NO CK

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

10			State of New ION OF ASBES ant to NJAC 8:	STOS A				,	R BEST	=(		14	Fr	,
Date of Notification (1) January 6, 2016		5,500,750,00	e of Building O	wner/Op	erator	(2)		~~	Ole JA	1-	8	D <sub>14</sub> ,	<del>(,</del>	
Agencies Notified Type Notificatio	n	100000000000000000000000000000000000000	et Address 5 Parkway A	Ave; P.	.O. Bo	x 600	1	43	& LH	35	01	77/6	. 9	5
X EPA X Initial Amended Amendme	nt#		State, Zip Cod						~ LH	EA	15/	VG	701	
□ Emergenc     i justification	y (including	Nam	e of Contact Bevans					1 1 616	phone N	IIIDe	er			
DCA Cancellation	on		ACILITY INFO	RMATIC	N						-			
Name of Facility Where Abatement is Tak NJDOT - Route 280, Route 21 In			277				of Facility (4) School (K-12	)	-					
Street Address Rt 21 / Rt 280						X	Subchapter 8 Other (i.e. pri etc.)	3 (Othe ivate 8	comme	ial l	ouildi	ngs, l	nome	s,
City (5) Newark				N.		Squar N/A	e Feet	# of	Floors		Blo	lg. Ag	je	
County (6) Essex			nty Code (7) TE USE ONLY)		_		nt Use (Prior ge Structu		ng demo	shed	1)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)	A	SCM No.				tement Cont arms Cons			Ind	).			
Street Address						Addres ellowb	s prook Roa	ıd						
City, State, Zip Code	***						p Code J 07731				0.000			
Project Manager for Monitoring Firm	9	Tele	ephone No.			none No 751-2			License 01055	No.				
Start Date (10) January 18, 2016	Scheduled ( February		tion Date (11) 016		Name	of OSH	HA Monitor							
Occupancy Status During Abatement (Ch	neck Only One)				Street	Addres	SS					,a		
Facility Closed/Vacated During Enti Abatement Performed Outside of N  Other – Describe: Bridge Reconstru	ormal Facility Ho	ours		_	City, S	State, Z	ip Code			-				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		ovation				Mir Gle	II Containme ni-Enclosure ovebag Prod n-Exempted	edure	<del>-</del>				e	
		cation										Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	mally Solely benance ial Staff 12)	(i.e.	tos Cont thermal surfac	system cing, V	Materia ns insul	ation,	(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Bridge Abutments	Yes I	15.50	X Asb	estos I	Roofir	na Cei	ment	2	40 SF	-	X			
bridge Abditrients			7,00		100111	.9 00								
Name of Registered Waste Hauler George Harms Construction Co.	Inc.	1	EP Waste ler ID No. 85	of Wa	Yards ste		Name of Waste			ITHE				
City, State Howell, NJ		1		Dispo TBD	sal Dat	e n	City, Stat		A					
Completed by Sam Hahn	Title Project	t Engir	neer	5	Signatu	re	1 Other	/		Dat	1/	16/0	9916	

(K7658

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

RECEIVED

Date of Notification (1) 01/06/2016			Name of The Lil	Building O	wner/O th Act	perator or's Ho	(2) ome		*	201	JAN	-8	PM	12.	20
Agencies Notified - Type Notified EPA Initial	v		2000	75 West I		n Ave			4	45,	EST.	0s	CON	TRI	9 <b>3</b>
	dment #	_   '		e, Zip Cod vood, NJ		1					- 116	EN	SIN	G '	J.
✓ DOH justific	gency (including cation) ellation		Name of Jordan	Contact Strohl				5	Tele	nhn	39				100
Name of Facility Where Abatement is	Taking Place (3)		FACIL	ITY INFO	RMATI	ON	Tune	of Facility (4	,	_					
The Actor's Fund Homes	s raking riace (5)					01945/3884		School (K-12				(4)			
Street Address 155-175 West Hudson Avenu	ie .					Community Community Community	D (	Subchapter Other (i.e. pretc.)				build	ings,	home	iS.
City (5) Englewood						Control Control	Squa 10,0	re Feet 100	# of 2	Floc	5		dg. A	ge	
County (6) Bergen			County C STATE U	ode (7) ISE ONLY)		The second secon		nt Use (Prio rement H		ng de	molishe	ed)			
Name of Monitoring Firm Hired by Bu Environmental Health Investi			ASCM 0104					tement Construction			tion, I	nc			
Street Address 655 West Shore Trail							Addres A Rot	ss ute 46 Sui	te 3D						
City, State, Zip Code Sparta, NJ 07871								ip Code J 07512							
Project Manager for Monitoring Firm Jean-Paul von Doehren			Telephor 973-65	ne No. 51-2041			none N 256-7			Lio 06	nse No	2			
Start Date (10) .01/18/2016	Schedule 02/05/2			Date (11)				HA Monitor struction	& Res		tion, I	nc			
Occupancy Status During Abatement	t (Check Only On	∋)					Addres		4- an						
Facility Closed/Vacated During Abatement Performed Outside of Occupied Bu	Entire Period of A of Normal Facility illding	batem Hours	ent			City, S	state, Z	ute 46 Sui ip Code IJ 07512							
Scope of Work (Check Ail That Apply								0,0,2			-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(According	enova emolit					Min	l Containme ni-Enclosure ovebag Proc	edure	٠					100 101 101 101 101 101 101 101 101 101
	le le	Locati	0.0			₩	1 No	n-Exempted	(*) and	NO.	-Fnabk	5 -	cedun Abate	Name of the second	
Location of	N	ormal	ly		Des	scription	of	All said to come					Ту	pe	
Asbestos-Containing Material (A0 TO BE ABATED In Facility (13)	Mai Mai	d Sole ntenar odial S (12)	nce/		hermal surfa	aining M system cing, VA niscellar	s insula T, or		(S	mou ipec or l	У	Removal	Repair	Encapsulate	Enclosure
Dorou Williams with	Yes	No	N/A	147	-d	F., 2			0.0	90 5	_			Ф	
Percy Williams wing Percy Williams wing		X,		VVII		ransit		els		15 L		X			
reicy williams wing		٧,			VVIIIC	IOW Ge	auik	200				X			
			-								-				
Name of Registered Waste Hauler			JDEP W		10000000	Yards		Name of	Registe	red	andfill				
Bako Construction & Restorat	tion, Inc		lauler ID 0889	No.	of Wa			Tullytov		SOL	ce Re	cov	ery F	acili	ty
City, State Totowa, NJ					Dispos TBD	sal Date		City, State Tullytov	e wn, PA	4					
Completed by Damir Valjevac	Title Proje	ct Ma	anager		8	Signature	e	Salge	rac		Dat 01		2016	1	

(Klele

020	State of NJ
2 0	Notification of Asbestos Abatement
	(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: <u>16-08</u>	lelez —	Notific		estos	Abatement and 12:120)		2016 JAN	CEI	VEL	9
Date of Notification (1)	Name	of Building Own	er/Operator (2)				SHESTON	-8 P	M 12:	<u> </u>
10 11 /10 14 /116 1		NEVA BURTO	ON				505510	1500		
Agencies Notified Type Notification	Street	Address					- 1101	HSIA	RO	L
DEP Amended									Q	
Amendment #:	*	State, Zip Code								
□ DOH     □ Emergency (including)		wark, NJ 071 of Contact	04			Telepho	e Number			-
justification)						072 55				
DCA Cancellation	GE GE	ENEVA BURT	ON							_
		FAC	ILITY INFORM	ATION						
Name of facility where abatement is	taking place (	3)				Type of Facility	4) I (K - 12)			
GENEVA BURTON						1 =	apter 8 (Othe	r than K	-12)	
Street Address							Private/Com		12)	
						Bldgs	Homes, etc.		1- 4	
	I County (C					Square Feet	# of Floors	BI	dg. Age	
City (5)	County (6	))		500000000	nty Code (7) te use only)	Current Use (F	rior if being d	emolish	ed)	_
Newark	essex			(	,	Current coc (i	lor ii bollig d	Cinonom	,,,	
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatemen	t Contractor (9)				
					D & S RESTOR	RATION, INC.				
Street Address					Street Address					
					20 California A					
City, State, Zip Code					City, State, Zip Code					
Project Manager for Monitoring Firm		Phone Numb	ner	_	Paterson, NJ 0 Telephone Number	7303	TLicense Nu	ımber		
1 Toject Manager for Worldoning 1 min		I Hone raum	301		973-345-8020	)	011	69		
Start Date (10)	ISched Co	mpletion Date (1	1)	_	Name of OSHA Mo	nitor	2			
A CONTRACT C			• /		D & S Restora	tion, Inc.				
01/05/16 Occupancy Status During Abatemen	01/20/16			_	Street Address	792.2002				
Facility closed/vacated during					20 California A City, State, Zip Cod-		-			_
Abatement performed outside					ony, crate, zip coo					
Describe: NORMAL H	OURS			_	Paterson, NJ 0	7503				
Scope of Work (check all that apply						Full Containment	v/negative pr	essure		
$\boxtimes$ >3 sf or >3 lf	Renovation					Mini-enclosure				
≥160 sf or ≥260 lf	Demolition				Ê	Glovebag proced Non-Exempted (*		able proc	edure	
Location of	Is location no	rmally used sole	ly					R R e e	E n	E
asbestos-containing material (acm) to be	by maintenan staff(12)	ce/custodiai			sbestos-containing	Amount (Specify	iF or	m p	C	n
abated in facility (13)	Yes	No N/A	- material	(ACIVI)		LF)		o a v i	a p	L
D 4 GEN GEN III			T nine insule	tion		131 l ft				
BASEMENT			pipe insula	11011		131111		귀片	H	<del> -</del>
			1					ᆌᆕ	片	一
			1							
Registered Waste Hauler			Cubic Yards of	Waste		ed Landfill	COURDS			
D & S RESTORATION, INC.  City, State	13506	Disposal	2 yds. Date		City, State	I, RESOURCE R	COVERY			_
PATERSON, NJ 07503		01/06/			TULLYTOW	N, PA				
Completed by (Print or Type)	Title		Signature				Date			
BOGDAN JOLDZIC	PRESIDEN						01/04/16	)		
ASR-41	Do not use thi	is form for asbes	tos licensure ex	xempte	a activities.					

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			Name of Building Owner/Operator (2)	6
12/29/2015			Sengupta Dipanwita and Dipan	V -
Agencies Notified	Type of Notific		Street Address	BESTO BESTO
(X)EPA (X)NJDEP (X)NJDOL (X)DOH	( ) Amen	dment#	City. State. Zip Code Short Hills, NJ 07078	S CONTR
( ) DCA	( ) Cance		Name of Contact Sengupta Dipanwita	Tel Number
		FACILIT	Y INFORMATION	
Name of Facility Where Abate Residential Property	ement is Taking	Place (3)	Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12)	
Street Address			(X) Other (i.e. private & commercial bl	lgs., homes, etc.
			Sq. Feet: $\sim 2000$ # of Floors 3	Bldg. Age 60
	County (6) Essex	County Code (7) (State Use	Current Use (prior if being demolished)	:
Short fills	ESSCX	Only)		
Name of Monitoring Firm Hir Owner (8) N/A	ed by Bldg.	ASCM No. N/A	Name of Contractor (9) ISES, Inc.	
Street Address N/A			Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A			City State, ZipCode Union City, NJ	
Project Manager for Monitoring Firm N/A	Telephone N/A	Number	<u>Telephone Number</u> (201)325-0055	License Number 01124
Scheduled Start Date (10) 12/30/2015	Scheduled Date (11) 01/02/2	Completion 016	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Al ( ) Facility Closed/Vacate Abatement	d During Entire	ck only one) Period of	Street Address 3300 Hudson Avenue	
( ) Abatement Performed Hours - ( X ) Other - Describe: Ur			City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all t	nat apply)	( ) Dem	olition (X) Renovation	
( ) Minor Project (< 25 ( X ) Small Project (>25 ( ) Large Project (>16	<160 SF or >	·10 <260 LF AC	( X ) Full Containment with ( ) Mini-Enclosure ( X ) Glovebag Procedure ( ) Non-Exempted (*) and	

Location of Aspestos-	IS LOCATI	on ivorma	Cription of ACIVI	Amount	AI	oateme	ent Typ	е		
Containing Material (ACM) To be Abated in Facility (13)		y Mainter odial Staff		surfaci	al systems insulation, ng, VAT, or other scellaneous.)	(Specify SF or LF	Re mo val	Rep	Enc aps ulat	En clo sur
(10)	YES	NO	N/A						е	е
Basement			Χ	TSI on Pipe (	hot water tank line)	80 LFT	Х			
Basement			Х	HVAC duct as	sbestos insulation	4 SQ FT	Х			
Name of Reg. Waste Haul Newark Carting	<u>ler</u>	NJDEP 22393	Waste Ha	uler ID #	Cubic Yards of Waste	The state of the s	of Reg. Landfill ws Landfill			
City. State 369 Raymond Blvc	l. Newa	rk, NJ	07105	Disp. Date 01/02/201	.5	City, Stat ! Falls To		nip, P	Ά	
Completed by (Print/Type)	<u>Title</u>		E	<u>Signature</u>	DC.	Date 12/28/ !	105			
David Camacho	Sup	ervisor		David Cam	acho	12,20,				

Date of Notification (1)					Name o	of Building	Owner/Operator (	2) 1 - []						
1	6 / _	16			City	of Camd	Owner/Operator (	-8 BM /-						
9	21	ion			Street /	Address		- FIT 12: 3	5					
						3ox 9512	O ASBESTI	ac ne.						
		nt #			City, St	ate, Zip Co	ode & LIF	ENSING	L					
□ DOH □ DCA	Type Notification  Initial  WD					den, NJ	08101	- MOING	777					
(NJAC 5:23-8)			anig	T	Name (	of Contact			Telephone	Numbe	r			
	☐ Cancellation	on			John	n Bond								
					FAC	ILITY IN	FORMATION							
Name of Facility Where Ab	atement is Ta	king P	lace (	3)				Type of Facility	(4)	30				
LANSDOWNE STRE	ET RESIDE	NCE						School (K-12		14.40)				
Street Address								☐ Subchapter ☐ Other (i.e., p	rivate and co	mmerci	al bui	ldinas	3.	
								homes, etc.					,	
City (5)								Square Feet	# of Floo	S	Bld	g. Ag	е	
Camden								varies	varies		5	0+		
County (6)	MDEN e of Monitoring Firm Hired by Buildin alth and Safety Services t Address Box 365 State, Zip Code				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being o	molishe	ed)			
CAMDEN								HOUSING D	EEMED U	<b>ISAFE</b>				
Name of Monitoring Firm H	lired by Buildi	ng Owi	ner (8	) /	ASCM N	No.	Name of Abatem	ent Contractor (9	1					
Health and Safety Se	nden y (6) MDEN of Monitoring Firm Hired by Building (alth and Safety Services Address Box 365 State, Zip Code din, NJ 08009 et Manager for Monitoring Firm Proctor Date (10) 1 / 18 / 16 Dancy Status During Abatement (Checility Closed/Vacated During Entire Per						Controlled E	nvironmental	Systems					
Street Address	a description   Type Notification   Initial   Amended   Amended   Amended   Amended   Amended   Amended   Amended   Cancellation   Cancellat						Street Address							
PO Box 365	Type Notification    Cancellation						1121 N. Beth	lehem Pike - S	uite 60					
City, State, Zip Code							City, State, Zip C	ode						
Berlin, NJ 08009							Spring Hous	e, PA 19477						
Project Manager for Monit	oring Firm			Tele	phone I	No.	Telephone No.		License	lo.				
Jim Proctor				С	609-83	9-2432	215 542 7000	)	0084					
Start Date (10)	S	chedule	ed Co	mplet	tion Dat	e (11)	Name of OSHA	Monitor						
_1_ / _18_ /	16	3	_ /	15	/ _	16	CES							
Occupancy Status During	Abatement (C	heck o	nly or	ne)			Street Address			-				
	t Address  Box 365  State, Zip Code  rlin, NJ 08009  ct Manager for Monitoring Firm  n Proctor  Date (10)  1  / 18 / 16  pancy Status During Abatement (Cacility Closed/Vacated During Entire patement Performed Outside of Nor				nent		1121 N Beth	lehem Pike -Su	ite 60					
						cribe	City, State, Zip C	ode						
Time of Abatement: 7:	00AM-5:00P	M/	_PM-		_AM		Spring Hous							
Scope of Work (Check all	that apply)			1										
□ >2 of or >2 if			7 Ren	oveti.			☐ Full Cor ☐ Mini-En	ntainment with Ne	gative Press	ire				
≥3 \$1 or ≥3 if     ≥160 sf or ≥260 lf			Den				☐ Gloveba	ag Procedure						
			3%				⊠ Non-Ex	empted (*) and N	on-Friable P	ocedure	_			
				Locat			Si	8			Aba	ateme	ent T	_
		,		orma I Sole	lly ely by	Acho	Description stos Containing M		Amou	nt	Re	Re	En	En
		/	Mair	ntena	nce/		., thermal systems	insulation,	(Spec	fy	Removal	Repair	cap	Enclosure
IN Facility			Custo	odial ( (12)	Staff?		surfacing, VAT	Γ, or	SF or	F)	la		Encapsulate	ure
(13)		Ι,	Yes	No	N/A		otner miscellan	eous)					te	
SEE ATTACHED		-	7			SEE AT	TACHED		200 YD F	er res				
		1	7											
		1	7							-				
			<u> </u>											
Name of Registered Wast	me of Registered Waste Hauler					Naste	Cubic Yards of	Name of Reg	istered Land	11				
I when the same of	ne of Registered Waste Hauler  Vaste Management of NJ					O No.	Waste	GROWS						
City, State			-		17273	5	200/resident Disposal Date	City, State						
							3/15/16	Tullytowr	PA					
	no)	Title					Signature	1		Dat	e .	t		-
	nden  y (6)  MDEN  of Monitoring Firm Hired by Building alth and Safety Services  Address  Box 365 State, Zip Code din, NJ 08009  ot Manager for Monitoring Firm  Proctor  Date (10)  1  / 18  / 16  Dancy Status During Abatement (Checility Closed/Vacated During Entire Patement Performed Outside of Normme of Abatement: 7:00AM-5:00PM/  of Work (Check all that apply)  sf or ≥3 If 60 sf or ≥260 If  Location of sbestos-Containing Material (ACM)  TO BE ABATED  IN Facility (13)  ATTACHED  of Registered Waste Hauler ste Management of NJ  State  rless Hills, PA							(//		Dat	1	/	10	
Faultia VISCO		Oil	ice N	alld	acı		Patu	as II	CO	1	16	16	6	

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

Date of Notification (1)	6 /	16				f Building (		r/Operator (2	2)		2016 J.	N o	-17	E	D'	
Agencies Notified	Type Notification	on	<i>-</i>		Street A	Address	`				ASBES & L	Too	PH	12:	ઉઠ	
⊠ DOLWD	☐ Amended										81	105	ON	TO.		-
⊠ DOH	Amendmen	t#	_			ate, Zip Co		4			~ L	LEN:	SINI	THE	)L	
☐ DCA	☐ Emergency		ding			den, NJ (	1010	1			Tolonhono	Jumbor	(	2		_
(NJAC 5:23-8)	justification					of Contact					Telephone	vumber				
	☐ Cancellatio	n			Johr	Bond				i						$\rightarrow$
					FAC	ILITY INF	ORN	MATION							9,555	
Name of Facility Where	Abatement is Ta	king Pla	ace (	3)					Ту	pe of Facility (4	1)					
LOUIS STREET RE	SIDENCE- Ho	use n	umb	ers	listed l	pelow			_	School (K-12)		K 40)				
Street Address										Subchapter 8 Other (i.e., prinhomes, etc.)	vate and co	nmercia	al buil	dings	,	
City (5)							HI C'		Sa	uare Feet	# of Floor	;	Bld	g. Ag	е	
Camden										varies	varies			0+		
County (6)					Count	v Code (7)	CTAT	E USE ONLY)		rrent Use (Pric	or if being d	molishe	ed)			
CAMDEN					Count	y 000c (1)(	Omn	LOOL ONLI)	361171611	HOUSING DE	0.14 miles (1900 1900 1900 1900 1900 1900 1900 190					
	I II I L. D. III	0	/0	N I	ASCM N	la I	Nom	a of Abatama		Contractor (9)						
Name of Monitoring Firm		ng Own	ier (o	)		NO.				ronmental S	vetome					
Health and Safety	Services				117				IIVI	Torrineritar 5	ystems	<u> </u>				
Street Address								et Address		D:1 0						
PO Box 365							7.5		107.01	em Pike - Su	IITE 6U					
City, State, Zip Code								State, Zip Co								
Berlin, NJ 08009								oring House	e, F	PA 19477						
Project Manager for Mor	nitoring Firm			Tele	phone N	No.		phone No.			License					
Jim Proctor	10-					9-2432		5 542 7000			00847					
Start Date (10)					tion Dat	5.55		e of OSHA N	/loni	itor						
_1_ / _18_ /	16	3_	- 1	15	_ / _	16		ES				0				
Occupancy Status Durin	T							et Address								
☐ Facility Closed/Vacat										em Pike -Sui	te 60					
Abatement Performe Time of Abatement:			10.70			cribe		State, Zip Coring Hous								
Scope of Work (Check a	all that apply)	78-27-							250							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Rer Der					☐ Mini-End	clos							
			ls	Loca	tion								_	ateme	ent Ty	уре
Location Asbestos-Containing TO BE AB IN Faci (13)	g Material (ACM) ATED ility		Used Mai Cust	ntena	ely by ance/ Staff?		, ther	Description of Containing Mamal systems urfacing, VAT er miscellane	ater ins r, or	ulation,	Amou (Spec SF or	<b>j</b> y	Removal	Repair	Encapsulate	Enclosure
OFF ATTACHED			Yes			SEE AT	TAC	HED			200 YD p	ar res		П	П	П
SEE ATTACHED		_	-		+	SEE AT	IAC	NED		-	200 10 1					
		_										•				
				Ц				<u> </u>								
												Ш	Ш	Ш	Ш	
Name of Registered Wa					NJDEP \		Cub	ic Yards of		Name of Regis	stered Land	II				
	/aste Management of NJ						20	00/residence								
City, State Fairless Hills, PA							osal Date 15/16		City, State Tullytown	PA						
	Timol	Title						Signature		1/		Dat	е :	1		-
Completed By (Print or Patricia Visco	i ype)		ice N	Mana	ager			Hotus	ra	/Visco	<del></del>	l	1.	100	5	

chal # 10348

Date of Notification (1)			4 14-		Name o	of Building	Owner	r/Operator (2	2)		MC		-		10	
1 /	6 /	16				of Camd						~7	S	AND JAN -	-	
Agencies Notified	Type Notificati	on			Street /	Address						- 7. C.T.		シ	1	11
⊠ EPA					PO E	3ox 9512	20					Qo F	7.	艺	,	- /
☑ DOLWD	Amended Amendmen	44			City, St	ate, Zip C	ode					-	1	0		-
☑ DOH ☐ DCA	Amendmen	-	dina		Cam	den, NJ	08101					5	5		0	-9
(NJAC 5:23-8)	justification		amg	Ī		of Contact					Telephone	<b>Number</b>	:0	,	3	1
	☐ Cancellatio	n			John	n Bond							7		3	
					FAC	ILITY IN	FORM	IATION					0.	3	M 12: 36	•
Name of Facility Where	Abatement is Ta	king Pl	ace (	3)					185	pe of Facility (4	)			-		
MECHANIC STREE	T RESIDENC	E								] School (K-12) ] Subchapter 8 (	Other than	K-12)				
Street Address									×	Other (i.e., priv	rate and co	nmercia	al bui	ldings	ř	
City (5)								-	Sc	guare Feet	# of Floor	i	Bld	g. Ag	3	
Camden								ю.,	0.000	varies	varies		1 92	0+		
County (6)					Coun	ty Code (7)	)(STATE	USE ONLY)	Cı	urrent Use (Prio	r if being d	molishe	ed)			
CAMDEN								•		HOUSING DE						
Name of Monitoring Firm	n Hired by Buildi	ng Owr	ner (8	) /	ASCM I	No.	Name	of Abateme	ent	Contractor (9)						
Health and Safety					117		Co	ntrolled E	nvi	ironmental Sy	stems					
Street Address							Stree	t Address		He design and the second				- 50 L-1		
PO Box 365							112	21 N. Beth	leh	nem Pike - Su	ite 60					
City, State, Zip Code							City,	State, Zip Co	ode	9						
Berlin, NJ 08009							Sp	ring House	e, F	PA 19477						
Project Manager for Mor	nitoring Firm			Tele	phone l	No.	Telep	hone No.			License	0.				
Jim Proctor				С	609-83	39-2432	075	5 542 7000			00847					
Start Date (10)	et assessi			Hell,	tion Da			e of OSHA N	/lon	nitor						
//	16_	3	_ /	15	_ / -	16	CE	S								
Occupancy Status Durin	ng Abatement (C	heck o	nly o	ne)	200			t Address								
☐ Facility Closed/Vaca						"-	100000			em Pike -Suit	te 60					
Abatement Performe Time of Abatement:						cribe	9735	State, Zip C								
			==0 00=1				Sp	ring Hous	e, ı	PA 19477						_
Scope of Work (Check a	all that apply)							☐ Full Con	itair	nment with Nega	ative Press	re				
≥3 sf or ≥3 lf     ≥4 s0 of axx 200 lf				novati nolitio				☐ Mini-End								
≥160 sf or ≥260 lf			7 Dei	HOHUC	)[[				emp	pted (*) and Non	-Friable Pr	cedure				
			ls	Locat	ion								Aba	ateme	nt Ty	уре
Locatio				orma	lly ely by			Description		-:-! (A CAA)	A === 0.11		Re	Re	Ē	En
Asbestos-Containing TO BE AB		)		ntena		Asbe (i.e	estos C e then	ontaining Ma mal systems	ater ins	sulation,	Amou (Spec		Removal	Repair	cap	Enclosure
IN Fac	ility		Cust	odial (12)	Staff?		su	rfacing, VAT	Γ, ο	r	SF or l	F)	/al		Encapsulate	ure
(13)		Ι,	Yes	No	N/A		otne	er miscellane	eou	15)					te	
SEE ATTACHED						SEE AT	TTAC	HED			200 YD p	er res				
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Name of Registered Wa	aste Hauler			1	NJDEP	Waste	Cubi	c Yards of	T	Name of Regist	tered Land	I				
Waste Manageme				F	lauler I 1727		Wasi	te 0/residenc		GROWS						
City, State					1/4/			osal Date		City, State						
Fairless Hills, PA							3/	15/16		Tullytown l	PA					
Completed By (Print or	Type)	Title					1	Signature		11		Dat	e /	, j	- 1/1	
Patricia Visco		Off	ice l	/lana	ger			Hatu	c	ia Vis	co		1/	6/1	6	

dock # 10349

Date of Notification (1)			-	Name	of Building	Owner/Operator (	2)	- I KO W	-17	- (1	7 >	FI	
1 /	6 /	16		1	of Cam	[1]	-)						
											0.7		
Agencies Notified	Type Notifica  ☑ Initial	tion			Address Box 951	20					2016		mer de
⊠ DOLWD	☐ Amended								Oc				ye're
☑ DOH	Amendme				State, Zip C				K-0	S	JAN		(
□ DCA	☐ Emergend		g		nden, NJ			1	_		- 1		A 1 T
(NJAC 5:23-8)	justification			1 2000	of Contac	t		Telephone	Numbe	E O	α		
	☐ Cancellati	ion		Joh	nn Bond					3 ( )		9	57.0
				FA	CILITY IN	IFORMATION	053-5-2		7	1	5	3	T
Name of Facility Where	Abatement is T	aking Plac	e (3)				Type of Facili	ty (4)		'云		3	-
BAILEY STREET	RESIDENCE						School (K-		V 10\	2			
Street Address							Other (i.e.	er 8 (Other than private and co	nmerci	al bu	ildina	S.	
							homes, et				3	210	
City (5)			-				Square Feet	# of Floor		Blo	ig. Ag	е	
Camden							varies	varies		5	÷05		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (	Prior if being d	molish	ed)			
CAMDEN					ata Pri del material de l'Al		HOUSING	DEEMED U	SAFE				
Name of Monitoring Fir	m Hired by Build	lina Owne	(8)	ASCM	No.	Name of Abatem	ent Contractor	(9)	-				
Health and Safety		3	3-7	117		Controlled E							
Street Address						Street Address			-	+			
PO Box 365						1121 N. Beth	lehem Pike -	Suite 60					
City, State, Zip Code						City, State, Zip C							
Berlin, NJ 08009						Spring Hous							
	anitoring Firm		TTO	lephone	No	Telephone No.	C, 1 A 10477	License	0				
Project Manager for Mo	officing Fiffi		100		39-2432	215 542 7000	1	00847					
		Sahadulad				Name of OSHA N	3	00047			-	116 / 13	
Start Date (10)  1 / 18		Scheduled 3				CES	NOTITION						
				1									
Occupancy Status Dur						Street Address							
☐ About and Boufered					!	1121 N Bethl		Suite 60	_				
☐ Abatement Perform Time of Abatement					scribe	City, State, Zip C							
Time of Abatement	1.00/AW-0.00	10111	101-			Spring Hous	e, PA 19477						
Scope of Work (Check	all that apply)					□ F./II Co.	tainment with I	Josefiyo Droce					
☐ >3 sf or >3 lf		Пв	Renova	ation		☐ Mini-En		vegative Fless	16				
≥160 sf or ≥260 lf		anness .	emoli			☐ Gloveba	g Procedure		V				
						⊠ Non-Exe	empted (*) and	Non-Friable Pr	cedure	_			_
			Is Loc Norm							Ab	ateme	ent T	уре
Locati Asbestos-Containir		n U		olely by	Ash	Description estos Containing Ma		Amou	t	Rei	Repair	Enc	Enc
TO BE A		,   N		nance/		e., thermal systems	insulation,	(Spec	У	Removal	oair	aps	Enclosure
IN Fa		Ci	istodia (12	al Staff?		surfacing, VAT other miscellane		SF or I	=)	<u>a</u>		Encapsulate	ure
(13	5)	Ye		1		other miscellane	eous)					te	1
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Name of Registered W				NJDEP Hauler		Cubic Yards of Waste		egistered Landf	ı				
Waste Manageme	ent of NJ			1727		200/residence		)					
City, State						Disposal Date	City, State	Section 1					
Fairless Hills, PA	8					3/15/16	Tullytov	vn PA					
Completed By (Print or	г Туре)	Title				Signature	11		Dat	te ,	t		
Patricia Visco		Office	Man	ager		Water	No 1/1/2	100		i /	5/	11-	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		-			Name o	of Building	Owner/Operator (2	2)							
1/	6 / _	16	_		City	of Camd	en		2016	AN -8	M 12:	37			
Agencies Notified	Type Notificat	tion			Street /	Address			2010	7711					
⊠ EPA					PO I	Box 9512	0		A < 0.0	STOSI	OHT	ROL			
□ DOLWD   □	☐ Amended			ł	City, St	tate, Zip Co	ode		A350	LICEN	SING	1100			
☑ DOH	Amendme	L-				nden, NJ			0	E LIGHT	31110				
DCA	☐ Emergence justification		uding	ł	10.000	of Contact			1	Telephone	lumber		8-5-		
(NJAC 5:23-8)	☐ Cancellation					n Bond			1		:				
							CORMATION	-			3 - T				
		-1-1 T	DI	(0)	FAC	ILIT INF	ORMATION	T	ype of Facility (4	1)	_				
Name of Facility Where A		aking i	riace	(3)					School (K-12)	2.5					
BYRON STREET RE	SIDENCE							17	Subchapter 8	(Other than	(-12)				
Street Address									Other (i.e., pri homes, etc.)	vate and co	nmercia	l buil	dings	,	
City (5)				16.77				S	quare Feet	# of Floor		Bldg	g. Ag	е	
Camden									varies	varies		5	0+		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	C	urrent Use (Prid	or if being de	nolishe	d)	10.000		-200
CAMDEN									HOUSING DE	EEMED UI	SAFE				
Name of Monitoring Firm	Hired by Build	lina Ov	vner (8	8)	ASCM	No.	Name of Abatem	ent	Contractor (9)						
Health and Safety S			,	,	117				ironmental S	ystems					
Street Address							Street Address	_							
PO Box 365							1121 N. Beth	ilel	hem Pike - Su	ite 60					
City, State, Zip Code							City, State, Zip C	G. W.	SECURIOR DE DISCONSE DE SECURIOR DE SECURI						_
Berlin, NJ 08009							Spring Hous								
	toring Firm			Tolo	ephone	No	Telephone No.	, ,	174 1047.	License I	0.				_
Project Manager for Moni	toting Film				i.	39-2432	215 542 7000	n		00847					
Jim Proctor	To	) = h = d.	ded C		etion Da		Name of OSHA		nitor	00041	_				
Start Date (10)1 /18 /					5_ / _		CES	IVIOI	illor						
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address					2,154			
☐ Facility Closed/Vacate					ment		1121 N Beth	leh	nem Pike -Sui	te 60					
☐ Abatement Performed						scribe	City, State, Zip C	Cod	е						
Time of Abatement: 7	:00AM- <u>5:00</u> F	PM/	PN	1	AM		Spring Hous								
Scope of Work (Check al	I that apply)						· · ·								
☐ >3 sf or >3 lf			□Re	novat	ion		☐ Full Cor		inment with Neg	jative Press	re				
≥3 \$1 01 ≥3 11     ≥160 sf or ≥260 lf			☐ IXe				☐ Gloveba	ag l	Procedure						
							Non-Ex	em	pted (*) and No	n-Friable Pr	cedure	777			
				Loca						50		Aba	ateme	ent Ty	/pe
Location	~			Norma	ally lely by		Description		rial (ACM)	Amou	+	Re	Re	回	E
Asbestos-Containing TO BE ABA		n)			ance/		stos Containing M			(Spec		Remova	Repair	Encapsulate	Enclosure
IN Facil			Cus		Staff?	1 2	surfacing, VA	Τ, ο	or	SF or I	=)	/al		sula	ure
(13)				(12)			other miscellan	eoi	us)					ite	
SEE ATTACHED			Yes	No	N/A	SEE AT	TACHED			200 YD p	r res			П	
SEE ATTACHED				브		OLL AI	17,01,22								
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Name of Registered Was	eta Haular		Ш		NJDEP	Maste	Cubic Yards of		Name of Regis	stered Land	I				
12				2.4	Hauler I		Waste		GROWS						
Waste Managemen	IL OI NO				1727	3	200/residen	C							
City, State							Disposal Date		City, State	DΛ					
Fairless Hills, PA							3/15/16		Tullytown	ra ———					
Completed By (Print or T	ype)	Title				0	Signature	_	11		Dat	e į	1		
Patricia Visco		0	ffice	Mana	ager		Vac	le	ucia//	eces		16	5/	16	
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JAN 13		*	Do no	t use	this form	n for asbes	tos licensure exer	mpt	ed activities.			100			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name	of Building	Own	er/Operator (2	2)						
	16	_		City	of Camo	den								
Agencies Notified Type Notific	ation			Street	Address									
⊠ EPA ⊠ Initial				PO	Box 9512	20						15211		Ne Va
□ DOLWD □ Amended				City, S	tate, Zip C	ode						8		1
DOH   Amendm     DCA   Emergen	and a little train	ıdina		Can	nden, NJ	0810	01			5	70	6		d
(NJAC 5:23-8) justificati		duling		Name	of Contact				Telephone	Vumbe	ron	7	1	
☐ Cancella	ion			Joh	n Bond				i		1	TO SUR	6	
				FAC	CILITY IN	FOR	MATION				6	90	,	0
Name of Facility Where Abatement is	aking F	Place (	(3)		w/3012000000			Type of Facility	(4)	-	7	20	2	3
ERIE STREET RESIDENCE	2.73							☐ School (K-12				0)	1	-
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			al bui	lding:	20	
								homes, etc.)					7	
City (5)	1-1			F 200 1 F20 1 F2				Square Feet	# of Floor	1	Blo	g. Ag	e	
Camden								varies	varies		5	+0		
County (6)				Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	ior if being d	molish	ed)			
CAMDEN								HOUSING D	EEMED U	ISAFE				
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)				8		
Health and Safety Services				117		С	ontrolled E	nvironmental S	Systems					
Street Address						Stre	et 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 Hous	e, PA 19477						
Project Manager for Monitoring Firm			Tele	phone I	No.	Tele	ephone No.		License I	0.				
Jim Proctor			С	609-83	39-2432	2	15 542 7000		00847					
Start Date (10)	Schedul	ed Co	mple	tion Dat	te (11)	Nan	ne of OSHA N	Ionitor						
1/18/16	3	/	15	_ / _	16	С	ES							
Occupancy Status During Abatement	Check	only or	ne)			Stre	et Address							
☐ Facility Closed/Vacated During Ent	re Perio	od of A	bater	ment		1	121 N Bethl	ehem Pike -Su	ite 60					
☐ Abatement Performed Outside of N					cribe	City	, State, Zip Co	ode						
Time of Abatement: 7:00AM-5:00	PM/	PM		_AM		S	pring Hous	e, PA 19477						
Scope of Work (Check all that apply)														
□ >3 sf or >3 lf	1	□ Rer	ovati	on			☐ Full Con	tainment with Neg	gative Press	re				
≥3 \$1 or ≥3 fr ≥160 \$f or ≥260 If	_	Der						g Procedure						
							⊠ Non-Exe	mpted (*) and No	n-Friable Pr	cedure				
		10000	Locat								Ab	ateme	ent Ty	/pe
Location of Asbestos-Containing Material (ACI	W.		orma d Sole	ely by	Ashe	etne (	Description of Containing Ma		Amou	F	Re	Re	En	E
TO BE ABATED	"		ntena				rmal systems		(Speci		Remova	Repair	Encapsulate	Enclosure
IN Facility		Custo	(12)	Staff?			urfacing, VAT ner miscellane		SF or L	-)	a		sula	ure
(13)		Yes	No	N/A		Ott	iei illiscellarie	ous)					te	
SEE ATTACHED		П		П	SEE AT	ΤΔΟ	HFD		200 YD p	r res		П		
			_		OLL / (	1710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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							5.75.75							
Name of Registered Waste Hauler			N	IJDEP \	Waste	Cub	oic Yards of	Name of Regis	stered Landf	Ī				
Waste Management of NJ			H	lauler II		Wa		GROWS						
City, State				17273	)		00/residenc	City, State						
Fairless Hills, PA						1	/15/16	Tullytown	PA					
Completed By (Print or Type)	Title						Signature	1		Dat	е,			
Patricia Visco	- Common w	fice N	/lana	aer			Pal		MAT	Dat	ile	. / ,		
				9-1			gue	uce U1	wie		v 1 Ç	111	0	

 $^\star \, \text{Do}$  not use this form for asbestos licensure exempted activities.

chak# 10352

Date of Notification (1)				Name	Name of Building Owner/Operator (2)									
1/6/16			City	City of Camden					> ~.	2016	*	e-quest		
Agencies Notified Type Notification				Street	Street Address					0	-		11	
	1 <del>-</del>				PO Box 95120					5	JAN		()	
☑ DOLWD ☐ Amended ☐ Amendment #				City, S	City, State, Zip Code					3	8		111	
□ DOH				Car	Camden, NJ 08101					S	ω.		17	
(NJAC 5:23-8) justification)				Name	Name of Contact Telephone					6		7	111	
☐ Cancellation					John Bond					-	2			
			FA	CILITY IN	FORMATION			RO	O	1				
Name of Facility Where Abatement is Taking Place (3)						***************************************	Type of Facility							
YCRK STREET RESIDENCE							☐ School (K-12	V 10)						
Street Address					☐ Other (i.e., private and contained homes, etc.)									
City (5) Square Feet # of Floo								3	Blo	lg. Ag	е			
							varies		50+					
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	molished)						
CAMDEN					13		HOUSING D	ISAFE						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM	No.	Name of Abateme	ent Contractor (9)							
Health and Safety Services				117		Controlled Environmental Systems								
Street Address				-		Street Address	SS							
PO Box 365						1121 N. Beth	lehem Pike - S							
City, State, Zip Code					City, State, Zip Code									
Berlin, NJ 08009						Spring House	e, PA 19477							
Project Manager for Monitoring Firm Tele				lephone	No.	Telephone No. License			0.					
					39-2432	215 542 7000 00847								
Start Date (10) Scheduled Comple						Name of OSHA Monitor								
1/18/163/15					/ _16 CES									
Occupancy Status During Abatement (Check only one)					Street Address									
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Description						1121 N Bethlehem Pike -Suite 60								
Time of Abatement: 7:00AM-5:00PM/PM					scribe	City, State, Zip Co								
10.27 (20 m) 20 m)					Spring House, PA 19477									
Scope of Work (Check all that apply)					☐ Full Containment with Negative Press									
☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure														
⊠ ≥160 sf or ≥260 lf ⊠ Demolitio				tion	on ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Pr					cedure				
Is Locati										Abatement Type				
Location of Norm					Description of									
Assesses Containing Material (ACM)						stos Containing Ma ., thermal systems	Amou		Removal	Repair	nca	nclo		
IN Facility Custoo				I Staff?	(1.6	surfacing, VAT	(Speci SF or L		val	=	Encapsulate	Enclosure		
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OLE ATTACHED					JEL AI	TACTILD		200 i D p	1103					
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Waste Management of NJ				1727		Waste 200/residenc	GROWS							
City, State				1141		Disposal Date	City, State		*			-		
Fairless Hills, PA						3/15/16	Tullytown	PA						
Completed By (Print or Type) Title					Signature			1	Date ,					
Patricia Visco Office Mana				ager		No	lunial	1/6/11						
ASR 41				7000		PUR	may /	Jule		. / 5	-/65			