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) 5 11 16 City of Camden Agencies Notified Type Notification Street Address **⊠** EPA PO Box 95120 **⊠** DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code ☑ DOH Amendment # LICENSING Camden, NJ 08101 ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation John Bond **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) HADDON AVENUE RESIDENCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 50÷ varies varies County (6) Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 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 00847 215 542 7000 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5 / 11 / 16 8 / 5 / 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 City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/___ PM-Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED EMERGENCY SEE ATTACHED EMERGENCY \times 200 YD per res \Box NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management of NJ **GROWS** 17273 200/residenc City, State City, State Disposal Date Fairless Hills, PA 8/5/16 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.

Signatûre

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT.

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Health and Safety Services					117			Name of Abatement Contractor (9) Controlled Environmental Systems									
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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 Monit	oring Firm			Tele	phone	No.	Tel	lephone No.		Care-line-	License No.	_					
Jim Proctor				С	609-8	39-2432											
Start Date (10)		Schedule	d Co	mple	tion Da	te (11)	Name of OSHA Monitor										
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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) 5 11 1 16 City of Camden Agencies Notified Type Notification Street Address **⊠** EPA PO Box 95120 ASBESTOS CONTROL **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Camden, NJ 08101 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Bond **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **GRANT STREET RESIDENCE** School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden varies varies 50+ 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 __5 / 23 / 16 8 / 5 / 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 City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/____AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ☐ >3 sf or >3 If ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SEE ATTACHED 200 YD per res \boxtimes П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Management of NJ Waste **GROWS** 17273 200/residenc City, State Disposal Date City, State Fairless Hills, PA 8/5/16 Tullytown PA Completed By (Print or Type) Title Signature Patricia Visco Office Manager ASR-41

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

JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Street Address						Street Address	eet 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	e, PA 19477						
Project Manager for Monit	toring Firm		Т	elephor	ne No.	Telephone No.		License No.					
Jim Proctor				C 609	-839-2432	215 542 7000		00847					
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ASB-41 JAN 13

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Street Address						Subchapter 8 (Other than K-12)						
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Project Manager for Monitoring Firm		Tal		NI-								
Jim Proctor			ephone	39-2432	Telephone No.	License No.						
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	8	/	5 /		Name of OSHA M	onitor						
Occupancy Status During Abatement (C					Street Address					_		
Facility Closed/Vacated During Entire	e Period o	of Abate	ement		1121 N Bethle	hem Pike -Su	iite 60					
Abatement Performed Outside of No	rmal Faci	lity Hou	ırs - Des	scribe	City, State, Zip Code							
Time of Abatement: 7:00AM-5:00P	'M/F	M	AM		Spring House	, PA 19477						
Scope of Work (Check all that apply)												
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