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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 19 / 16</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies Notified</td>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td>□ EPA</td>
<td></td>
<td>PO Box 95120</td>
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<tr>
<td>□ DOLWD</td>
<td></td>
<td>City, State, Zip Code</td>
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<tr>
<td>□ DOH</td>
<td></td>
<td>Camden, NJ 08101</td>
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<tr>
<td>□ DCA</td>
<td></td>
<td>Name of Contact</td>
</tr>
<tr>
<td>(NJAC 5:23-8)</td>
<td></td>
<td>John Bond</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
North 25th STREET RESIDENCES

Street Address  
43, 45, 57, 115, 930 North 25th STREET Residences

City (5)  
Camden

County (5)  
CAMDEN

County Code (?/STATE USE ONLY)  

Current Use (Prior if being demolished)  
HOUSING DEEMED UNSAFE

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

ASCM No.  
117

Name of Abatement Contractor (9)  
Controlled Environmental Systems

Street Address  
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code  
Spring House, PA 19477

Project Manager for Monitoring Firm  
Jim Proctor

Telephone No.  
C 609-839-2432

Start Date (10)  
7 / 21 / 16

Scheduled Completion Date (11)  
10 / 15 / 16

Occupancy Status During Abatement (Check only one)  
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 7:00AM-5:00PM/PM--AM

Scope of Work (Check all that apply)  
□ ≥3 sf or ≥3 ft²  
□ ≥160 sf or ≥260 ft²  
□ Renovation  
□ Demolition  
□ Full Containment with Negative Pressure  
□ Mini-Enclosure  
□ Glovebag Procedure  
□ Non-Exempted (*) and Non-Friable Procedure

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

IN Facility (13)

Yes  
No  
N/A  

SEE ATTACHED

SEE ATTACHED

Country Name  
NJDEP Waste Hauler ID No.  
17273

Cubic Yards of Waste  
200/residence

Name of Registered Landfill  
GROWS

City, State  
Fairless Hills, PA

Disposal Date  
10/15/16

City, State  
Tullytown PA

Completed By (Print or Type)  
Patricia Visco  
Title  
Office Manager  
Signature  
Date  
7/19/16

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

Date of Notification (1)
\[7 / 19 / 16\]

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

Agencies Notified
- EPA
- DOLWLD
- DOH
- DCA
- NJAC 5:23-8

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

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

Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
North 26th STREET RESIDENCES

Street Address
45, 1014, 1113, 1239, 1241 North 26th STREET Residences

City (5)
Camden

County (6)
CAMDEN

County Code (7)(STATE USE ONLY)

Current Use (Prior to being demolished)
HOUSING DEEMED UNSAFE

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

ASCM No.
117

Name of Abatement Contractor (9)
Controlled Environmental Systems

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

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

Start Date (10)
\[7 / 21 / 16\]
Scheduled Completion Date (11)
\[10 / 15 / 16\]

Name of OSHA Monitor
CES

Occupancy Status During Abatement (Check only one)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 5:00PM / _____ PM - _____ AM

Scope of Work (Check all that apply)
- 33 sf or ≥3 if
- 316 sf or ≥260 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Is Location Normally Used Solely by Maintenance/Custodial Staff?
Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Endoscope

SEE ATTACHED

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residence

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
10/15/16

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco
Title
Office Manager
Signature
Date
7/19/16

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

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<tr>
<td>□ Initial</td>
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<tr>
<td>Amendment #____</td>
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<td></td>
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<tr>
<td>Name of Contact</td>
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<tr>
<td>John Bond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

North 27th STREET RESIDENCES

Street Address
856, 858, 910, 912 North 27th STREET Residences

City (5)
Camden

County (6)
CAMDEN

County Code (7)(STATE USE ONLY)

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

Square Feet
varies

# of Floors
varies

Bldg. Age
50+

Current Use (Prior if being demolished)

HOUSING DEEMED UNSAFE

Name of Monitoring Firm Hired by Building Owner (8)

Health and Safety Services

ASCM No.
117

Name of Abatement Contractor (9)

Controlled Environmental Systems

Street Address
PO Box 365

City, State, Zip Code
Berlin, NJ 08009

Project Manager for Monitoring Firm
Jim Proctor

Telephone No.
C 609-839-2432

Start Date (10)
7 / 21 / 16

Scheduled Completion Date (11)
10 / 15 / 16

Name of OSHA Monitor
CES

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/

Scope of Work (Check all that apply)
□ 3 or more of REVIEW
□ 3 or more of DEMOLITION

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

Yes No N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

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

Amount (Specify SF or LF)

Abatement Type

SEE ATTACHED

□ □ □

SEE ATTACHED

200 YD per res

□ □ □ □

□ □ □

□ □ □

Name of Registered Waste Hauler
Waste Management of NJ

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
200/residencia

Name of Registered Landfill
GROWS

City, State
Fairless Hills, PA

Disposal Date
10/15/16

City, State
Tullytown PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Date
1/9/16

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

State of New Jersey

Date of Notification (1):
7 / 19 / 16

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

Agyenes Notified:
- EPA
- DOLEW
- DOH
- DCA (NJAC 5:23-8)

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

Name of Facility Where Abatement is Taking Place (3):
North 24th STREET RESIDENCES

Street Address:
638, 1012 North 24th STREET Residences

City (5):
Camden

County (6):
CAMDEN

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

ASCM No.:
117

Name of Abatement Contractor (9):
Controlled Environmental Systems

Street Address:
PO Box 365

City, State, Zip Code:
Berlin, NJ 08009

Name of OSHA Monitor:
CES

Project Manager for Monitoring Firm:
Jim Proctor

Telephone No.:
C 609-839-2432

License No.:
215 542 7000

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

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

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

Amount (Specify SF or LF):

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

Location of Registered Waste Hauler:

Name of Registered Landfill:
GROWS

City, State:
Fairless Hills, PA

Cubic Yards of Waste:
200/residenc

Disposal Date:
10/15/16

Name of Registered Landfill:
GROWS

City, State:
Tullytown PA

Completed By (Print or Type):
Patricia Visco

Title:
Office Manager

Signature:

Date:
7/10/16

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

17/1/16

Name of Building Owner/Operator (2)
JANE MAGUIRE

Street Address

City, State, Zip Code
CARLSTADT, NJ 07072

Name of Contact
JANE MAGUIRE

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
JANE MAGUIRE

Street Address

City (5)  BERGEN

County (6)  BERGEN

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
PATERSON, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
PATERSON, NJ 07503

Start Date (10)
07/21/16

Sched. Completion Date (11)
08/15/16

Occupancy Status During Abatement (Check only one)
Other/Describe: NORMAL HOURS

Scope of Work (check all that apply)
- Renovation

Location of asbestos-containing material (ACM) to be abated in facility (13)

| BASEMENT | PIPE INSULATION | 120 LFT |
| BASEMENT | BARE HEATING PIPES | 20 LFT |

Registered Waste Hauler
D & S RESTORATION, INC.

Jersey DEP Hauler ID# 15306

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
07/22/16

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
07/11/2016

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

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

Name of Building Owner/Operator (2)
joyce GARDNER

Agencies Notified
- EPA
- DOL
- DOH

Type Notification
- Initial
- Amendment #: 

Street Address

City, State, Zip Code
rutherford, nj 07070

Name of Contact
LEE SHILARE

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
joyce GARDNER

Street Address

City (5)
bergen

County (6)

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bidg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 california Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 california Avenue

City, State, Zip Code
Paterson, NJ 07503

Start Date (10)
07/26/16

Sched. Completion Date (11)
08/15/16

Occuancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours
- Other: NORMAL HOURS

Scope of Work (check all that apply)
- >3 sf or >3 ft
- Renovation
- ≥160 sf or ≥260 ft
- Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

BASEMENT

Is location normally used solely by maintenance/custodial staff?(12)
No

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
821 ft

Registered Waste Hauler
D & S RESTORATION, INC.

NUDEP Hauler ID
13505

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATerson, NJ 07503

Disposal Date
07/27/16

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
07/15/16

Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1)**
07/11/16

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

**Street Address**

**City, State, Zip Code**
metuchen, nj 08840

**Name of Contact**
bobbie galkin

**Telephone Number**

---

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3)**
erhan erdan

**Street Address**

**City**
metuchen

**County**
middlesex

**County Code**

**Type of Facility (4)**

**Square Feet # of Floors Bldg. Age**

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

**Name of Monitoring Firm Hired by Bldg. Owner (8)**

**ASCM No.**

**Name of Abatement Contractor (9)**

D & S RESTORATION, INC.

**Street Address**
20 California Ave.

**City, State, Zip Code**
Paterson, NJ 07503

**Telephone Number**
973-345-8020

**License Number**
01169

**Name of OSHA Monitor**
D & S Restoration, Inc.

**Street Address**
20 California Avenue

**City, State, Zip Code**
Paterson, NJ 07503

**Start Date (10)**
07/27/16

**Scheduled Completion Date (11)**
08/15/16

**Occupancy Status During Abatement (Check only one)**

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.

**Other-Describe:** NORMAL HOURS

---

**Scope of Work (check all that apply)**

- Exterior wall or roof
- Demolition
- Popcorn ceilings
- Exterior surfaces
- Mold remediation

**Location of asbestos-containing material (ACM) to be abated in facility (13)**

**BASEMENT**

**Description of asbestos-containing material (ACM)**
PIPE INSULATION

**Amount (Specify SF or LF)**
152.1 ft

**Removal**

- Yes
- No
- N/A

**Registered Waste Hauler**
D & S RESTORATION, INC.

**NJ DEP Hauler ID#**
13506

**Cubic Yards of Waste**
2 yds.

**Name of Registered Landfill**
TULLY TOWN, RESOURCE RECOVERY

**City, State**
PATerson, NJ 07503

**Disposal Date**
07/28/16

**Name of Registered Landfill**
TULLY TOWN, PA

**Completed by (Print or Type)**
BOGDAN JOLDZIC

**Title**
PRESIDENT

**Date**
07/15/2016
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 07/11/16 
**Name of Building Owner/Operator:** Robert Seela, POA 
**Name of Abatement Contractor:** D & S Restoration, Inc.

**Facility Information**

- **Name of facility where abatement is taking place:** Robert Seela, POA 
- **Type of Facility:** Other (Private/Commercial Buildings/Homes, etc.) 
- **Square Feet:** 
- **# of Floors:** 
- **Bldg. Age:** 
- **Current Use:** 
- **Occupancy Status During Abatement:** Normal Hours 
- **Scope of Work:** 
  - Renovation 
  - Demolition 
- **Location of asbestos-containing material (ACM) to be abated in facility:** 
  - Basement: Yes 
  - Pipe Insulation: 1971 ft

**Registered Waste Hauler:** D & S Restoration, Inc. 
**Disposal Date:** 07/29/16

**Signed by:** Bogdan Joldzic

---

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification:** 01/17/16  
**Name of Building Owner/Operator:** julie kelly

<table>
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<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
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<tr>
<td>DOL</td>
<td>Amendment #</td>
<td>julie kelly</td>
<td></td>
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<td>DOH</td>
<td>Emergency</td>
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<tr>
<td>EPA, DEP</td>
<td>Initial Amendment</td>
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</table>

**Street Address:** MAPLEWOOD, NJ 07040

**City, State, Zip Code:** MAPLEWOOD, NJ 07040

**Type of Facility:** 
- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet:**

<table>
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<th>Current Use (Prior if being demolished)</th>
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<tbody>
<tr>
<td>20 California Ave.</td>
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</table>

**Name of Monitoring Firm:** D & S Restoration, Inc.

**Street Address:** 20 California Ave.

**City, State, Zip Code:** Paterson, NJ 07503

**License Number:** 01169

**Date of Abatement Contractor:** 07/28/16

**Mapping Completion Date:** 08/15/16

**Occupancy Status During Abatement:** 
- Facility closed/vacated during entire period of abatement
- Other: Normal Hours

**Scope of Work:**
- ≥5 s.f. or ≥50 ft
- ≥100 s.f. or ≥260 ft
- Demolition

**Location of asbestos-containing material (ACM):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>85.1 ft</td>
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**Registered Waste Hauler:** D & S Restoration, Inc.

**NJDEP Hauler ID:** 13506

**Cubic Yards of Waste:**

**Name of Registered Landfill:** TULLYTOWN, RESOURCE RECOVERY

**City, State:** Paterson, NJ 07503

**Disposal Date:** 07/29/16

**Name of Company Authorized:**

**Completed by:** BOGDAN JOLDZIC  
**Title:** PRESIDENT  
**Date:** 07/13/16