenc posal Date	City, State					-
Fairless Hills, PA							1 8	0/30/16	Tullytown	PA				
Completed By (Print or Ty	rpe)	Title	2					Signature		Dat	ρ			
Patricia Visco	to t		fice N	Mana	aer			DIT	- (Vin	Dat	9	-3	-11	0
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Data of Notice of the Color						(5 31	0 10 1 1	0100	1 13	O(1)		
Date of Notification (1)	3_/_	16	_		100000000000000000000000000000000000000	of Building of Came	g Owner/Operator (: den		AUG	4	2016)
Agencies Notified EPA	Type Notifica ☑ Initial	ation			200	Address Box 951	20	- And the special states	L ASEESTO3	GO	VTRO) L è) x
□ DOLWD	☐ Amended	I			City S	State, Zip C	Code		1100				
□ DOH	Amendme				2577	nden, NJ		F1-1-00					
DCA	☐ Emergene justification		uding			of Contact			Telephone Numb	or		_	
(NJAC 5:23-8)	☐ Cancellat	A				n Bond	S.		relephone realing	C1			
	_ Cariccilat	1011			l				-1/				
					FA	CILITY IN	IFORMATION						
Name of Facility Where A			Place	(3)				Type of Facility	A. C.				
North 21st STREET	RESIDENC	ES				202		Subchapter	?) 3 (Other than K-12)				
Street Address 39, 1216 North 21 st	STREET RE	esiden	ces						rivate and commerc	ial bi	uilding	s,	
City (5)						20		Square Feet	# of Floors	В	dg. Ag	je	
Camden								varies	varies		50+	5	
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
CAMDEN								HOUSING D	EEMED UNSAF	E			
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health and Safety S	ervices				117		Controlled E	nvironmental S	Systems				
Street Address				-			Street Address						
PO Box 365							1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code							City, State, Zip Co	ode					
Berlin, NJ 08009							Spring House						
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Jim Proctor	-			С	609-8	39-2432	215 542 7000		00847				
Start Date (10)	5	Schedul	ed Co				Name of OSHA N	lonitor					
8/15/		10) /	2029	CES						
Occupancy Status During	Abatement (Check o	nly o	ne)			Street Address						
☐ Facility Closed/Vacate					ment			ehem Pike -Su	ite 60				
☐ Abatement Performed						cribe	City, State, Zip Co		110 00				
Time of Abatement: 7							Spring House						
Scope of Work (Check all	that apply)						Opring rious	5, FA 13411					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novat molitic			☐ Mini-Enc ☐ Gloveba	g Procedure	gative Pressure				
		т т	lo.	Loca	tion	T	⊠ Non-Exe	mpted () and No	m-Filable Procedur	1			
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TO BE ABA				ntena odial	ance/ Staff?	(i.e	., thermal systems		(Specify	10V	<u>a</u> :	aps	losu
IN Facilit (13)	.y			(12)			surfacing, VAT, other miscellane		SF or LF)	100		ulat	re
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Name of Registered Wast	te Hauler	150		IN	JDEP 1	Vaste	Cubic Yards of	Name of Regis	stered Landfill				-
Waste Management				0.0	lauler II 17273	O No.	Waste 200/residenc	GROWS					
City, State							Disposal Date	City, State	na dan				
Fairless Hills, PA							10/30/16	Tullytown	PA				
Completed By (Print or Ty	rpe)	Title					Signature	, 11	Dat	ie			
Patricia Visco		Off	ice N	lana	ger		VAT.	(1000) /100	90- 18	(-	3-1	16	

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Date of Notification (1)	3 /	16	_			of Building	g Owner/Operat den	tor (2	2) [_			±	7	
Agencies Notified EPA	Type Notifica	ation		2000		Address Box 951	20			AUG	4 2	J15		- / 1
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□ DOH		200000000000			Car	nden, NJ	08101			ASBESTOS (ON.	AOL	8	f
			iding			of Contact	33-43-33-33-3			Telephone Num	ber		the sale had the	
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	RESIDENC	E5							School (K-12) I (Other than K-12)			
harmonium assistante, prometto commune e	936, 1111 N	orth 19	th S	TRE	ET Re	sidences				ivate and comme		uilding	JS,	
City (5)	gencies Notified ☐ EPA ☐ DOLWD ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation ☐ Cancellation ☐ Resility Where Abatement is Taking Plate North 19 th STREET RESIDENCES ☐ Resility (5) ☐ Camden ☐ Ounty (6) ☐ CAMDEN ☐ The Amended ☐ Amendment is Taking Plate ☐ North 19 th STREET RESIDENCES ☐ Camden ☐ Ounty (6) ☐ CAMDEN ☐ The Address ☐ PO Box 365 ☐ The Address ☐ PO Box 365 ☐ The Abatement (Check on amendment and apply) ☐ Cocupancy Status During Abatement (Check on amendment Performed Outside of Normal Factor Time of Abatement: 7:00AM-5:00PM/ ☐ Coope of Work (Check all that apply) ☐ Saf or Saf if ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								Square Feet	# of Floors	В	dg. A	ge	
Camden									varies	varies		50+		
County (6)	encies Notified EPA DOLWD DOH DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking Plant STREET RESIDENCES eet Address 203, 906, 915, 926, 936, 1111 North 196 y (5) Camden unty (6) CAMDEN me of Monitoring Firm Hired by Building Own Health and Safety Services eet Address 20 Box 365 y, State, Zip Code Berlin, NJ 08009 Digect Manager for Monitoring Firm Ilim Proctor art Date (10) Cupancy Status During Abatement (Check on Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closed (Check all that apply) 3 sf or >3 if					nty Code (7)(STATE USE ON	LY)	Current Use (Pri	or if being demolis	shed)			
						8 8	86		HOUSING D	EEMED UNSAF	E			
	Type Notification PA OLWD OH CA OH CA Amendment # □ Emergency (including justification) □ Cancellation e of Facility Where Abatement is Taking Plate of the 19 th STREET RESIDENCES et Address 3, 906, 915, 926, 936, 1111 North 19th (5) Inden Inty (6) AMDEN e of Monitoring Firm Hired by Building Owner at Address Det					No.	Name of Abat	teme	ent Contractor (9)	(i				
Health and Safety S	Address 906, 915, 926, 936, 1111 North 19th den (6) DEN of Monitoring Firm Hired by Building Owner th and Safety Services Address Box 365 ate, Zip Code n, NJ 08009 Manager for Monitoring Firm Proctor ate (10) Scheduled 10 ncy Status During Abatement (Check onlinity Closed/Vacated During Entire Period of the						Controlle	d Er	nvironmental S	systems				
Street Address	A Manager for Monitoring Firm Proctor Manager for Monitoring Firm Proctor Manager for Monitoring Firm Proctor Manager for Monitoring Entire Period attement Performed Outside of Normal Facility Closed/Vacated During Entire Period attement Performed Outside of Normal Facility Closed (Check all that apply) More of Monitoring Material (ACM) TO BE ABATED IN Facility (13) Yes						Street Addres	SS						
PO Box 365	rth 19 th STREET RESIDENCES Address B, 906, 915, 926, 936, 1111 North 19th b) mden by (6) MDEN of Monitoring Firm Hired by Building Owne alth and Safety Services Address Box 365 State, Zip Code rlin, NJ 08009 bt Manager for Monitoring Firm a Proctor Date (10) Coancy Status During Abatement (Check onlicility Closed/Vacated During Entire Period attement Performed Outside of Normal Factoring of Abatement: 7:00AM-5:00PM/ a of Work (Check all that apply) Sf or ≥3 If Cocation of Sebestos-Containing Material (ACM) TO BE ABATED						1121 N. B	ethl	ehem Pike - Sı	uite 60				
City, State, Zip Code	OH CA Amendment # ☐ Emergency (includ justification) ☐ Cancellation e of Facility Where Abatement is Taking Plate of th 19 th STREET RESIDENCES et Address 3, 906, 915, 926, 936, 1111 North 19th (5) amden ty (6) AMDEN e of Monitoring Firm Hired by Building Owner at Address bet Address b						City, State, Zi	р Со	ode					
Berlin, NJ 08009	rlin, NJ 08009 ct Manager for Monitoring Firm						Spring Ho	ouse	e, PA 19477					
Project Manager for Mon	rlin, NJ 08009 ct Manager for Monitoring Firm						Telephone No	D.		License No.				
Jim Proctor				С	609-8	39-2432	215 542 70	000		00847				
Start Date (10)	3	Schedule	ed Co	mple	etion Da	ite (11)	Name of OSH	A M	lonitor					
81151	16	_10	_ /	30	/ .	16	CES							
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							1121 N Be	ethle	ehem Pike -Sui	te 60				
						scribe	City, State, Zi	р Со	ode					
		PM/	_PM	_	AM		Spring Ho	ouse	e, PA 19477					
Scope of Work (Check al	I that apply)							04	-1					
☐ ≥3 sf or ≥3 lf			Rer				☐ Mini-	Encl		ative Pressure				
⊠ ≥100 St 01 ≥200 II			7 Dei	HOIR	OII	,=:::::::::::::::::::::::::::::::::::::	☐ Glove	Exer	g Procedure mpted (*) and No	n-Friable Procedu	re			
AU NO				Loca							At	atem	ent T	уре
		ev		orma	ally ely by	A - L -	Description				R	ZJ.	ш	ш
		1)			ance/		stos Containing ., thermal syste			Amount (Specify	Removal	Repair	ıcaı	ıclo
IN Facili			Custo		Staff?		surfacing, \	VAT,	or	SF or LF)	Val	-	Encapsulate	Enclosure
(13)			/00	(12) No	N/A	+	other miscell	laneo	ous)				ate	(D
SEE ATTACHED				100	IN/A	SEE AT	TACHED			200 VD nor ro				
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Name of Registered Waste Hauler					JDEP \		Cubic Yards of Waste	of	Name of Regis	tered Landfill				
					17273		200/reside		GROWS		and the s			
City, State Fairless Hills, PA							Disposal Date 10/30/16	•	City, State Tullytown I	ΡΔ				
	(ma)	Title							- any town					
Patricia Visco	and Safety Services ress (365 , Zip Code NJ 08009 Inager for Monitoring Firm Dector (10) Scheduled / 16 10 / Status During Abatement (Check only Closed/Vacated During Entire Period of Inent Performed Outside of Normal Facility Fork (Check all that apply) ≥3 If or ≥260 If Location of Dis-Containing Material (ACM) TO BE ABATED IN Facility (13) ACHED Gegistered Waste Hauler Management of NJ By (Print or Type) Title				ger		Signature		nu Vx	Da	ste S-	- 7	-/	6
	ty (5) Camden Dunty (6) CAMDEN ame of Monitoring Firm Hired by Building Owner Health and Safety Services reet Address PO Box 365 ty, State, Zip Code Berlin, NJ 08009 Oject Manager for Monitoring Firm Jim Proctor art Date (10) Cocupancy Status During Abatement (Check only Abatement Period of Abatement Performed Outside of Normal Factorime of Abatement: 7:00AM-5:00PM/ Cope of Work (Check all that apply) 23 sf or ≥3 If 2160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ye EE ATTACHED Omega Abatement of NJ Ty, State Fairless Hills, PA Impleted By (Print or Type) Title				J		400	M	mai &	100	0	7	B-	~

State of New Jersey

		NOTIF				BESTOS ABAT C 8:60 and 5:16		r eus so	18	35	_	
Date of Notification (1)	3_/_	16			of Building of Camo	Owner/Operator (2	2)	11	- 0	12		
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Notification ☐ Initial ☐ Amended Amendment			PO I	Address Box 9512 tate, Zip C	ode	1	ASBESTOS C		10.1		
□ DCA (NJAC 5:23-8)	☐ Emergency justification	(including		Name	nden, NJ of Contact n Bond			Telephone Numbe		TT 1-1-1		
	***************************************			FAC	ILITY IN	FORMATION						
Name of Facility Where A MORSE STREET R Street Address 330, 342, 344, 356 I	ESIDENCES	000000000000000000000000000000000000000		5				2) 3 (Other than K-12) rivate and commerci	al bui	ldings	3,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	e	
Camden							varies	varies	5	÷0		
County (6) CAMDEN		1		Coun	ty Code (7)	(STATE USE ONLY)		ior if being demolished				
Name of Monitoring Firm	Hired by Buildin	ng Owner (8	() A	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Health and Safety S	Services			117		Controlled E	nvironmental \$	Systems				
Street Address						Street Address			77			
PO Box 365						1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code Berlin, NJ 08009						City, State, Zip Co						
Project Manager for Mon	itoring Firm		Tele	ohone I	No.	Telephone No.		License No.				
Jim Proctor			С	609-83	39-2432	215 542 7000		00847				
Start Date (10)	16Sc	heduled Co				Name of OSHA N	Monitor					
Occupancy Status Durin Facility Closed/Vacat	ed During Entire	Period of A	bater			Street Address 1121 N Bethl	ehem Pike -Su	ite 60				
Abatement Performed	7:00AM-5:00PM				cribe	City, State, Zip Co						
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	li that apply)	☐ Rer ☑ Der			E-	☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedure	1			
		1355	Locat						Ab	ateme	ent Ty	уре
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED	Used Mai Custo	(12)	ly by nce/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								
SEE ATTACHED					SEE AT	TACHED		200 YD per res				
										Ш		Ш
Name of Registered Was Waste Managemer				JDEP \ auler II 17273	O No.	Cubic Yards of Waste 200/residenc Disposal Date	GROWS	stered Landfill				
City, State Fairless Hills, PA						10/30/16	Tullytown	PA				

ASB-41 JAN 13

Completed By (Print or Type)

Patricia Visco

Title

Office Manager

Signature)

Date 3-16

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

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

-									O' 10	~ = \			-4:	10 10
Date of Notification (1)	3 /	16			Same and the same	of Building of Cam	g Owner/Operator den	(2)		AUG	4 2	016		IJ
Agencies Notified	Type Notifica	ation			Street	Address								
⊠ EPA ⊠ DOLWD	☐ Initial	i i			PO	Box 951	20			10		====	7	
☑ DOLWD	Amended Amendme				City, S	tate, Zip C	Code			LICENS	OIV	THO 2	LO	
□ DCA	☐ Emergen	200000000000000000000000000000000000000	ludina		Car	nden, NJ	08101		1	LIOLING	201 6			
(NJAC 5:23-8)	justification	on)			Name	of Contac	t			Telephone Number	er			
TOTAL THE LOSS	☐ Cancellat	ion			Joh	n Bond				200				
					FAC	CILITY IN	IFORMATION							
Name of Facility Where A	batement is T	aking	Place	(3)				Туре	of Facility (4)				
LOIS AVENUE RES	IDENCES								School (K-12)					
Street Address										(Other than K-12)	ta Chi			
1106 LOIS AVENUE	Residence	s							otner (i.e., pr. nomes, etc.)	ivate and commerc	iai bu	llaing	S,	
City (5)									are Feet	# of Floors	Blo	dg. Ag	je	- 11 <u>- 7</u> 72
Camden								va	ries	varies		50÷		
County (6)			42.3-1		Cour	ty Code (7)(STATE USE ONLY)	Curr	ent Use (Prid	or if being demolish	ed)			
CAMDEN								Н	DUSING D	EEMED UNSAFE				
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abaten	nent Co	ontractor (9)					
Health and Safety S	ervices				117		Controlled B	nviro	nmental S	ystems				
Street Address							Street Address							
PO Box 365							1121 N. Betl	nleher	n Pike - Su	uite 60				
City, State, Zip Code							City, State, Zip (ode						
Berlin, NJ 08009							Spring House	se, PA	19477					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.			License No.				-
Jim Proctor					Managar and	39-2432	215 542 700	0		00847				
Start Date (10)	5	Schedu	uled C	omple	tion Da	te (11)	Name of OSHA	Monito	r					
81151	16	10	0_/	30) /	16	CES							
Occupancy Status During	Abatement (Check	only c	ne)			Street Address				-			
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Abatement Performed						cribe	City, State, Zip C	27433745	i i iito oui			-		
Time of Abatement: 7	:00AM-5:00F	PM/	PN	1	_AM		Spring House		19477					
Scope of Work (Check all	that apply)			-			opinig nous	,0,171	. 10-111					
										ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De				☐ Mini-En							
Z = 100 31 01 = 200 11			△ De	monte	J11					n-Friable Procedure	;			
				Loca							Ab	atem	ent T	уре
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Asbestos-Containing I TO BE ABA		1)		intena			estos Containing M e., thermal systems			Amount (Specify	Removal	Repair	nca	ncla
IN Facilit			Cust		Staff?	(1.0	surfacing, VA		ition,	SF or LF)	oval	=:	Encapsulate	Enclosure
(13)		-		(12)	1	-	other miscellan	eous)					late	Ф
			Yes	No	N/A									
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			$\overline{\Box}$	П										
Name of Registered Was	te Hauler				JDEP /		Cubic Yards of	Na	me of Regist	tered Landfill				
Waste Management				100	lauler II 17273	O No.	Waste 200/residence	0	GROWS					
City, State					1/2/5	,	Disposal Date		y, State					
Fairless Hills, PA				10/30/16		ullytown F	PA							
Completed By (Print or Ty	/pe)	Title					Signaturé)	1	7	Date	e			
Patricia Visco	We are	Of	fice I	/lana	ger		Wi	7	/ //.	4000 -	8.	- 2	/	1

ASB-41 JAN 13

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

Date of Notification (1)	-		Name	of Building	Owner/Operator (2	2)	. 1				÷.
8131	16			of Cam	•	1	AUG	4 6	2016		
Agencies Notified Type Notifica	ition		Street	Address		1					
			PO	Box 951	20		0.05020.7		4.7. 5.		
☑ DOLWD ☐ Amended			City, S	State, Zip C	Code	· ·	ASRESTO3		1 141	31 /5	
□ DOH Amendme				nden, NJ					1		
DCA Emergence (NJAC 5:23-8) Emergence justification	cy (including	3		of Contac			Telephone Number	ar	- 120		
Cancellati				n Bond			Tolopholic Hallist				
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is T		(3)				Type of Facility					
HOWELL STREET RESIDENCE	S					School (K-12					
Street Address							3 (Other than K-12) rivate and commerc	ial bu	ilding	S.	
2004, 2006, 2315 STREET Res	idences					homes, etc.)					
City (5)						Square Feet	# of Floors	Bl	dg. Ag	ge	
Camden						varies	varies		50+		
County (6)			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)	Van Service		3000
CAMDEN				100			EEMED UNSAFE				
Name of Monitoring Firm Hired by Build	lina Owner	(8)	ASCM	No	Name of Abateme						
Health and Safety Services	ing o inioi	(0)	117			nvironmental S					
Street Address			117		Street Address	ivii Oilineiliai C	Dy Stellis				
PO Box 365					I NEW YORK THE THE PERSON	laham Dika C	:4- 00				
						lehem Pike - S	uite 60				
City, State, Zip Code					City, State, Zip Co						
Berlin, NJ 08009		1=:			Spring House	e, PA 19477					
Project Manager for Monitoring Firm		100000	phone		Telephone No.		License No.				
Jim Proctor		- 230		39-2432	215 542 7000		00847				
	Scheduled C	100		- 50	Name of OSHA N	lonitor					
0/15/16	_10_ /	30	_ / _	16	CES						
Occupancy Status During Abatement (0	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entir	e Period of	Abater	ment		1121 N Bethle	ehem Pike -Sui	ite 60				
☐ Abatement Performed Outside of No				cribe	City, State, Zip Co	ode					-
Time of Abatement: 7:00AM-5:00F	PM/PM	Λ	_AM		Spring House						
Scope of Work (Check all that apply)					opring rious	5,17,10477	<u> </u>				
Coope of Work (Officer all that apply)					Full Conf	tainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf		enovati			☐ Mini-Enc						
≥160 sf or ≥260 lf	⊠ De	emolitic	n.		☐ Gloveba	g Procedure	n-Friable Procedure				
	le	Locat	ion		⊠ Non-Exe	impled () and No	TI-I TIADIE I TOCEGUIE	-			-035.2
Location of		Norma			Description of	.f		-	atem		T
Asbestos-Containing Material (ACM		ed Sole		Asbe	stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED		aintena todial		(i.e	., thermal systems		(Specify	Non	air	aps	losi
IN Facility (13)	043	(12)	otan:		surfacing, VAT other miscellane		SF or LF)	<u>n</u>		ula	Te
(.5)	Yes	No	N/A		other miscenarie	ous)		1		é	
SEE ATTACHED				CEE AT	TACUED		200 VD				
SEE ATTACHED			\perp	SEE AT	TACHED		200 YD per res			Ц	Ш
								П		П	
Name of Registered Waste Hauler			JDEP \	Nonto	Cubia Varda of	Name of Regio	tored Landfill			ш	ш
		- 1	auler II		Cubic Yards of Waste	Name of Regis	stered Landtill				
Waste Management of NJ			17273		200/residenc						
City, State					Disposal Date	City, State					
Fairless Hills, PA					10/30/16	Tullytown	PA				
Completed By (Print or Type)	Title				Signature	Λ	Date	е			
Patricia Visco	Office	Mana	ger		YAKI	was Via	Pa	8.	-3-	ic	,

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				Name	of Building	g Ow	ner/Operator (2	2)		-	0	-	
3131	16	_			of Came				ΔIIG	4	2016		U
Agencies Notified Type Notifie	cation			Street	Address	7/ 1/24		i	ii i Aud	2000			
☐ EPA ☐ Initial				PO	Box 9512	20			4				
□ DOLWD □ Amende			t	City, S	State, Zip C	ode	1 100		ASBESTOS	CO	ATR(DL ₹	4
□ DOH Amendr					nden, NJ			i i	LICE	NSIN	VG_	-	
DCA Emerge (NJAC 5:23-8) ustifica		iding	+	1000000000	of Contact				Telephone Number	er			
Cancella	50			71070-1070	n Bond				1				
				FAC	CILITY IN	IFOR	RMATION	-					
Name of Facility Where Abatement is	Taking P	lace	(3)					Type of Facility	(4)				
HARRISON AVENUE RESIDE								☐ School (K-1	2)				
Street Address								Subchapter	8 (Other than K-12)	:- I b	11-11		
2869 HARRISON AVENUE Re	sidence	s						homes, etc.	orivate and commerc	iai bu	ilding:	S,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	e	
Camden								varies	varies		50 1 -		
County (6)				Coun	ty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being demolish	ned)			
CAMDEN								HOUSING I	DEEMED UNSAFE	Ε			
Name of Monitoring Firm Hired by Bu	Iding Ow	ner (8	3) /	ASCM	No.	Na	me of Abateme	ent Contractor (9))				
Health and Safety Services				117		(Controlled Er	nvironmental	Systems				
Street Address						Str	eet Address				-		
PO Box 365						1	121 N. Bethl	ehem Pike - S	Suite 60				
City, State, Zip Code	r					Cit	y, State, Zip Co	ode					
Berlin, NJ 08009						5	Spring House	e, PA 19477					
Project Manager for Monitoring Firm			Tele	phone	No.	Tel	lephone No.		License No.				
Jim Proctor			С	609-8	39-2432	2	215 542 7000		00847				
Start Date (10)	Schedule					Na	me of OSHA M	lonitor					
8/15/16	_ 10	_ /	30	_ / _	16	(CES						
Occupancy Status During Abatement	(Check o	nly or	ne)			Str	eet Address						
☐ Facility Closed/Vacated During En						1	121 N Bethle	ehem Pike -Su	uite 60				
Abatement Performed Outside of I					cribe	Cit	y, State, Zip Co	ode					
Time of Abatement: 7:00AM-5:00	PIVI/	PIVI		_AIVI		5	Spring House	e, PA 19477					
Scope of Work (Check all that apply)							□ Eull Cont	cinment with No	active Draceure				
☐ >3 sf or >3 lf		Ren	novatio	on			☐ Mini-Enc		egative Pressure				
≥160 sf or ≥260 lf	\boxtimes	Den	nolitio	n				g Procedure	F: 11 B 1				
		1- 1			1		⊠ Non-Exe	mpted (*) and N	on-Friable Procedure	_			
Location of			Locati ormal				Description o	£		2253	ateme		
Asbestos-Containing Material (AC	M)	Used	Sole	ly by	Asbe	stos	Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED			ntenai odial S		(i.e		ermal systems i		(Specify	Removal	air	aps	Enclosure
IN Facility (13)		ouoti	(12)	Jun .			surfacing, VAT, ther miscellane		SF or LF)	<u>m</u>		Encapsulate	re
)	Yes	No	N/A								O	
SEE ATTACHED					SEE AT	TAC	CHED		200 YD per res				
			4										
Name of Registered Waste Hauler			N.	JDEP \	Waste	Cu	bic Yards of	Name of Reg	istered Landfill	1			01.00
Waste Management of NJ				auler II 17273			ste	GROWS					
	City, State						200/residenc posal Date	City, State					
Fairless Hills, PA					0/30/16	Tullytown	PA						
Completed By (Print or Type)							Signature		1 Dat	e			
Patricia Visco	10000	ice N	lanaç	ger			1 1	used V.			3-	-16	5

State of New Jersey

		NOT		ATION	OF AS	BESTOS ABAT AC 8:60 and 5:10		TEN DE CO	105	2.0	A O	Ţ.
Date of Notification (1)				Name	of Buildin	g Owner/Operator (CIC TS	0	B	1	_ib
3 /	3 1	16		500	of Cam	Alterate in the second of the second	2)					
Agencies Notified	Type Notific	cation		Street	Address			TU I AU	Ĝ	4	201	6
⊠ EPA				PO	Box 951	20						
☑ DOLWD	The second second second			City, S	State, Zip (Code		1		0.01		6.1
	The state of the s		_	Car	nden, N.	J 08101		ASBEST		COL		UL
			ıg		of Contac			Telephone Numb		1,247	1.2	
(· · · · · · · · · · · /		50		Joh	n Bond			- Coreptions trains	0.			
				FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking Plac	e (3)		OILII II	er Ordination	Type of Facility	(4)				
			- (-/				School (K-12	A				
Street Address							☐ Subchapter 8	(Other than K-12)				
1523, 1527, 1529 FI	EDERAL ST	TREET R	eside	ences			Other (i.e., p homes, etc.)	rivate and commerc	ial bu	uilding	JS,	
City (5)	encies Notified EPA DOLWD DOH DCA (NJAC 5:23-8) me of Facility Where Abatement is Taking FEDERAL STREET RESIDENCES eet Address 1523, 1527, 1529 FEDERAL STREET y (5) Camden unty (6) CAMDEN me of Monitoring Firm Hired by Building Onte alth and Safety Services eet Address PO Box 365 y, State, Zip Code Berlin, NJ 08009 Diect Manager for Monitoring Firm Im Proctor Int Date (10) Schedu Schalt Closed/Vacated During Entire Peric Abatement Performed Outside of Normal Firm of Abatement. 7:00AM-5:00PM/ Dope of Work (Check all that apply) 3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) E ATTACHED						Square Feet	# of Floors	BI	dg. A	ne	
Camden							varies	varies		50÷	90	
County (6)				Cour	tv Code (7	7)(STATE USE ONLY)	10 THE TOTAL	ior if being demolish	1			
CAMDEN				1.4.7.20		,,,		EEMED UNSAF	- 10			
Name of Monitoring Firm	Hired by Bui	lding Owner	(8)	ASCM	No.	Name of Abateme					-	
		•		117			nvironmental S					
Street Address						Street Address		,, 0100				
PO Box 365							lehem Pike - S	uite 60				
City, State, Zip Code					City, State, Zip Co							
Berlin, NJ 08009						Spring House						
Project Manager for Mon	itoring Firm	-	Te	lephone	No.	Telephone No.	-,	License No.				J//
Jim Proctor					39-2432	215 542 7000		00847				
Start Date (10)		Scheduled (Comp	letion Da	te (11)	Name of OSHA M		333.1				
31151				30 /	170	CES						
Occupancy Status During	Abatement					Street Address						
				ement		Ti testamente en estamente en e	ehem Pike -Su	ito 60				
☐ Abatement Performed	Outside of N	lormal Facili	ty Ho	urs - Des	cribe	City, State, Zip Co		ite ou				
Time of Abatement: 7	:00AM-5:00	PM/P	M	AM		Spring House						
Scope of Work (Check at	I that apply)					Spring House	s, FA 13411					
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if			enova emolit			☐ Mini-Enc ☐ Glovebag	g Procedure	native Pressure	e			
		1	s Loca						Ab	atem	ent T	уре
		a lis	Norm	ally lely by	55	Description o		Participation of recognition	D.	70	Ш	т
				ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		Cus		I Staff?	(surfacing, VAT,	or	SF or LF)	oval	=4.	nsd	Sur
(13)			(12	1		other miscellane	ous)				late	O.
OFF ATTAQUED		Yes										
SEE ATTACHED					SEE AT	TACHED		200 YD per res				
(*)												
						-						
												П
Name of Registered Was	te Hauler			NJDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
	t of NJ			Hauler II 17273		Waste 200/residenc	GROWS					
City, State						Disposal Date	City, State		1000			
Fairless Hills, PA	Vaste Management of NJ					10/30/16	Tullytown	PA				

ASB-41 JAN 13

Completed By (Print or Type)

Patricia Visco

Title

Office Manager

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

Signature Particus

Date 8/3/16

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

Date of Notification (1)	3 1	16				of Building		Operator (2	2)				-	50	<u> </u>
										111	ALIG J				
Agencies Notified EPA	Type Notifica	tion				Address Box 9512	20				i	41	//0		
☐ DOLWD	☐ Amended				300000	State, Zip C					ASELSTOS CO				
☑ DOH	Amendme	_			1 250	nden, NJ					- Licens	P.T.	W.		
DCA	☐ Emergend		luding			of Contact		0.700	-		Telephone Number	25			
(NJAC 5:23-8)	justificatio Cancellati					n Bond	L.			194	relepitorie Numbe	21			
	Caricellati	011									<u> </u>	-			_
			-	(6)	FAC	CILITY IN	FORM	ATION	-	r = 100 /	-				
Name of Facility Where A EUTAW AVENUE R			Place	(3)						oe of Facility (School (K-12))				
Street Address											(Other than K-12) ivate and commerce	ial hu	ildina	•	
136 EUTAW AVENU	JE Residen	ces								homes, etc.)	ivate and commerc	iai bu	nanig	3,	
City (5)	TG .								Squ	uare Feet	# of Floors	Blo	dg. A	ge	
Camden									1 3	raries	varies		50÷		
County (6)					Cour	ty Code (7)(STATE	USE ONLY)	Cui	rrent Use (Pri	or if being demolish	ed)			
CAMDEN									1	HOUSING D	EEMED UNSAF	Ξ			
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	D. Westernand D. Deller			Contractor (9)					
Health and Safety S	Services				117		Cor	trolled E	nvir	onmental S	ystems				
Street Address		7-111					Street	Address							
PO Box 365							112	1 N. Beth	lehe	em Pike - Su	uite 60				
City, State, Zip Code							City, S	tate, Zip C	ode						
Berlin, NJ 08009							Spr	ing Hous	e, P	A 19477					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Teleph	one No.			License No.				
Jim Proctor				100		39-2432	215	542 7000)		00847				
Start Date (10)					etion Da	te (11) 16	Name CES	of OSHA N	/lonit	tor	1				
Occupancy Status During	g Abatement (C	Check	only o	ne)			Street	Address							
☐ Facility Closed/Vacate							112	1 N Bethl	ehe	m Pike -Sui	te 60				
☐ Abatement Performed Time of Abatement: 7						scribe		tate, Zip Co		A 40477					
Scope of Work (Check a	Il that apply)						Spi	ing nous	е, г	A 154//					
_ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			□ Re 図 De]	☐ Mini-End ☐ Gloveba	closu g Pr	ire ocedure	ative Pressure	e			
				Loca								Ab	atem	ent T	уре
Location Asbestos-Containing TO BE ABA IN Facil	Material (ACM ATED)	Use Ma	intena	ely by		stos Co	escription on ntaining Ma al systems acing, VAT	ateria insu		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	ity			(12)				miscellane)	Or Or Ery	-		llate	ē
100			Yes	No	N/A									CD.	
SEE ATTACHED	.5					SEE AT	TACH	ED			200 YD per res				
Name of Registered Was	ste Hauler			4 1012	JDEP 1			Yards of	N	lame of Regis	tered Landfill				
Waste Managemen	nt of NJ			ŀ	17273		Waste 200	/residenc	:	GROWS					
City, State				-			Dispos	sal Date		City, State	DA				
Fairless Hills, PA							0.000	10/16		Tullytown	102200				
Completed By (Print or T Patricia Visco	ype)	Title	ffice I	Vlana	ner		S	ignature	-	Nen-	Dat	e /	2/	16	
		0,		-16116	30.			MULL	Cec	1/000		-1	1	-	

ASB-41

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

OIII	ICATION OF	AGDESTOS ADATEM
	(Pursuant to	NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	Owner/Operator (2)	41.			i	
_8/3	/16	5		City	y of Came	den		Alig 4	201	5		
Agencies Notified Type N	otification			Street	Address		1.7	1. 400 4	2011	0	-	1
⊠ EPA ⊠ Initia	al			PO	Box 9512	20					1	
□ DOLWD □ Ame				City, S	State, Zip C	ode		ASBESTOS CO		ROL	&	+
	endment#			Car	nden, NJ	08101		LICENSI	NG			_
	ergency (ir ification)	iciuaing		Name	of Contact	l		Telephone Number	er			
	cellation			Joh	n Bond							
				FAG	CILITY IN	FORMATION						
Name of Facility Where Abateme	nt is Takin	g Place	(3)	70707			Type of Facili	ty (4)				
DUPONT STREET RESIDE	NCES						School (K-					
Street Address								er 8 (Other than K-12)	نما اما	II all in a		
1107, 1109 DUPONT STRE	EET Res	idence	es				homes, et	, private and commercic.)	iai bu	iliaing	S,	
City (5)							Square Feet	_ 8)	Blo	dg. A	qe	
Camden							varies	varies	1	50+		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Prior if being demolish	ned)			
CAMDEN						,		DEEMED UNSAFI	50			
Name of Monitoring Firm Hired by	/ Building	Owner (8)	ASCM	No.	Name of Abateme						
Health and Safety Services			-/	117		Controlled E						
Street Address						Street Address				-		-
PO Box 365						1121 N. Beth	lehem Pike -	Suite 60				
City, State, Zip Code			1.			City, State, Zip Co	ode					
Berlin, NJ 08009						Spring House						
Project Manager for Monitoring Fi	irm		Tele	phone	No.	Telephone No.	-,	License No.				
Jim Proctor			0.00		39-2432	215 542 7000		00847				
Start Date (10)	Schei	duled C				Name of OSHA M		00011				
81 151 16		10 /				CES						
Occupancy Status During Abatem						Street Address				-		
□ Facility Closed/Vacated During	7.0	5.00	3.7	ment		1121 N Bethle	ehem Pike -9	Suite 60				
☐ Abatement Performed Outside					cribe	City, State, Zip Co		Juite 00				
Time of Abatement: 7:00AM-						Spring House						
Scope of Work (Check all that app	oly)					opg	-,				-	
Properties of the South Control of the Control of t	•		525					Negative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 		∐ Re ⊠ De	novati			☐ Mini-End	losure g Procedure					
		2 00		211				Non-Friable Procedure	9			
		33	Locat	1000 St. 1000 St.					Ab	atem	ent T	уре
Location of			lorma	lly ely by	2000000	Description of		100 m 100 m 100 m 100 m	D	R	Ш	Ш
Asbestos-Containing Material TO BE ABATED	(ACM)		intena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	nca	nclo
IN Facility		Cust		Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A	-	other miscellane	ous)				late	O
SEE ATTACHED		T ES	INO.	-	CEE AT	TACHED		200 VD				
SEE ATTACHED					SEE AI	TACHED		200 YD per res				
	Ш		14	-				Ш	Ш	Ш	Ш	
Name of Registered Waste Haule	r		N	JDEP \	Waste	Cubic Yards of	Name of Re	gistered Landfill	1		-	
Waste Management of NJ			H	lauler II		Waste	GROWS					
City, State				17273)	200/residenc Disposal Date	City, State					
Fairless Hills, PA						10/30/16	Tullytow	n PA				
Completed By (Print or Type)	Titl	Δ				Signature		Dat	Δ.	-	t	
Patricia Visco	3 323	e Office I	lana	ner		Signature	- 11		8	Í	/.	
ASB-41				901		Falle	aco Via	co	0	13	116	2

NO

State of New Jersey		-
otate of New ocisey	I F G E E	-
OTIFICATION OF ASBESTOS ABATEMENT		1
(Pursuant to NJAC 8:60 and 5:16)	Chied # 10) (
Name of Building Owner/Operator (2)		

Agencies Notified Agencies Notified)16 ROL &					
☑ EPA ☑ Initial PO Box 95120 ASBESTOS CONT ☑ DOLWD ☐ Amended City, State, Zip Code LICENSING ☑ DOH ☐ Emergency (including justification) ☐ Cancellation Name of Contact Telephone Number ☐ Cancellation John Bond Telephone Number	ROL					
DOLWD Amended DOH Amendment # DCA Emergency (including justification) Name of Contact Telephone Number Telephone Number John Bond	ROL &					
□ DOH □ Amendment # □ City, State, Zip Code □ DCA □ Emergency (including justification) □ Cancellation □ Concellation □ Con						
□ DCA						
(NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Bond						
☐ Cancellation John Bond						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)						
CRAMER STREET RESIDENCES						
Street Address Street Address						
2812 CRAMER STREET Residences Other (i.e., private and commercial building homes, etc.)	igs,					
City (5) Square Feet # of Floors Bldg. /	Age					
Camden varies varies 50+	<u> </u>					
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)						
CAMDEN HOUSING DEEMED UNSAFE						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)						
Health and Safety Services 117 Controlled Environmental Systems						
Street Address Street Address						
PO Box 365 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code City, State, Zip Code	-					
Berlin, NJ 08009 Spring House, PA 19477						
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.						
Jim Proctor C 609-839-2432 215 542 7000 00847						
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor						
3 / 15 / 16 10 / 30 / 16 CES						
Occupancy Status During Abatement (Check only one) Street Address						
☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite 60						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-5:00 PM/PMAM City, State, Zip Code Spring House, PA 19477						
Scope of Work (Check all that apply)						
Full Containment with Negative Pressure ≥3 sf or ≥3 lf						
Non-Exempted (*) and Non-Friable Procedure						
Name of he	ment Type					
Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount 9 9 9	1 B E					
TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify 3)	Encapsul					
IN Facility Custodial Star? surfacing, VAT, or SF or LF)	Encapsulate					
(13) (12) other miscellaneous) Yes No N/A	िल					
SEE ATTACHED SEE ATTACHED 200 YD per res						
	ilntr					
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill	of Registered Landfill					
Waste Management of NJ Hauler ID No. Waste GROWS						
17273 200/residenc						
City, State Disposal Date City, State Fairless Hills, PA 10/30/16 Tullytown PA						
City, State Fairless Hills, PA Completed By (Print or Type) Title Disposal Date City, State Tullytown PA Signature Date						

Date of Notification (1)			Name	of Building	Owner/Operator (2)					1	
8131	16		City	of Cam	den		J L AUG	4	201	6		
Agencies Notified Type Notifica	ation		Street	Address		4			0.0000		U VOIC CUIT	
☑ EPA ☑ Initial			PO	Box 951	20		ASSESTO	200	1170			
□ DOLWD □ Amended		Î	City, S	State, Zip C	ode		LIDE			11.	-	
DOH Amendme			Car	nden, NJ	08101	-			21			
DCA Emergence [NJAC 5:23-8]		9		of Contac			Telephone Numb	er				
☐ Cancellat			Joh	n Bond			1					
			FA	CILITY IN	FORMATION							
Name of Facility Where Abatement is T		(3)				Type of Facility	(4)					
CAMBRIDGE STREET RESIDE	NCES					School (K-12						
Street Address						Subchapter ((Other than K-12) rivate and commerce	cial bu	ilding	S		
927, 931, 939 CAMBRIDGE STR	REET Res	idenc	es			homes, etc.)				-		
City (5)						Square Feet	# of Floors	BI	dg. A	ge		
Camden						varies	varies		50÷			
County (6)			Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)		to :		
CAMDEN						HOUSING D	EEMED UNSAF	E				
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
Health and Safety Services			117		Controlled E	nvironmental \$	Systems					
Street Address					Street Address					-		
PO Box 365						lehem Pike - S	uite 60					
City, State, Zip Code					City, State, Zip C		4,10 00	-	-			
Berlin, NJ 08009					Spring Hous							
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.	0,171.10117	License No.		- 7.7			
Jim Proctor			•	39-2432	215 542 7000		00847					
	Scheduled C				Name of OSHA N		00047		_			
8/1/5/16	10/	Section of the Section			CES	ionitor						
Occupancy Status During Abatement (0					Street Address							
Facility Closed/Vacated During Entir					1121 N Bethl	ehem Pike -Su	ite 60					
Abatement Performed Outside of No				cribe	City, State, Zip C	ode			-			
Time of Abatement: 7:00AM-5:00P	/IVI/PI	VI	_AIVI		Spring Hous	e, PA 19477						
Scope of Work (Check all that apply)					□ FII C	tainment with No.	D					
≥3 sf or ≥3 If	□ Re	enovati	on		☐ Mini-End	tainment with Neg closure	gative Pressure					
≥160 sf or ≥260 lf	⊠ De	emolitic	n		Gloveba	g Procedure						
						mpted (*) and No	n-Friable Procedure	9		**		
1		s Locat Norma			2			Ab	atem	ent T	ype	
Location of Asbestos-Containing Material (ACM	a li are	ed Sole		Ashe	Description of stos Containing Ma		Amount	Re	Re	En	E	
TO BE ABATED	Ma	intena			., thermal systems		(Specify	Remova	Repair	cap	Enclosure	
IN Facility	Cus	todial ((12)	Stan?		surfacing, VAT		SF or LF)	/al		Encapsulate	ure	
(13)	Yes	No	N/A		other miscellane	ous)				ite		
SEE ATTACHED				SEE AT	TACHED		200 YD per res		П	П	П	
										H		
				 				H				
Name of Registered Waste Hauler			JDEP \	Monto	Cubic Varda of	Name of Design	town I and SII		Ш	Ш	Ш	
Waste Management of NJ		10000	auler II		Cubic Yards of Waste							
			17273		200/residenc							
City, State Fairless Hills, PA					Disposal Date 10/30/16	e City, State Tullytown PA						
Completed By (Print or Type)	Title					~/		Date				
Patricia Visco	Office	Mana	ger		Signature	Translu	res Dat		3-	16		

		140	2 (11				C 8:60 and 5:10			08	9	7	7.
Date of Notification (1)	3/	16				of Building	g Owner/Operator (den	2)			~		
Agencies Notified	Type Notific					t Address Box 951	20	i de la companya de l	AUG 4	201	6		7
☑ DOLWD	Amended Amendm				1000	State, Zip C		1	ASBESTOS CO		OL.	&	
□ DCA	☐ Emergen		ding			mden, NJ		ļ	LICENSII				_
(NJAC 5:23-8)	justificati					of Contac	t		Telephone Numb	er			
	☐ Cancella	tion			Joh	nn Bond							
					FA	CILITY IN	IFORMATION		<u>))</u>			Net Control	
Name of Facility Where A			ace ((3)				Type of Facility					
CARMAN STREET I	RESIDENCI	=8						School (K-1	2) 8 (Other than K-12)				
Street Address 1944 CARMAN STR	EET Dooid							Other (i.e.,	private and commerc	cial b	uildin	gs,	
City (5)	EE1 Resid	ences		W/W				homes, etc	# of Floors	T D	Ida A		
Camden								Square Feet varies	# of Floors	B	ldg. A 50+	ge	
County (6)	wister many			-	Cour	nty Code (7)(STATE USE ONLY)		rior if being demolish	204/	507		
CAMDEN					Cour	ity Code (/)(STATE USE ONLT)		DEEMED UNSAF				
Name of Monitoring Firm	Hired by Build	dina Own	er (8	3)	ASCM	No	Name of Abateme			_			
Health and Safety S		anig om	J. (C	,	117			nvironmental	15				
Street Address							Street Address		-,			-	
PO Box 365							1121 N. Beth	lehem Pike - S	Suite 60				
City, State, Zip Code							City, State, Zip Co	ode					
Berlin, NJ 08009							Spring House						
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.		SHE		
Jim Proctor				С	609-8	39-2432	215 542 7000		00847				
Start Date (10)	3	Schedule	d Co	mple	tion Da	ate (11)	Name of OSHA M	lonitor					
8/1/2/	16	_10	_ /	30	_ / .	16	CES						
Occupancy Status During	Abatement (Check on	ly or	ne)			Street Address						
☐ Facility Closed/Vacate							1121 N Bethle	ehem Pike -St	uite 60				
Abatement Performed						scribe	City, State, Zip Co	ode					
Time of Abatement: 7:	.00/AIVI- <u>3.00</u> F	-IVI/	PIVI-	_	_AIVI		Spring House	e, PA 19477					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or >260 lf	that apply)	_		ovati			☐ Mini-Enc		egative Pressure				
							Non-Exe Non-Exe	mpted (*) and N	on-Friable Procedure	9	(1)		
				_ocat						Ab	atem	ent T	уре
Location of Asbestos-Containing N	7/2	n t			ly by	Asbe	Description o stos Containing Ma		Amount	Re	Re	En	En
TO BE ABA	TED	* 1		ntena	nce/ Staff?		., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	У		asic	(12)	Juli :		surfacing, VAT, other miscellane		SF or LF)	a		ulat	ıre
		Ye	es	No	N/A	1		,				e	
SEE ATTACHED						SEE AT	TACHED		200 YD per res				
										П	П	П	П
				П	П					П	П	П	П
Name of Registered Wast	e Hauler			N	JDEP \	Waste	Cubic Yards of	Name of Regi	stered Landfill			Ш	
Waste Management				100000	auler II 17273	O No.	Waste 200/residenc	GROWS	otoroa zaridili				
City, State						Disposal Date	City, State						
Fairless Hills, PA							10/30/16	Tullytown	PA				
Completed By (Print or Ty	pe)	Title					Signature	- 11	Dat				
Patricia Visco		Offic	e M	anag	jer		1 Par	www Vis	raer 9	2-	3-	16	

				(P	ursuar	nt to NJA	C 8:60 and 5:1	6)	or its courts	185	QA	Tom			
Date of Notification (1)			-		Name	of Building	g Owner/Operator (756	100			11		
3 / 3		16	_		City	y of Cam	den	1 1 2							
	ype Notifica	ation			Street	Address		1 }	AUG 4	20	16	1	111		
	Initial				PO	Box 951	20	i		20	, 0	-	7		
☑ DOH	Amended	31			City, S	State, Zip C	Code		0000000			J	1		
	Amendma Emergen		uding		Car	nden, NJ	08101		ASBESTOS CO	ITAC	ROL	&			
(NJAC 5:23-8)	justificati		uumg		Name	of Contac	t	-	LICENSI Telephone Numb	er			_		
	Cancellat	tion			Joh	nn Bond									
					FA	CILITY IN	IFORMATION					-2,1			
Name of Facility Where Aba	tement is 7	Taking F	Place	(3)				Type of Facility	(4)	777	- 15				
BEIDEMAN AVE RES	DENCES		100					School (K-12							
Street Address									8 (Other than K-12) rivate and commerc	ial bi	ildina				
1118 BEIDEMAN AVE	Residen	ces						homes, etc.		iai Di	manig	5,			
City (5)								Square Feet	# of Floors	BI	dg. A	ge			
Camden								varies	varies		50+				
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)					
CAMDEN								HOUSING D	EEMED UNSAFI	Ε					
Name of Monitoring Firm Hi	red by Build	ding Ow	vner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Health and Safety Ser	vices				117		Controlled E	nvironmental :	Systems						
Street Address							Street Address						72		
PO Box 365							1121 N. Beth	lehem Pike - S	uite 60						
City, State, Zip Code			11000				City, State, Zip Co	ode							
Berlin, NJ 08009							Spring House	e, PA 19477							
Project Manager for Monitor	ing Firm			Tel	ephone	No.	Telephone No.		License No.						
Jim Proctor				C	609-8	39-2432	215 542 7000		00847						
Start Date (10)	3	Schedul	led Co	mple	etion Da	te (11)	Name of OSHA N	lonitor							
3/15/					0 /	370 950	CES								
Occupancy Status During A	batement (Check o	only o	ne)			Street Address			-			_		
☐ Facility Closed/Vacated I					ement			ehem Pike -Su	ite 60						
☐ Abatement Performed O						cribe	City, State, Zip Code								
Time of Abatement: 7:00	OAM- <u>5:00</u> F	PM/	PM		AM		Spring House								
Scope of Work (Check all th	at apply)						opinig riods	2,17,19477							
	11.37	_	_					ainment with Ne	gative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		L	_ Rer ☑ Der	nova	30,5303		☐ Mini-End	losure Procedure							
23 _ 100 01 01 <u>2</u> 200 11		L	Z Dei	110110	011				n-Friable Procedure	9					
			ls	Loca	ition					1	ateme	ent T	vpe		
Location of				orma	ally ely by	4077	Description of	f					1		
Asbestos-Containing Ma TO BE ABATE		1)			ance/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure		
IN Facility				odial	Staff?	(1.6	surfacing, VAT		SF or LF)	ova	₹.	nsd	nsc		
(13)		-	. 1	(12)	1	-	other miscellane	ous)				late	O.		
			Yes	No	N/A										
SEE ATTACHED] [SEE AT	TACHED		200 YD per res						
								1		П	П	П	П		
		1	7		-							$\overline{}$			
			\equiv	_	$\perp \perp$					Ш	Ш	Ш	ш		
		L	_	Ц											
Name of Registered Waste I				1 55	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis	stered Landfill						
Waste Management of	r NJ				17273		200/residenc	GROWS							
City, State							Disposal Date	City, State	works and the contract						
Fairless Hills, PA							10/15/16	Tullytown	PA						
Completed By (Print or Type)	Title					Signature	nature Date							
Patricia Visco		Offi	ice N	lana	iger		Pate	uca /1/	becer	8-	3-	16			
SP 41		L	- 12/11/2				1/ 2000	Tues U		V	-				

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

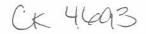
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Date of Notification (1)	Name of Building Owner/Operator (2) IAT Project Development LLC / Job # Check # 42316 231															
	03 /-	16			IA.	T Project	Dev	elopment	LL(C / Jo	b #∆ Check	#42	016	00	8	31
Agencies Notified	Type Notifica	ation	-	ni di di	Stree	Address				1		Accord			()	1
□ EPA	☐ Initial	30			746	E Winch	nest	er, Suite 1	50	AS	BESTOS	CON	TRO	1 8		
⊠ DOLWD		77.17			City, S	State, Zip (Code				LICEN			lan U		
☑ DHSS ☐ DCA	Amendm		_		Mu	rray UT 8	107			1						
(NJAC 5:23-8)	☐ Emergen justification		Jaing		Name	of Contac	t				Telephone N	lumber				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cancellat				Tar	nmy Swe	eris	, VP-Cons	truc	ction	***************************************					
					FA	CILITY IN	IFOF	RMATION								
Name of Facility Where A	Abatement is 7	Taking P	lace	(3)					1	Type of Facility (4)					
International Acade	emy of Tren	ton (fk	a Tr	ento	n Time	es)				School (K-12)						
Street Address								n		☐ Subchapter 8 ☑ Other (i.e., priv			huil	dina		
500 Perry Street										homes, etc.)	ato ana com		00	um g		
City (5)									5	Square Feet	# of Floors		Bldg	g. Ag	е	
Trenton										65000	1-3		+	- 50		
County (6)					Cour	nty Code (7)(STA	TE USE ONL	7	Current Use (Prio	r if being dem	nolished	1)			
Mercer										Former News	paper Pub	lisher				
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8)	ASCM	No.	Na	me of Abate	men	t Contractor (9)						
Acer	17.3	8	- 10				N	orthstar (Con	tracting Group	, Inc.					
Street Address								eet Address		J 1	***************************************					
1012 Industrial Driv	/e						3	2 Williams	s Pa	rkwav						
City, State, Zip Code								NO. THE PROPERTY OF THE PARTY.	State, Zip Code							
West Berlin, NJ 080	091								ast Hanover, NJ 07936							
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.			License No).			7	-
Matthew DePalma				1	*	-1202	1000	73-772-36	60		00860					
Start Date (10)	5	Schedule	ed Co	omple	tion Da	ite (11)	Nai	me of OSHA	Mo	nitor	1					-
08 /18 /				95		16	N	lorthstar (Conf	tracting Group	, Inc.					
Occupancy Status During				1.5			Str	eet Address	ñ		117					
☐ Facility Closed/Vacate							3	2 Williams	rkway							
Abatement Performed						scribe		/, State, Zip ast Hanov								
Scope of Work (Check al	I that apply)										. 5					00000
≥3 sf or ≥3 If		\boxtimes	Re	novati	on			☐ Mini-E		nment with Nega sure	tive Pressure	9				
≥160 sf or ≥260 lf] Der	molitic	on					Procedure	Criable Dress					
		-	In.	Loost		T		⊠ IVON-E	xem	pted (*) and Non-	Friable Proce					
Location	of			Locat Jorma				Description	o of					teme		
Asbestos-Containing		1)		d Sole		Asbe	stos	Containing I		rial (ACM)	Amount	No move	0	Repair	Enc	Enclosure
TO BE ABA				intena odial	nce/ Staff?	(i.e		rmal system			(Specify	3		ar.	aps	losu
IN Facili (13)	ty		ouo.	(12)	Olum.			surfacing, VA			SF or LF)	5	-		Encapsulate	гe
(/)	/es	No	N/A					,					(D)	
Roof					\boxtimes	ACM R	oofir	ng & Trans	site	Substrate	21000 SF	= [3			
											[
Name of Registered Was	te Hauler			11000	JDEP 1		1000	oic Yards of	ards of Name of Registered Landfill							
Service Transport (Н	auler II		Wa	ste BD		Minerva Lan									
City, State	-				posal Date		City, State									
Newcastle DE				Т	BD	4	Waynesburg	g, OH 44688	8							
Completed By (Print or Ty				-	Signature		1		Date							
Richard P Semega	Jr	Pro	ject	Mana	ager			(0			8	-3	-10	P	

CK 3965

State of New Jersey NOTIFICATION OF ASBESTOS AB. TEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 396	5	N			OF ASBE to NJAC 8					TE (G E		7 [The state of the s
Date of Notification (1) 08/02/2016				Name of Some	Building Crset Hills	Scho	Operator ool Dist	(2) rict			110	A 00	110		
Agencies Notified	Type Notification			Street A	ddress ott Aven	ue) A	UG	-4-21	HO -		7
DEP DOL	Initial Amended Amendment #		_	City, Sta Berna	te, Zip Coo rdsville,	de NJ 07	924		L	15.51	STOS LIÚE	MOD 2511		. &	
DOH DCA	Emergency (ir justification) Cancellation	cluding			Contact Acdougal					Telepi	none Nu	ımber			
				FACI	LITY INFO	RMAT	ION			1					
Name of Facility Where Bedwell Elementar		Place (3)					Typ	school (K-12	2)	u 12 4	(2)			
Street Address 141 Seney Drive								Н	Subchapter Other (i.e. pretc.)	rivate & c	ommero	cial build			is,
City (5) Bernardsville								80	uare Feet 1,000	# of F		5	ldg. A	ge	
County (6) Somerset					Code (7) USE ONLY)	14 -11-11-11			rrent Use (Prio chool	or if being	demolis	shed)			
Name of Monitoring Firm Environmental Ren	n Hired by Building O mediation & Man	wner (8) Inc.		ASCN	/ No				batement Con onstruction			Inc.			
Street Address 20-10 Maple Ave.	Bldg. 35E						Street 265		ress oute 46 Sui	te 3D					
City, State, Zip Code Fair Lawn, NJ 074	10								Zip Code NJ 07512	F					
Project Manager for Mor Guillermo M. Mora				Telepho 609-2	ne No. 59-8077		Telep 973		No. 5-7010	5.0	icense 0666	No.			
Start Date (10) 08/03/2016		Scheduk 08/04/		npletion	Date (11)				SHA Monitor Onstruction	& Resto	oration	Inc.			
Occupancy Status Durin							Street 265		ress oute 46 Sui	te 3D					
Abatement Perform Other – Describe:	eated During Entire Properties of Norma	al Facility	Hours	3					Zip Code NJ 07512				- to the		
Scope of Work (Check A	All That Apply)						DECONTAMINATION								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit	ition ion				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		Is	Locati	ion									Abate		
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma	Normal ed Sole aintena todial S (12)	lly ely by nce/		tos Cor therma surf	escription ntaining l al system acing, V/ miscella	Mater ns ins AT, o	r	(Sp	ount ecify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	ļ						05		-		-
Room	248	X		Decon	tamin	ation o	f floo	ors & wall	100	SF					
							.,				J1	511		L	
Name of Registered Wa Bako Construction		IC.	1	NJDEP V Hauler ID 20889	of W	c Yards aste		Name of Tullyto	Registere wn Res			ery l	-acil	ity	
City, State Totowa, NJ				Dis 08					City, Stat Tullyto						
Completed by Damir Valjevac		Title Proj	ect M	anage	F		Signatur	Tur / Date 08/02/2016							



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

with a		(P	ursuant	to NJAC	8:60 and 1	12:120)	IN E	C			W	E
Date of Notification (1) 07/30/2016					Owner/Operk Town:		(2) School District		, 0	ביו	п		
Agencies Notified Type Notific	ation		Street A	ddress ashingto	n Ave				AUG		4	2016	j
EPA Initial Amend	ed			ate, Zip Co				1	ŕ				
X DOL Amend		_			rk, NJ 08	3010		AS	BEST	SC	CO	NTR	OL
	ition)			f Contact				LTelephon			4011	40	
				ncy Lar	ORMATIO	N							
Name of Facility Where Abatement is Samuel M. Ridgeway School	Taking Place (3)				OTTIMIA (TO)		Type of Facility	335					
Street Address 300 Delanco Road							Subchapter Other (i.e. p	8 (Other than orivate & com		build	ings	hom	es,
City (5) Edgewater Park							etc.) Square Feet	# of Floor	S	BI	dg. A	\ge	-
County (6) Burlington			County (STATE	Code (7) USE ONLY,)		Current Use (Pri School	or if being der	molished	<u> </u>			
Name of Monitoring Firm Hired by Buil ATC Group Services	ding Owner (8)		ASCN 0098				of Abatement Cor Company Inc						
Street Address 3 Terri Lane					5	Street /	Address Piaget Avenue		•				
City, State, Zip Code Burlington, NJ 08016					(City, St	ate, Zip Code n, NJ 07011						
Project Manager for Monitoring Firm John Lutz			Telepho 609-38	ne No. 36-8800			one No. 53-8828	Licer 007	nse No. 04			7. 5.000	
Start Date (10) 08/19/2016	Scheduled 08/26/20	d Completion Date (11) Na 016 VI					of OSHA Monitor Company Inc						
Occupancy Status During Abatement (Check Only One)	Street Address										
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe:	ntire Period of At Normal Facility I	atem Hours	ent										
Scope of Work (Check All That Apply)						-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova moliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	Is L	ocati	on				Tron Exemples	/ / and Mon-	THADIE			ement	
. Location of Asbestos-Containing Material (ACN		rmall Solel				iption			-	_	Ту	ре	
TO BE ABATED In Facility (13)	Main Custo	tenar dial S (12)	rice/ staff?			stems g, VAT		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A		line filti		1.11					е	
Boiler Room	X				ipe fitting			50 LF	. ×	-		-	
Boiler Room	X				Vater tan	55,000		240 SF					
1 100111	^				Breeching	J IIISU	iation	100 SF	×				
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Ya	rds	Name of I	Registered La	ndfill				
Newark Carting Inc		Ha	auler ID		of Waste		IESI La		a Isaliii				
City, State Newark, NJ		05409 Disposal D											
Completed by √oytek Roszkowski	Title Preside	Signature				> i	Date				-		
						DOSIDO	07/30/2016						

			(P	ursuan	t to NJA	C 8:60 and 5:16	6) chie	UE AL	108	4	7,	
Date of Notification (1)	31	16		C. North Co. S. C.	of Building	g Owner/Operator (2)					
				1 15		uen				T j	A	
Agencies Notified	Type Notifica	tion		Street	Address							
⊠ EPA	☐ Initial			PO	Box 951	20						
⊠ DOLWD	Amended	nt #		City, S	tate, Zip C	ode	4,2 20		DL			
□ DOH	Amendme		-	Can	nden, NJ	08101						
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		g	Name	of Contac	ŧ		Telephone Numb	er			
(110/10/0.20-0)	☐ Cancellati			Joh	n Bond			1				
				FAC	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is T	aking Plac	e (3)				Type of Facility	(4)				
North 34th STREE	T RESIDENC	ES					School (K-12	2)				
Street Address								(Other than K-12)				
143, 812, 814, 815 N	Jorth 34th S	TREET R	eside	ences			bomes, etc.)	rivate and commerc	ial bu	ilding	S,	
City (5)							Square Feet	# of Floors	Bio	dg. Ag	ne .	
Camden							varies	varies	1	50+		
County (6)				Cour	ty Code (7)(STATE USE ONLY)		ior if being demolish	on read			
CAMDEN				Cour	ny code (NOTHIE GOE GIVE IT		EEMED UNSAF				
Name of Monitoring Firm	Hired by Ruild	lina Owner	(8)	ASCM	No	Name of Abateme			_	-		
Health and Safety S		iing Omno.	(0)	117			nvironmental S					
Street Address	701 11000			117		Street Address	Try Tro Time True T	Dy Sterilis		_		
PO Box 365							lehem Pike - S	uito 60				
								uite ou				
City, State, Zip Code Berlin, NJ 08009						City, State, Zip C						
	itarias Fisas		TT.	laabaaa	NI.	Spring House	e, PA 19477	I Linnag Ma				
Project Manager for Mon	itoring Firm		19 00	lephone		Telephone No.	v.	License No.				
			- 114		39-2432	215 542 7000	2	00847			unen	
Start Date (10)		cheduled			10.00	Name of OSHA N	Monitor					
				30/	10_	CES Street Address						
Occupancy Status During												
☐ Facility Closed/Vacate					**		ehem Pike -Su	ite 60				
☐ Abatement Performed Time of Abatement: 7				urs - Des AM	cribe	City, State, Zip C						
Time of Abatement. 1	.00/\lvi-3.00	IVI/	101	Aivi		Spring Hous	e, PA 19477					
Scope of Work (Check al	I that apply)					П г. и о	talana akudah Ma					
☐ ≥3 sf or ≥3 lf		Пв	enova	ation		☐ Mini-End	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			emoli	tion		☐ Gloveba	g Procedure					
							empted (*) and No	n-Friable Procedure	е			
	21		ls Loc Norm			2			Ab	atem	ent T	ype
Location Asbestos-Containing		u Us		olely by	Acho	Description of estos Containing Ma		Amount	Re	Re	En	En
TO BE ABA		l M		nance/		a., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facili	ty	Cu	stodia (1)	al Staff?		surfacing, VAT		SF or LF)	à		Encapsulate	ure
(13)		Yes	1	1	-	other miscellane	eous)				ate	
OFF ATTAQUED			-		0== 43	ET A OLIED		000 VD				
SEE ATTACHED					SEE A	TTACHED		200 YD per res	\boxtimes		Ц	Ш
										П	П	
Name of Registered Was	te Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Waste Managemen				Hauler I		Waste	Name of Registered Landfill GROWS					
	. 01 140			17273 200/residenc GROWS								
City, State						Disposal Date	City, State	D.A.				
Fairless Hills, PA			10/30/16	0.000.00.00.00.00								
Completed By (Print or T	ype)	Title				Signature	4 Z F I					
Patricia Visco		Office	Man	ager		4/11/1	PATRICE 1 Valed 8-3					

Date of Notification (1)	Name of Building Owner/Operator (2) City of Camden AUG 4 2016														
8 1	3/_	16			City	of Camde	en	يا ب	AUG 4 8	Ulb		-/			
Agencies Notified	Type Notification	on		S	treet A	ddress									
⊠ EPA					PO B	ox 95120)	1	19 F3 F0 S CO		L 6/				
□ DOLWD	☐ Amended			C	City, Sta	te, Zip Co	de	1			-	-			
⊠ DOH	Amendmen				Came	den, NJ 0	8101								
DCA	☐ Emergency justification		ing	١	lame o	f Contact			Telephone Numb	er					
(NJAC 5:23-8)	☐ Cancellation				John	Bond									
					FACI	LITY INF	ORMATION								
Name of Facility Where	Abatement is Tal	king Pla	ice (3	3)				Type of Facility							
PFEIFFER STREE	T RESIDENCE	ES						School (K-1)	2) 8 (Other than K-12)						
Street Address								Other (i.e., p	private and commerc	ial buil	dings	,			
557, 590 PFEIFFER	STREET Res	sidenc	es					homes, etc.							
City (5)								Square Feet	# of Floors	- 1	g. Ag	е			
Camden								varies	varies		0+				
County (6)					Count	y Code (7)(STATE USE ONLY)		rior if being demolis						
CAMDEN								HOUSING	DEEMED UNSAF	E					
Name of Monitoring Firm	n Hired by Buildin	na Owne	er (8)	A	SCM N	lo.	Name of Abateme	ent Contractor (9)						
Health and Safety		3			117		Controlled E	nvironmental	Systems						
Street Address	OCI VICCO	-					Street Address								
PO Box 365							1121 N. Beth	lehem Pike - S	Suite 60						
							City, State, Zip C								
City, State, Zip Code							Spring Hous								
Berlin, NJ 08009	Time			Tolor	hone N	lo.	Telephone No.	0,17170111	License No.	7					
Project Manager for Mo	nitoring Firm					9-2432	215 542 7000	1	00847						
Jim Proctor		chedule	4 00				Name of OSHA N		333.1						
Start Date (10)	/ _16_				_ / _		CES	Mornico							
Occupancy Status Durin	ng Abatement (C	heck or	nly on	ne)			Street Address								
☐ Facility Closed/Vaca					nent		1121 N Bethlehem Pike -Suite 60								
☐ Abatement Performe	ed Outside of No	rmal Fa	cility	Hours	s - Desc	cribe	City, State, Zip Code								
Time of Abatement:	7:00AM-5:00PI	M/	_PM-		_AM		Spring Hous	e, PA 19477							
Scope of Work (Check	all that apply)		1.154.155												
			1				☐ Full Cor ☐ Mini-En	ntainment with N	egative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				ovatio nolitio			☐ Gloveba	ag Procedure							
△ ≥100 SI 01 ≥200 II		-					⊠ Non-Ex	empted (*) and N	lon-Friable Procedu	re					
				Locati					-	Ab	atem	ent T	уре		
Locatio				ormal Sole			Description		Amount	Re	Repair	Ē	E		
Asbestos-Containing TO BE AB)		ntena			stos Containing M ., thermal systems		(Specify	Removal	pair.	cap	Enclosure		
IN Fac		(Custo		Staff?		surfacing, VA	T, or	SF or LF)	<u>a</u>		Encapsulate	ure.		
(13)	-		(12)	T >1/0	-	other miscellan	eous)				ਰ			
		Υ	/es	No	N/A										
SEE ATTACHED	2					SEE AT	TACHED		200 YD per res	S 🗵			분		
											Ш	Ш			
Name of Registered W	0.66	JDEP '		Cubic Yards of	Name of Re	gistered Landfill									
Waste Manageme	H	17273		Waste 200/residen	GROWS										
City, State	Disposal Date City, State														
Fairless Hills, PA	10/30/16 Tullytown PA					n PA									
Completed By (Print or		Title					Signature	Signature Date							
Patricia Visco		V	ice N	/lana	ger		Pature Vac 8-						2		

Date of Notification (1)		7			Name o	of Building	Own	er/Operator (2	2)	TIJT-			15		
81_	3 /	16			City	of Camd	en				100 m				1
Agencies Notified	Type Notificat	ion			Street /	Address				111	AU6 4	2016		14	
⊠ EPA					PO E	3ox 9512	0			1					
DOLWD	Amended				City, St	ate, Zip Co	ode			1 4	SBESTOS GO		-		
□ DOH	Amendmer Emergency		ina		Cam	den, NJ	0810	01			LICENCY.	NITI NO	JL a		
DCA (NJAC 5:23-8)	justification		iiig		Name o	of Contact		·			Telephone Num		-	-	1
Accessed assessment	☐ Cancellation	on			John	n Bond				1					
			-		FAC	ILITY INF	FOR	MATION							
Name of Facility Where A	Abatement is Ta	aking Pla	ice (3	3)					Type o	f Facility (4)				
PIERCE STREET R				3.6						ool (K-12)					
Street Address											(Other than K-12		ح منامان	_	
1604, 2009, 2117, 2	211 PIERCE	STREE	TR	esid	ences				hon	nes, etc.)	ivate and comme				
City (5)									Square		# of Floors		dg. Ag	je	
Camden	11								varie		varies		50+		
County (6)					Count	ty Code (7)	(STAT	TE USE ONLY)			or if being demoli	25 -10			
CAMDEN											EEMED UNSA	E			
Name of Monitoring Firm	Hired by Buildi	ing Owne	er (8)) /	ASCM N	Vo.		ne of Abateme							
Health and Safety S	Services				117		С	ontrolled E	nviron	nental S	systems				
Street Address								et Address							
PO Box 365							1	121 N. Bethl	ehem	Pike - St	uite 60				
City, State, Zip Code							City	, State, Zip Co	ode						
Berlin, NJ 08009							S	pring House	e, PA 1	9477					
Project Manager for Mor	itoring Firm			Telep	ohone l	No.	Tele	ephone No.			License No.				
Jim Proctor				C	609-83	39-2432	2	15 542 7000			00847				
Start Date (10)	2000	cheduled						ne of OSHA M ES	lonitor						
		10			_ ′ -	10									
Occupancy Status Durin							0.7507007	eet Address							
☐ Facility Closed/Vacat	1000					ariba	1121 N Bethlehem Pike -Suite 60								
Abatement Performer						cribe	100 - 000	, State, Zip Co pring House		9477					
Scope of Work (Check a	Il that apply)									-0 0000 0000	80 850				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				ovatio			 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure 								
24 2 100 01 01 2200 11		_			5.0)						n-Friable Procedu	ıre			
				ocati								Al	atem	ent T	уре
Location				ormal Sole	ly ly by	0 =	-4 (Description of Containing Ma		CNA	Amount	Re	Re	E	En
Asbestos-Containing TO BE AB		,	Mair	ntena	nce/			emal systems			(Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci	lity		Custo	(12)	Staff?			surfacing, VAT			SF or LF)	la la		sula	ure
(13)		Y	es	No	N/A		OU	her miscellane	ous)					te	
SEE ATTACHED]			SEE AT	TAC	CHED			200 YD per re	s			
Name of Registered Wa	11(925)	JDEP \		850000	oic Yards of	Nam	e of Regis	stered Landfill			-				
Waste Managemer	Н	auler II 17273		Wa 2	ste 00/residenc	GF	ROWS								
City, State	Disposal Date City, State														
Fairless Hills, PA					0/30/16	Tullytown PA									
Completed By (Print or 7					Signature					-	11				
Patricia Visco	ce M	lana	ger		Pature Vace 8-3.						16	2			

Date of Notification (1)				T	Name	of Building	Owne	er/Operator (2	2)						
81	3/_	16	-		City	of Camo	len		1	A E	GEIVI				
Agencies Notified	Type Notificat	ion			Street	Address				-			11		
⊠ EPA					PO	Box 9512	20				1 00/5				
□ DOLWD	☐ Amended	17020		t	City, S	tate, Zip C	ode			-	10 4 2010				
□ DOH	Amendme			- 1	Can	nden, NJ	0810	1				1			
DCA (NJAC 5:23-8)	☐ Emergency justification		iding	t	1-66	of Contact				NO DE	Telephone Numbe	F 2.			\neg
(160/10 0.20-0)	☐ Cancellation				Joh	n Bond				ASUE					
					FAC	ILITY IN	FOR	MATION							
Name of Facility Where A	Abatement is Ta	aking P	Place (3)					Туре	of Facility ((4)				
PLEASANT STREE	T RESIDENC	ES								nool (K-12					
Street Address											(Other than K-12) rivate and commerci	al bui	Idina	5	
2908, 2910 PLEASA	ANT STREET	ΓResi	dend	es					hor	mes, etc.)					
City (5)									Square		# of Floors	-	g. Ag	e	
Camden					U.S.				vari		varies		+0		
County (6)					Coun	ty Code (7))(STAT	E USE ONLY)	Currer	t Use (Pri	or if being demolish	ed)			
CAMDEN									HO	JSING D	EEMED UNSAFE				
Name of Monitoring Firm	Hired by Buildi	ing Ow	mer (8	3)	ASCM	No.	Nam	e of Abateme	ent Con	tractor (9)					
Health and Safety S	Services				117		Co	ontrolled En	nviron	mental S	Systems				
Street Address			100				Stree	et Address							
PO Box 365							11	21 N. Beth	lehem	Pike - S	uite 60				
City, State, Zip Code							City.	State, Zip Co	ode						
Berlin, NJ 08009							1 .80	oring House		9477					
Project Manager for Mon	itorina Firm			Tele	phone	No.		phone No.			License No.				
Jim Proctor						39-2432		5 542 7000			00847				
Start Date (10)	S	chedul	ed Co			te (11)		e of OSHA N							
0/15/	14.000					16	CI								
Occupancy Status During	g Abatement (C	Check o	only o	ne)			Stree	et Address							
☐ Facility Closed/Vacate	ed During Entire	e Perio	od of A	bate	ment		11	21 N Bethle	ehem	Pike -Su	ite 60				
☐ Abatement Performed						cribe	City,	State, Zip Co	ode						
Time of Abatement: 7	1:00AM-5:00P	M/	PM		_AM		Sp	oring House	e, PA	19477					
Scope of Work (Check a	ll that apply)			1											
□ >3 sf or >3 lf		г	□ Rer	ovati	on			☐ Full Con		nt with Neg	gative Pressure				
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 lf		_	☑ Der					☐ Gloveba	g Proce						
								Non-Exe	empted	(*) and No	n-Friable Procedure				
				Locat								Ab	atem	ent Ty	уре
Location		.		orma	lly ely by			Description of		0000	Amount	Re	Re	E	En
Asbestos-Containing TO BE ABA)		ntena				Containing Ma mal systems			(Specify	Remova	Repair	cap	Enclosure
IN Facil			Cust		Staff?		SI	urfacing, VAT	, or		SF or LF)	/al		Encapsulate	ure
(13)		- 1	Yes	(12) No	N/A		oth	er miscellane	eous)				-	ate	
SEE ATTACHED						SEE AT	TAC	HED			200 YD per res				
			П	П											
		- 1							B-10-11-0				П		
				$\overline{\Box}$									П		
Name of Registered Was	ste Hauler				JDEP '	Waste	Cub	ic Yards of	Nam	ne of Regis	stered Landfill				_
Waste Managemen				1000	lauler II	D No.	Was	ste	G	ROWS					
City, State					1727	3	_	00/residenc osal Date		State					
Fairless Hills, PA							10	0/30/16	Tı	ıllytown	PA				
Completed By (Print or T	ype)	Title						Signature /	1 -		/// Dat				
Patricia Visco	oscali di	Off	fice N	/lana	ger			1	Red	Mes	Unico	8-	3	-16	5

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

									4	PVS	ZELFO F	113	TIT	4		1
Date of Notification (1)	31	16			100000	e of Buildin ty of Cam		wner/Operator (2	2)	1.11			Tal	E,		
Agencies Notified	Type Notifica ☑ Initial	ation				t Address Box 951	20			ij.	A H	1 1	2016		, ,	
⊠ DOLWD	Amended				City,	State, Zip (Code	9								-
☑ DOH □ DCA	Amendme		cluding		Ca	mden, N.	J 08	101	į	Ä	ASPESTOS (CON	TP.	SE		
(NJAC 5:23-8)	justification		sidding	4	Nam	e of Contac	t	7 (A. A. A	<u> </u>		Telephone Nu	75.11. 1				_
10 -	☐ Cancellat	ion			Jo	hn Bond					(3)					
					F/	CILITY IN	IFO	RMATION								
Name of Facility Where Al	batement is T	aking	Place	(3)	100		30 30		Type of Fa	cility (4)					
RAND STREET RES		_							School							
Street Address											(Other than K-					
448, 486, 490 RAND	STREET F	Resid	ence	s					M Other (i		ivate and comm	nercia	l bui	ding	5,	
City (5)									Square Fee		# of Floors		Bld	g. Ag	е	
Camden									varies		varies			0+		
County (6)					Cou	nty Code (7	7)(ST	ATE USE ONLY)	Current Us	e (Pri	or if being demo	olished	d)			
CAMDEN									HOUSIN	NG DI	EEMED UNS	AFE				
Name of Monitoring Firm I	Hired by Build	ding C	wner ((8)	ASCN	l No.	Na	ame of Abateme	ent Contract	or (9)						
Health and Safety S	ervices				117		1	Controlled Er	nvironmer	ntal S	ystems					
Street Address				1000			St	reet Address		-						
PO Box 365								1121 N. Bethl	ehem Pike	e - Su	ite 60					
City, State, Zip Code							Cit	ty, State, Zip Co	ode	X = 1 = 1						
Berlin, NJ 08009							1	Spring House	e, PA 1947	7						
Project Manager for Monit	oring Firm			Te	elephone	No.	Те	elephone No.			License No.					
Jim Proctor					C 609-	339-2432	1	215 542 7000			00847					
Start Date (10)					letion D 30 /	ate (11) 16	100000	ame of OSHA M CES	lonitor							
Occupancy Status During	Abatement (Check	only o	one)			Str	reet Address								
☐ Facility Closed/Vacated								1121 N Bethle	ehem Pike	-Sui	te 60					
Abatement Performed Time of Abatement: 7:	Outside of No 00AM-5:00F	ormal PM/	FacilityPN	у Но Л	urs - De	scribe		ty, State, Zip Co		7						
Scope of Work (Check all	that apply)						1	opinig nodoc	2,174 1041	_						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	, , , , ,		□ Re 図 De					☐ Mini-Encl	losure Procedure		ative Pressure	dure				
					ation								Aba	teme	nt Ty	/pe
Location of Asbestos-Containing N		IV.			nally olely by	A - b -		Description of					D.	R	ш	ш
TO BE ABAT		')	Ma	inter	nance/			Containing Mar ermal systems i			Amount (Specify		Remova	Repair	Encapsulate	Enclosure
IN Facility	/		Cus	todia (12	al Staff?	1		surfacing, VAT,			SF or LF)	8	Val	7	sula	sure
(13)			Yes	No		1	0	ther miscellaned	ous)						ate	
SEE ATTACHED						SEE AT	TA	CHED			200 YD per re	es [
]				
] [J			
Name of Registered Waste	e Hauler			1	NJDEP		Cu	bic Yards of	Name of I	Regist	ered Landfill					
Waste Management	of NJ				Hauler 1727		2	aste 200/residenc	GROW	/S						
City, State								sposal Date	City, State							
Fairless Hills, PA							1	10/30/16	Tullyto	own F	PA					
Completed By (Print or Type Patricia Visco	pe)	Title Of	fice I	Man	ager			Signature	- / l	Var	Oa I	Date	8-	3-	18	7

Date of Notification (1)				Name	of Building	g Owr	ner/Operator (2	2)	2 2 23	1 17	15	1. 3	
5/_	3 1	16		City	of Cam	den							
Agencies Notified	Type Notifica	ation		Street	Address			1 -		Saks		17	;
⊠ EPA				PO	Box 951	20						-1	
DOLWD	☐ Amended			City, S	State, Zip C	Code					- 1		1
⊠ DOH	Amendme			Car	nden, NJ	081	01	A.	w ESTOB OC	HITH(DL &		
DCA (NJAC 5:23-8)	☐ Emergend justification	cy (includir on)	ig	Name	of Contac	t			Telephone Nur	nber			
,	☐ Cancellat			Joh	n Bond				100				
				FAC	CILITY IN	IFOR	MATION						
Name of Facility Where A	batement is T	aking Plac	e (3)					Type of Facility	(4)				
RANDOLPH STREE	T RESIDEN	CES						School (K-12					
Street Address								☐ Subchapter 8	3 (Other than K-1 rivate and comm	2) ercial b	uildin	10	
602, 606 RANDOLP	H STREET	Residen	ces					homes, etc.)		ercial D	ununn	, ,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Camden								varies	varies		50+		
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
CAMDEN							**	HOUSING D	EEMED UNSA	FE			
Name of Monitoring Firm	Hired by Build	ding Owne	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)					
Health and Safety S	Services			117		С	ontrolled Er	nvironmental S	Systems				21
Street Address						Stre	eet Address						
PO Box 365						1	121 N. Bethl	ehem Pike - S	uite 60				
City, State, Zip Code						City	, State, Zip Co	ode					
Berlin, NJ 08009						S	pring House	e, PA 19477					
Project Manager for Moni	itoring Firm		Tel	ephone	No.	Tele	ephone No.		License No.				
Jim Proctor			C	609-8	39-2432	2	15 542 7000		00847				
Start Date (10)		Scheduled	Comple	etion Da	te (11)	Nar	ne of OSHA M	lonitor					
<u> 3115</u> 1	16	_10_	/ _3	<u> </u>	16	С	ES						
Occupancy Status During	Abatement (Check only	one)			Stre	eet Address				-		
□ Facility Closed/Vacate						1	121 N Bethle	ehem Pike -Su	ite 60				
Abatement Performed					scribe	City	, State, Zip Co	ode					
Time of Abatement: 7	:00AM-5:00F	7IVI/F	'IVI	_AM		S	pring House	e, PA 19477					
Scope of Work (Check all	that apply)												
☐ >3 sf or >3 lf		Пв	enovat	ion			☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			emoliti				☐ Glovebag	g Procedure					
							Non-Exe Non-Exe	mpted (*) and No	n-Friable Proced	lure			
V 2			Is Loca Norma							А	batem	ent T	уре
Location Asbestos-Containing		n Us	sed Sol		Ashe	estas (Description o Containing Ma		Amount	Re	Re	En	E
TO BE ABA	TED	IV.	lainten: stodial			e., the	rmal systems i	insulation,	(Specify	Remova	Repair	caps	Enclosure
IN Facilit	ty	100	(12)				urfacing, VAT, ner miscellane		SF or LF)	<u> </u>		Encapsulate	ure
(10)		Yes	No	N/A	1	Oti	ici illisocilario	ous)				e	
SEE ATTACHED					SEE AT	TAC	HED		200 YD per re	es 🛭			
			$\overline{\Box}$										П
			1	1		7						П	Ħ
Name of Registered Was	te Hauler		1 1	JDEP I	Waste	Cuh	oic Yards of	Name of Regis	stered Landfill				
Waste Management			94/90	Hauler II	D No.	Was	ste	GROWS	was warred this				
City, State				17273	3		00/residenc				- 11 H	<u> </u>	
Fairless Hills, PA						1	oosal Date 0/30/16	City, State Tullytown	PA				
Completed By (Print or Ty	(ne)	Title				1.	Signature			Date			
Patricia Visco	(PC)	Office	Mana	ner			A)-	Vie		Q.	~	10	
. utilita visco		Office	maile	901			TAMO	V10- 1001	10)	0	>	10	

Date of Notification (1)				1	Name o	of Building	Owne	er/Operator (2	2)	1.55				14	
	31	16			City	of Camd	en				AUG 4 2	016	1	2	
Agencies Notified	Type Notificati	on			Street A	Address									-
⊠ EPA					PO E	3ox 9512	0			1	EFOTOC CON		- 1		
☐ DOLWD	☐ Amended			(City, St	ate, Zip C	ode			T AC	LICENSIA	3	_ 0		
⊠ DOH	Amendmen		_		Cam	den, NJ	0810	1		L	11 72 141 11				
DCA (NJAC 5:23-8)	☐ Emergency justification		ng	1	Name o	of Contact					Telephone Numb	er			
(110/10 0.20 0)	☐ Cancellatio				John	n Bond									
St.					FAC	ILITY IN	FORI	MATION	metal a						
Name of Facility Where A	batement is Ta	king Plac	ce (3)							of Facility (
RARITAN STREET	RESIDENCES	3								chool (K-12)					
Street Address									⊠ Oi	ther (i.e., pr	(Other than K-12) ivate and commerce	ial bui	lding	3,	
623 RARITAN STRE	ET Residend	ces								omes, etc.)					
City (5)									Squa	re Feet	# of Floors	Blo	lg. Ag	e	
Camden									vai	ies	varies	5	+08		
County (6)				- 17	Count	ty Code (7)	(STAT	E USE ONLY)	Curre	nt Use (Pri	or if being demolish	ned)			
CAMDEN									HC	USING D	EEMED UNSAF	E			
Name of Monitoring Firm	Hired by Buildin	ng Owne	er (8)	A	SCM N	Vo.	Nam	e of Abateme	ent Co	ntractor (9)					
Health and Safety S	Services				117		C	ontrolled E	nviro	nmental S	ystems				
Street Address							Stre	et Address							
PO Box 365							11	21 N. Beth	lehen	Pike - St	uite 60				
City, State, Zip Code							City	State, Zip Co	ode						
Berlin, NJ 08009								oring House		19477					
Project Manager for Mon	itoring Firm		T	eler	ohone I	Vo.		phone No.	-		License No.				-
Jim Proctor	itoting i iiii					39-2432	10.151.000	5 542 7000			00847				
Start Date (10)	Sc	cheduled	Com				1,5-4	ne of OSHA N							
8/15/					_ / _		200-00	ES							
Occupancy Status During	g Abatement (C	heck onl	y one)			Stre	et Address							
☐ Facility Closed/Vacate	ed During Entire	e Period	of Aba	aten	nent		11	121 N Bethl	ehem	Pike -Sui	te 60				
☐ Abatement Performed						cribe	City	State, Zip Ci	ode						
Time of Abatement: 7	:00AM-5:00PI	M/	PM		_AM		S	pring Hous	e, PA	19477					
Scope of Work (Check a	Il that apply)							2-02-070-01-00-00-00-00-00-00-00-00-00-00-00-00		#1 ADDA NO-000 CO.					
D - 2 - 5 2 15			Reno	ti				☐ Full Con ☐ Mini-End			ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Demo					Gloveba							
								Non-Exe	mpted	(*) and No	n-Friable Procedur	е			
			Is Lo									Ab	atem	ent T	уре
Location		. [Nor Used S			Acho	ctoc (Description of Containing Ma		(ACM)	Amount	Re	Re	En	En
Asbestos-Containing TO BE ABA		1	Mainte	enai	nce/			mal systems			(Specify	Removal	Repair	cap	Enclosure
IN Facil		C	ustod	lial S 12)	Staff?			urfacing, VAT			SF or LF)	/al		Encapsulate	ure
(13)		Ye		No.	N/A		otr	er miscellane	eous)					te	
SEE ATTACHED				7	П	SEE AT	TAC	HED			200 YD per res				
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Name of Registered Was Waste Managemen				15.55	JDEP I	O No.	Was	52752	0	me of Regis	stered Landfill				
City, State				_	17273	3		00/residenc oosal Date		y, State					
Fairless Hills, PA								0/30/16	100000	ullytown	PA				
Completed By (Print or Type) Title								Signature)			Da	ite;	_	- 1	
Patricia Visco		Offic	e Ma	na	ger			Va	tu	se Vi	id Cer	0	-3	-/	0

Pursuant to NJAC 8:00 and 5:10	ant to NJAC 8:60 and 5	5:16)
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Date of Notification (1)	3 /	16				of Building		er/Operator (2	2)	0.40	1.15 1.7		1.07	E	1
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Agencies Notified EPA	Type Notificat ⊠ Initial	ion				Address Box 9512	0			£ ***	l: ALG	~	2016		
⊠ DOLWD	Amended						-				F				
⊠ DOH	Amendmer	nt #				tate, Zip C		14			ASBESTOS	rrs	F 25.	71 0	1
☐ DCA	☐ Emergenc		luding	8 8		nden, NJ		<i>J</i> 1		i	12.000		* (1 1)	JL 0	2
(NJAC 5:23-8)	justification	100				of Contact					Telephone Number	er.	-		
	☐ Cancellation	on				n Bond									
					FAC	ILITY IN	FOR	MATION							
Name of Facility Where	Abatement is Ta	aking	Place	(3)					1 .	ype of Facility (4					
ROWE STREET RE	SIDENCES									School (K-12)	(Other than K-12)				
Street Address									×	Other (i.e., pri	vate and commerc	ial bui	ilding	S,	
3212 ROWE STREE	ET Residence	es								homes, etc.)					
City (5)									S	quare Feet	# of Floors		g. Ag	е	
Camden										varies	varies	5	+08		
County (6)					Coun	ty Code (7)	(STAT	TE USE ONLY)	С	urrent Use (Price	or if being demolish	ned)			
CAMDEN										HOUSING DE	EEMED UNSAF	Ε			
Name of Monitoring Firm	n Hired by Build	ing O	wner (8)	ASCM	No.	Nan	ne of Abateme	ent	Contractor (9)					
Health and Safety	Services			- 1	117		С	ontrolled E	nv	ironmental S	ystems				
Street Address							Stre	et Address					- 6.0		
PO Box 365							1	121 N. Beth	let	nem Pike - Su	iite 60				
City, State, Zip Code			= 0.875				City	, State, Zip C	ode	е					
Berlin, NJ 08009							S	pring Hous	e, l	PA 19477					1
Project Manager for Mor	nitoring Firm			Tele	phone	No.	Tele	phone No.		-	License No.				
Jim Proctor				C	609-8	39-2432	2	15 542 7000)		00847				
Start Date (10)	S	ched	uled C	omple	tion Da	te (11)	Nan	ne of OSHA N	Vior	nitor	4				
8/15/	_16	_1	0_/	3(_ /	16	С	ES							
Occupancy Status Durin	ng Abatement (C	heck	only o	one)			Stre	et Address							
☐ Facility Closed/Vacat					ment		1	121 N Bethl	leh	em Pike -Sui	te 60				
☐ Abatement Performe						cribe		, State, Zip C							_
Time of Abatement:	7:00AM-5:00P	M/	PN	1	_AM			pring Hous							
Scope of Work (Check a	all that apply)				TE 2000				- 18	107.00				1000	
The second	in that apply/									nment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Re					☐ Mini-End							
△ ≥100 SI OI ≥200 II			△ ⊳с	11101111	JII.						n-Friable Procedure	е			
				Loca								Ab	atem	ent T	уре
Location				Vorma	ally ely by			Description				R	R	Щ	ū
Asbestos-Containing TO BE AB)		inten				Containing Ma rmal systems			Amount (Specify	Remova	Repair	ıcap	Clo
IN Faci			Cus		Staff?	(1.0		urfacing, VAT			SF or LF)	val	-	Encapsulate	Enclosure
(13)				(12)	1	-	oth	ner miscellane	eou	ıs)				ate	W
			Yes	No	N/A									100 100	
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						1								Ш	Ш
Name of Registered Wa				10.30	JDEP Hauler I		Cut	oic Yards of		Name of Regis	tered Landfill				
Waste Managemer	nt of NJ			1	1727		1000	sie 00/residenc		GROWS					
City, State								posal Date		City, State					
Fairless Hills, PA							1	0/30/16		Tullytown	PA				
Completed By (Print or	Type)	Title						Signature	_	11	Da			2011	
Patricia Visco		0	ffice	Mana	ger			Pal	K	ice Vil	00)	8	3-1	6	

Date of Notification (1)				1			Owner/Operator (2	2)					
	3 1_	16			City	of Camd	en						
Agencies Notified	Type Notificati	on			Street A	Address		19 E		D	. 5	71	
⊠ EPA					PO E	30x 9512	0						
□ DOLWD	☐ Amended				City, St	ate, Zip Co	ode	1.0	RESTOS CONT	ROL	8		
⊠ DOH	Amendmen		_		Cam	den, NJ	08101	m.z	LICENSING	1100		-	
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ng		Name o	of Contact		200 C C C C C C C C C C C C C C C C C C	Telephone Numbe				
(140/10 0.20-0)	☐ Cancellatio				Johr	Bond			1				
					FAC	II ITY INF	ORMATION						
Name of Facility Where	Abatement is Ta	king Plac	P (3	3)	1 70		OTTIME COLOR	Type of Facility	(4)				
ROYDEN STREET			00 (0	*)				School (K-12					
Street Address	KLOIDLINGLO				-				(Other than K-12)				
2918 ROYDEN STI	REET Residen	ices						M Other (i.e., p homes, etc.)	rivate and commerci	al bui	laings	5,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Camden								varies	varies	5	+0		
County (6)					Count	v Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)			
CAMDEN						, (,	•	HOUSING D	EEMED UNSAFE				
Name of Monitoring Firm	n Hired by Buildi	na Owne	r (8)	1 /	ASCM N	No. I	Name of Abateme	ent Contractor (9)					
Health and Safety		ng Owne	(0)	'	117			nvironmental S					
	Services		-		111		Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	-		
Street Address								lehem Pike - S	uite 60				
PO Box 365									ance do				
City, State, Zip Code							City, State, Zip C						
Berlin, NJ 08009			_				Spring Hous	e, FA 19477	License No.	-			_
Project Manager for Mo	nitoring Firm	75			ohone N		Telephone No.	v	1 THE R. P. LEWIS CO. L. P. LEWIS CO. L. P. L. P				
Jim Proctor						9-2432	215 542 7000		00847				_
Start Date (10)		cheduled 10			ion Dat /		Name of OSHA N	Monitor					
Occupancy Status Duri	ng Abatement (C	heck onl	y on	ie)			Street Address						
☐ Facility Closed/Vaca					nent		1121 N Bethl	ehem Pike -Su	ite 60				
☐ Abatement Performe	ed Outside of No	rmal Fac	ility	Hour	s - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	7:00AM-5:00P	M/	PM-		_AM		Spring Hous	e, PA 19477					
Scope of Work (Check	all that apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				ovati			☐ Mini-End	ag Procedure	gative Pressure	9			
				_ocat						Ab	atem	ent T	уре
Location				orma	lly ely by		Description		Amount	Re	Re	En	En
Asbestos-Containin TO BE A		,		ntena			stos Containing Ma ., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Fac		C	usto		Staff?		surfacing, VAT	Г, ог	SF or LF)	/al		sula	ure
(13)	-		(12)	LAUIA	-	other miscellane	eous)				te	
		Ye	es	No	N/A				202 \(\text{TD}\)				
SEE ATTACHED						SEE AT	TACHED		200 YD per res				닏
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Name of Registered W	aste Hauler			1000	JDEP !		Cubic Yards of		istered Landfill				
Waste Manageme	ent of NJ				17273		Waste 200/resident						
City, State					75		Disposal Date	City, State	. DA				
Fairless Hills, PA							10/30/16	Tullytowr					
Completed By (Print or	Type)	Title					Signature	11.	Da		_	1	
Patricia Visco		Offic	e N	lana	ger		4. Reluc	co UU	Ca	0-	3	16	

State of New Jersey

		NOTIF				8:60 and 5:16		Oha	CHE I NO	重 S		Anna de campo	
Date of Notification (1)			I	Name of	Building (Owner/Operator (2	2)	111-		-			
	3 1 1	16			of Camde				ALIC A 201	6	IJ		
Agencies Notified	Type Notificatio	n	5	Street A	ddress			le l					
☑ EPA				PO B	ox 95120)							
□ DOLWD	☐ Amended		(City, Sta	te, Zip Co	de		ASBE	ESTOS CONTE	ROL	×		
DOH	Amendment			Camo	den, NJ 0	8101			LICENSING				
DCA	☐ Emergency justification)		1	Name of	Contact				Telephone Numbe	r			
(NJAC 5:23-8)	Cancellation			John	Bond								
	Carlochation			- 1000		ORMATION							
Name of Facility Where	Abatement is Tak	ing Place	(3)				Туре	of Facility (4)				
SEWELL STREET							Пѕ	chool (K-12) ubchapter 8 (Other than K-12)		ľ		
Street Address								other (i.e., privomes, etc.)	rate and commerc	ai buii	aings	T	
2211 SEWELL STR	REET Residend	es						are Feet	# of Floors	Bld	g. Age	9	-
City (5)									varies	1	0+		
Camden							1	ries	(0.000.000.000		•		
County (6)				County	/ Code (7)(STATE USE ONLY)			r if being demolish				
CAMDEN									EMED UNSAFE		-		
Name of Monitoring Firm	n Hired by Buildin	ng Owner (8) /	ASCM N	lo.	Name of Abateme			537				
Health and Safety	Services			117		Controlled E	nviro	nmental Sy	/stems				
Street Address						Street Address							
PO Box 365						1121 N. Beth	leher	m Pike - Su	ite 60				
City, State, Zip Code						City, State, Zip Co	ode						
Berlin, NJ 08009						Spring House	e, PA	19477					
Project Manager for Mo	nitorina Firm		Tele	phone N	lo.	Telephone No.			License No.				
	Jim Proctor					215 542 7000)		00847				
Start Date (10)	Sc	heduled C	omplet	tion Date	e (11)	Name of OSHA N	Monito	or					
8/15	/ _16_	10 /				CES							
Occupancy Status Durin					123	Street Address							
□ Facility Closed/Vaca	ited During Entire	Period of	Abater	ment		1121 N Bethl	leher	n Pike -Sui	te 60				
☐ Abatement Performe					cribe	City, State, Zip C							
Time of Abatement:	7:00AW-5:00PM	VI/PI	/1	Alivi		Spring Hous	se, P	4 19477					
Scope of Work (Check	all that apply)	-				Π.Ε. II.O		No.a	otivo Prossure				
		Пв	enovati	on		☐ Full Cor			ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			emolitic			☐ Gloveba	ag Pro	ocedure	777777777 EV 40				
Z 100 01 01 1200 11						⊠ Non-Exe	empte	ed (*) and No	n-Friable Procedu	_			
			Locat							Ab	atem	ent T	ype
Location		Lie	Norma			Description		(A C N A)	Amount	Re	Repair	En	Enc
Asbestos-Containin TO BE Al			aintena		Asbe	stos Containing M ., thermal systems	s insul	lation.	(Specify	Removal	oair.	cap	Enclosure
IN Fac		Cus	stodial			surfacing, VA	T, or		SF or LF)	a)		Encapsulate	ure
(13)		(12)	-		other miscellan	eous)					ē	
		Yes	No	N/A						57			1
SEE ATTACHED					SEE AT	TACHED			200 YD per res				
											Ш	Ш	Ш
Name of Registered W	aste Hauler		1	NJDEP	Waste	Cubic Yards of	N	lame of Regis	stered Landfill				
Waste Manageme			1	Hauler II		Waste 200/residen		GROWS					
City, State						Disposal Date 10/30/16		city, State Tullytown	PA				
Fairless Hills, PA		1				Cianatura			, D	ate			
Completed By (Print or	Type)	Title				Signature	+	CUD V	1000	-	3	.11	5
Patricia Visco		Office	Mana	ager		1 4 al	MIL	CUD V.	acc	0	>	16	<u> </u>

ASB-41 JAN 13 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	15 6 6 1				
8/	3 / _	16	78		City	of Camo	len			0010			
Agencies Notified	Type Notificat	tion			Street	Address		16 (8)	AUU 4	ZUIC			
⊠ EPA					PO	Box 9512	20						
□ DOLWD	☐ Amended			+	City S	tate, Zip C	ode				01.0		+
□ DOH	Amendme	nt #			1.5	nden, NJ		1	SEESTOS COI		ULO	£	
☐ DCA	☐ Emergence		iding	-		of Contact	222		LICENSIA	Annual Section			
(NJAC 5:23-8)	justificatio					or Contact n Bond			Telephone Number	3 1			
							FORMATION		<u> </u>				
Name of Facility Where A	hatamant in T	okina D	lana /	(2)	TAC	ZILITI IIV	ONWATION	Type of Facility	(4)				
Name of Facility Where A SHERMAN STREET			race ((3)				School (K-12					
Street Address								☐ Subchapter 8	Other than K-12)				
2413, 2415 SHERM	AN STREET	Resid	ence	es				Other (i.e., postero)	rivate and commerc	ial bu	ilding	S,	
City (5)								Square Feet	# of Floors	Bio	ig. Ac	je	
Camden								varies	varies		50÷		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ied)			
CAMDEN								HOUSING D	EEMED UNSAF	Ξ			
Name of Monitoring Firm	Hired by Build	ing Ow	ner (8	3) /	ASCM	No.	Name of Abateme	ent Contractor (9)				K. 7.77	
Health and Safety S	Services				117		Controlled E	nvironmental S	Systems				
Street Address							Street Address						
PO Box 365							1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code							City, State, Zip C	ode	704-04-04-04-04-04-04-04-04-04-04-04-04-0				
Berlin, NJ 08009							Spring Hous						
Project Manager for Mon	itorina Firm			Tele	phone	No.	Telephone No.		License No.				
Jim Proctor						39-2432	215 542 7000	i	00847				
Start Date (10)	S	chedul	ed Co	mplet	tion Da	te (11)	Name of OSHA N	Monitor					
8/15/						16	CES						
Occupancy Status During	g Abatement (C	Check o	nly o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Entir	e Perio	d of A	Abater	ment		1121 N Bethl	ehem Pike -Su	ite 60				
☐ Abatement Performed						cribe	City, State, Zip C	ode					
Time of Abatement: 7	7:00AM-5:00P	M/	_PM		_AM		Spring Hous						
Scope of Work (Check al	Il that apply)								1042 Ver				
D . 2 . 5 2 15		-	7.0		22			tainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati nolitic			☐ Mini-End	g Procedure					
			3				⊠ Non-Exe	empted (*) and No	n-Friable Procedure	9			
				Locat						Ab	atem	ent T	ype
Location				lorma d Sole			Description		A t	Re	Re	E	四四
Asbestos-Containing TO BE ABA		1)		ntena	, ,		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	Clos
IN Facility Custoo					Staff?		surfacing, VAT	, or	SF or LF)	Va.	~	Encapsulate	Enclosure
(13) (13) Yes					T 1/4	-	other miscellane	eous)				ate	
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SEE ATTACHED						SEE AI	TACHED		200 YD per res				
		1								Ш		П	
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]											
Name of Registered Was	ste Hauler			1232	JDEP 1		Cubic Yards of	Name of Regi	stered Landfill	7.			
Waste Managemen	it of NJ			Н	17273		Waste 200/residence						
City, State							Disposal Date	City, State					
Fairless Hills, PA							10/30/16	Tullytown	PA				
Completed By (Print or T	ype)	Title					Signature	+ 11	Da		>		_
Patricia Visco		Off	ice N	lana	ger		Nan	Gerar Vho	Car	X	<	-1	6

Date of Notification (1)	3 1	16				of Building	Owner/Operato	or (2)		5 G E I V	V I			
Agencies Notified	Type Notificati	on				Address Box 9512	0		1-1-1	AUG 4 21)16			
⊠ DOLWD	☐ Amended			-					1-1		110		1	
⊠ DOH	Amendmen	nt #	_			tate, Zip C			1			-		
DCA	☐ Emergency	(includi	ng			iden, NJ	CONTRACTOR OF THE PARTY OF THE		AS	EESTOS CONT		<u>_</u>	-	
(NJAC 5:23-8)	justification				10 10	of Contact				Telephone Numbe	Γ			
	☐ Cancellatio	n			Joh	n Bond								
					FAC	ILITY IN	FORMATION							
Name of Facility Where A			ce (3	3)				- 10	Type of Facility (4 ☐ School (K-12)					
	I KESIDENC	ES						-	☐ Subchapter 8	(Other than K-12)				
Street Address 54, 58, 60, 100 SOU	JTH 24th STR	EET Re	esid	ence	es				Other (i.e., pri homes, etc.)	vate and commercia				
City (5)									Square Feet	# of Floors	Bld	g. Ag	е	
Camden									varies	varies	5	+0		
County (6)					Coun	ty Code (7)	(STATE USE ONL	-Y)	Current Use (Price	or if being demolishe	ed)			
CAMDEN									HOUSING DI	EEMED UNSAFE				
Name of Monitoring Firm	Hired by Buildi	ng Owne	er (8)	1	ASCM	No.	STORY OF STREET STREET,		nt Contractor (9)					
Health and Safety S	Services				117		Controlled	d En	vironmental S	ystems				
Street Address							Street Addres	S						
PO Box 365							1121 N. B	ethle	ehem Pike - Su	uite 60				
City, State, Zip Code							City, State, Zi	р Со	de					
Berlin, NJ 08009							Spring Ho	use	, PA 19477					
Project Manager for Mor	nitoring Firm			Tele	phone	No.	Telephone No).		License No.				
Jim Proctor				С	609-8	39-2432	215 542 70	000		00847				
Start Date (10)	Sc	cheduled	Cor	nple	tion Da	te (11)	Name of OSH	IA M	onitor					
8/15/	16	10	1	30	_ /	16	CES							
Occupancy Status Durin	g Abatement (C	heck onl	ly on	e)			Street Addres	ss						
☐ Facility Closed/Vacat					ment		1121 N Be	ethle	hem Pike -Sui	te 60				
☐ Abatement Performe						cribe	City, State, Zi	р Со	de					
Time of Abatement:	7:00AM- <u>5:00</u> PI	M/	PM-		_AM		2.5		, PA 19477					
Scope of Work (Check a	Ill that apply)								28					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Ren Dem				☐ Mini- ☐ Glov	Encl ebag	Procedure	ative Pressure n-Friable Procedure	ı			
				.ocat							Ab	ateme	ent T	уре
Location				orma	lly ∋ly by		Descripti				Re	Re	Щ	四
Asbestos-Containing TO BE AB					ince/	Asbe	stos Containing	g Iviai ems i	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci		C	usto		Staff?	(surfacing, \	VAT,	or	SF or LF)	Val	57.00	sula	sure
(13)		V	es	(12) No	N/A	-	other miscel	lane	ous)				ate	3070
SEE ATTACHED		_	-	П		SEE AT	TACHED			200 YD per res		П	П	
SEE ATTACHED			-		1	JEL A	TACILLE			200 12 por 100		F		
			-	<u> Ц</u>										
													Ш	
]										Ш	Ш
Name of Registered Wa	ste Hauler			5/8/8/2	JDEP		Cubic Yards	of	Name of Regis	tered Landfill				
Waste Managemen	nt of NJ			-	lauler I 1727		Waste 200/reside	enc	GROWS					
City, State							Disposal Date		City, State					
Fairless Hills, PA							10/30/16		Tullytown	PA				
Completed By (Print or	Type)	Title					Signatur	e	. 1) Dat			20	
Patricia Visco		Offic	e M	ana	ger		W.	al	arous 1/2	acer	3.	3-	-16	

Date of Notification (1)					Nam	e of Building	n Ow	ner/Operator (2)	w.		,	0	,		1
3 /	31	16				y of Cam			2)		AUG		4 1	2016		
Agencies Notified	Type Notifica	ation			Stree	t Address			1	-						
⊠ EPA					PC	Box 951	20		1							
□ DOLWD	☐ Amended				City,	State, Zip C	Code				ASPEST	0.00	-		DL-8	-
⊠ DOH	Amendm				100000000000000000000000000000000000000	mden, NJ			Ĺ			CEN	1,211,	2		
DCA (NJAC 5:23-8)	☐ Emergen justification	cy (inc	cluding	3		e of Contac				17	Telephone N	umhe	AF.			
(145/10 5.25-0)	☐ Cancellat					hn Bond				- 1	diopriorio 14	arribo				
			R-14-11							_						
N (5			-	(0)	FΑ	CILITY IN	IFOR	RMATION								
Name of Facility Where A				(3)					Type of Facilit							
SOUTH 33 rd STREI	ET RESIDEN	ICES				<u> </u>			School (K-		Other than K	12)				
Street Address									Other (i.e.,				al bu	ilding	S,	
114 SOUTH 33 rd S	TREET Resi	denc	es						homes, etc							
City (5)		V.300-0							Square Feet		# of Floors		Bio	ig. A	ge	
Camden									varies		varies			+05		
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (F	Prior	if being dem	olish	ed)			
CAMDEN									HOUSING	DE	EMED UNS	AFE				
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCN	l No.	Na	me of Abateme	ent Contractor (9)						
Health and Safety S	Services				117		0	Controlled E	nvironmental	Sys	stems					
Street Address								eet Address								
PO Box 365							100000		lehem Pike -	Suit	te 60					
City, State, Zip Code				-				y, State, Zip C							-	
Berlin, NJ 08009								Spring Hous								
Project Manager for Mon	itoring Firm			Tel	ephone	No		lephone No.	C, 1 A 10477		License No.					
Jim Proctor	itoring r iirii			000		339-2432	12 TES	215 542 7000			00847					
Start Date (10)		Schod	ulad C	1 72		ate (11)	100	me of OSHA N			00047	64.00				
5 / 15 /						16		CES	normor							
Occupancy Status During	Abatement (Check	only o	one)			Str	eet Address		_				-		
□ Facility Closed/Vacate							1	121 N Bethl	ehem Pike -S	uite	60					
	Abatement Performed Outside of Normal Facility						City	y, State, Zip Ci	ode						-	
Time of Abatement: 7	Time of Abatement: 7:00AM-5:00PM/PM						1	Spring House								
Scope of Work (Check al	l that apply)	· · · · · ·					1									
≥3 sf or ≥3 lf			☐ Re	nova	tion			☐ Mini-End	tainment with Na losure	egai	ive Pressure					
≥160 sf or ≥260 lf			☑ De	molit	ion			☐ Gloveba	g Procedure							
								Non-Exe	mpted (*) and N	lon-l	Friable Proce	edure				
	. P			Loca Norm									Aba	atem	ent T	ype
Location Asbestos-Containing		1)			lely by	Acho	ctoc	Description of Containing Ma			Amount		Re	Re	En	ш
TO BE ABA	TED	9	Ma	inten	ance/			ermal systems			(Specify		Remova	Repair	cap	clos
IN Facility Custodia							5	surfacing, VAT	, or		SF or LF)		val		Encapsulate	Enclosure
(13) Yes N						-	ot	her miscellane	ous)						te	
0== 4== 4011=0			- 103		-	-				-			_	_	_	_
SEE ATTACHED			Ц			SEE AT	TAC	CHED		2	00 YD per	res		Ш	Ш	Ш
Name of Registered Was	te Hauler				NJDEP	Waste	Cul	bic Yards of	Name of Reg	jiste	red Landfill					
Waste Management	t of NJ			1	Hauler 1727		100000	ste :00/residenc	GROWS							
City, State					. 1 441		-	posal Date	City, State					100		
Fairless Hills, PA							1	0/30/16	Tullytown	n PA	A					
Completed By (Print or Ty	ype)	Title						Signature	1.			Date				
Patricia Visco	aga - 3a	North State	fice I	Vlana	ager			Vat	was Va	30	00		8	-3	; -l	6

V 1 11	10/11/01/01	,.0000	
	(Pursuant to	NJAC 8:60	and 5:16)

Date of Notification (1)					Name of Building Owner/Operator (2)												
8/3/16					City	of Camd	en			AUG 1	201	6					
Agencies Notified Type Notification EPA Initial						Address				111	AUU	·	11000	10- 87-			
⊠ EPA		PO Box 95120						1			1						
□ DOLWD	☐ Amended				City, S	tate, Zip Co	ode				ASBESTOS CO	INC	HUL	a	10		
⊠ DOH	Amendmen		edia a		Can	nden, NJ	0810	1			LICENS	ING					
DCA (NJAC 5:23-8)	☐ Emergency justification		iding		Name	of Contact					Telephone Numbe	г					
(140) 10 0.20 0)	☐ Cancellatio				Joh	n Bond					3.4						
	FAC	ILITY INI	FORI	MATION													
Name of Facility Where A	(3)					Type of Facility (4)											
STEWART AVENUE	RESIDENCE	ES							School (K-12)								
Street Address								☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
36 STEWART AVE							es, etc.)										
City (5)					-2.15/2-	10			Square I	eet	# of Floors	100	g. Ag	е			
Camden									varie	3	varies	5	0+				
County (6)			200	7.00	Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Prior if being demolished)								
CAMDEN									HOUSING DEEMED UNSAFE								
Name of Monitoring Firm	Hired by Buildi	ng Ow	ner (8	3)	ASCM	No.	Name of Abatement Contractor (9)										
Health and Safety S	Services				117		Controlled Environmental Systems										
Street Address							Street Address										
PO Box 365							11	21 N. Beth	lehem P	ehem Pike - Suite 60							
City, State, Zip Code		City,	State, Zip Co	ode	-												
Berlin, NJ 08009	Spring House, PA 19477																
Project Manager for Mor	Tele	ephone	No.	Tele	phone No.	License No.											
Jim Proctor	С	609-8	39-2432	21	5 542 7000			00847									
Start Date (10)	etion Da	te (11)	Nam	ne of OSHA N	onitor												
8/15/	_3	30 / <u>16</u> CES															
Occupancy Status Durin	ne)			Stre	et Address												
□ Facility Closed/Vacat	ed During Entire	e Perio	od of	Abate	ment		11	121 N Bethl	ehem Pike -Suite 60								
☐ Abatement Performe						scribe	City	, State, Zip C	ode								
Time of Abatement:	7:00AM-5:00PI	IVI/	PIV		AM		S	pring Hous	e, PA 19	477							
Scope of Work (Check a	Il that apply)							□ Full Con	tainment	with Ne	native Pressure						
 □ ≥3 sf or ≥3 lf □ Renova □ ≥160 sf or ≥260 lf □ Demolit □ Demoli																	
					on		☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Proced						IFA.				
			1-	1				M Non-Exe						nent Type			
Location	o of			Loca			Description of								Т		
Asbestos-Containing)	Use	d So	ely by			Containing Ma	aterial (ACM) insulation,		Amount	Removal	Repair	inca	Enclosure		
TO BE AB	ATED				ance/ Staff?	(i.e		rmal systems urfacing, VAT			(Specify SF or LF)	3701	ar	sde	nso		
IN Facility Custodia (13)								ner miscellane			St Of Li	-		Encapsulate	le.		
()			Yes	No	N/A		200000		22	,				VP.			
SEE ATTACHED						SEE AT	TAC	HED			200 YD per res						
Name of Registered Waste Hauler						Waste	100000000000000000000000000000000000000	oic Yards of	Name	of Regi	stered Landfill						
						D No.	Wa:	ste 00/residenc	GR	ows							
City, State										ity, State							
Fairless Hills, PA						10/30/16 Tullytown PA											
Completed By (Print or					Signature						_						
Patricia Visco Office Manager								Pal	Portuge Visco 8-3-16								

Date of Notification (1)	3 ,	16				Building C	Owner/Operator (2)								
						-01 055000000000000				AUG4_2	016_	-	-			
Agencies Notified ⊠ EPA	Type Notification		1		ddress ox 95120)		12								
□ DOLWD	☐ Amended			Cit	ty, Sta	ite, Zip Co	de		ASSESTOS CONTRUL &							
□ DOH	Amendmen			(Camo	den, NJ 0	8101		LICENSING							
DCA	☐ Emergency justification		3	Na	ame of	f Contact			Telephone Number							
(NJAC 5:23-8)	☐ Cancellation															
		2-11-7		1	FACI	LITY INF	ORMATION									
Name of Facility Where	Abatement is Tal	king Place	(3)	-				Туре	of Facility (4	4)						
THOMPSON STRE							☐ School (K-12)									
Street Address							□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,									
2937 THOMPSON S	STEET Reside	nces					homes, etc.)									
City (5)								Square Feet # of Floors			Bldg. Age					
Camden								varies varies			50+					
County (6)				(County	y Code (7)(STATE USE ONLY)									
CAMDEN								HC	DUSING DI	EEMED UNSAFE						
Name of Monitoring Firm	Hired by Buildin	AS	CM N	lo.	Name of Abatement Contractor (9)											
Health and Safety	Services		1	117		Controlled Environmental Systems										
Street Address					Street Address											
PO Box 365		1121 N. Beth	leher	n Pike - Sı	uite 60											
City, State, Zip Code		City, State, Zip Code														
Berlin, NJ 08009		Spring House, PA 19477														
Project Manager for Mo	nitoring Firm	elephone No.			Telephone No.			License No.								
Jim Proctor	(C 60	09-83	9-2432	215 542 7000			00847								
Start Date (10)		n Date	and the state of t	Name of OSHA N	Monito	r										
					Street Address											
Occupancy Status Durin			ant			lehem Pike -Suite 60										
☐ Facility Closed/Vaca☐ Abatement Performe	itv Ho	urs -	- Desc	cribe	City, State, Zip C	ACCUPATION OF THE PROPERTY OF										
Time of Abatement:	7:00AM-5:00P		ΑM		Spring Hous		19477									
Scope of Work (Check a	all that annly)						opg	-,								
Scope of Work (Check	an that apply)									gative Pressure						
≥3 sf or ≥3 lf							☐ Mini-En ☐ Gloveba									
≥160 sf or ≥260 lf							⊠ Non-Ex	Exempted (*) and Non-Friable Procedure								
			Is Loc	catio	n						Ab	atem	ent T	уре		
Locatio		11	Norn sed S				Description		(A CNE)	Amount	Remova	Re	En	En		
Asbestos-Containing TO BE AB		1	/lainte		0.00	Asbes	stos Containing M ., thermal systems	ateriai insul	ation,	(Specify		Repair	cap	Enclosure		
IN Fac		Cı	ıstodi		aff?		surfacing, VAT, or			SF or LF)	<u>a</u>		Encapsulate	ure		
(13))	Ye	1	2) lo	N/A		other miscellan	neous)					é			
SEE ATTACHED						SEE AT	TACHED	200 YD per res								
				1	П											
			T	1												
					<u> </u>											
Name of Registered W	aste Hauler			NJ	DEP \		Cubic Yards of	N	ame of Regi	stered Landfill				-		
Waste Manageme					uler II 17273		Waste 200/residen		GROWS							
City, State				1			Disposal Date		ity, State	etactors						
Fairless Hills, PA							10/30/16	Tullytown PA								
Completed By (Print or		Title	-				Signature		11	Da	te					
Patricia Visco	**************************************	Offic	e Ma	nag	er		Pat	1011	Mes	315	8-	5	-/6	6		

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

Date of Notification (1)				N	Name of Building Owner/Operator (2)								-1		
8/3/16					City o	of Camdo	en								
Agencies Notified Type Notification					Street A	ddress				AUG 4	201	6	100	1	
⊠ EPA	⊠ Initial					ox 95120	0								
□ DOLWD □	☐ Amended				City, Sta	te, Zip Co	ode	LOCAL CONTROL							
□ DOH	Amendmen		-			den, NJ (ASDESTUS					OL	1		
☐ DCA	☐ Emergency justification		ng	P		f Contact	LICE PASSE								
(NJAC 5:23-8)	☐ Cancellatio			Bond											
		FACI	LITY INF	ORMATION											
Name of Facility Where A			and the second seconds		Type of Facility (4)										
WAYNE AVENUE R						☐ School (K-12)									
Street Address								Subchapter 8 (Other than K-12)							
2323 WAYNE AVEN	NUE Residenc					Other (i.e., private and commercial buildings, homes, etc.)									
City (5)				-				Squa	are Feet	# of Floors	Bldg. Age				
Camden								va	ries	varies	5	0÷			
County (6)					County	Code (7)	(STATE USE ONLY)	or if being demolishe							
CAMDEN							HOUSING DEEMED UNSAFE								
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	A	SCM N	0.	Name of Abatement Contractor (9)								
Health and Safety S		ă.			117		Controlled Environmental Systems								
Street Address					2000		Street Address								
PO Box 365							1121 N. Bethlehem Pike - Suite 60								
City, State, Zip Code					City, State, Zip C										
Berlin, NJ 08009							Spring House, PA 19477								
Project Manager for Mor	itoring Circo		17	Tolor	hone N	10	Telephone No. License No.								
Jim Proctor	morning ratio			9-2432	215 542 7000	00847									
	10		ion Date	AND A CONTRACT OF THE PARTY OF	Name of OSHA										
Start Date (10)	70	/	55 (4)	CES											
		_ ' _													
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement							Street Address	سمماما	- Dilea Cu	i+a 60					
☐ Facility Closed/Vacat	ted During Entire	e Period	of Ab	aten	nent	ribo		lehem Pike -Suite 60							
☐ Abatement Performed Outside of Normal Facility Ho Time of Abatement: 7:00AM-5:00PM/PM						ince	City, State, Zip C		e, PA 19477						
							Opining mode	,,,,,	. 10111						
Scope of Work (Check a	all that apply)									gative Pressure					
≥160 sf or ≥260 lf				olitio	n		☐ Gloveda	xempted (*) and Non-Friable Procedure							
			Is L	ocati	on						Abatement Type				
Location	n of			rmal			Description				Z	R	Ш	Ш	
Asbestos-Containing			Jsed Maint			Asbe	stos Containing M	lateria	(ACM)	Amount (Specify	Removal	Repair	ıcal	ıclo	
TO BE AB		4.4			Staff?	(I.e	surfacing, VA			SF or LF)	val	_	Encapsulate	Enclosure	
(13)			((12)	_		other miscellan						ate	w	
		Ye	es	No	N/A						_	_		_	
SEE ATTACHED	SEE ATTACHED					SEE AT	TACHED		7	200 YD per res			Ш	Ш	
							×								
Name of Registered Wa	10000	JDEP V		Cubic Yards of			stered Landfill	tered Landfill							
Waste Management of NJ					17273		Waste 200/residen	C	GROWS						
City, State							Disposal Date	- 1	ity, State						
Fairless Hills, PA							10/30/16								
Completed By (Print or				Signature /				Date							
Patricia Visco Office Manag					ger		SAT	1101	(1) UM	3	3-	3	16	,	