# NOTIFICATION OF ASBESTOS ABATEMENT

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

**Date of Notification (1)**

5 / 11 / 16

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

City of Camden

**Agencies Notified**

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

**Type Notification**

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

**Street Address**

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

**Name of Contact**

John Bond

**Telephone Number**


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**FACILITY INFORMATION**

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

HADDON AVENUE RESIDENCE

**Street Address**

[Redacted]

**City (5)**

Camden

**County (6)**

CAMDEN

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


---

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

Health and Safety Services

**ASCM No.**

117

**Name of Abatement Contractor (9)**

Controlled Environmental Systems

**Street Address**

PO Box 365

**City, State, Zip Code**

Berlin, NJ 08009

**Project Manager for Monitoring Firm**

Jim Proctor

**Telephone No.**

C 609-839-2432

**Start Date (10)**

5 / 11 / 16

**Scheduled Completion Date (11)**

8 / 5 / 16

**Name of OSHA Monitor**

CES

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

- [x] 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 > 3 if
- [x] 160 or > 260 if

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

- [ ] Yes
- [ ] No
- [ ] N/A

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

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

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

- [ ] Yes
- [ ] No
- [ ] N/A

**SEE ATTACHED EMERGENCY**

200 YD per res

**Name of Registered Waste Hauler**

Waste Management of NJ

**Waste Hauler ID No.**

17273

**Cubic Yards of Waste**

200/residence

**Name of Registered Landfill**

GROWS

**City, State**

Fairless Hills, PA

**Completed By (Print or Type)**

Patricia Visco

**Title**

Office Manager

**Signature**

Patricia Visco

**Date**

5/16

---

* 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
5 / 11 / 16

### Name of Building Owner/Operator
City of Camden

### City of
Camden

### Name of Contact
John Bond

### Telephone Number

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>E. STATE STREET RESIDENCE</td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>PO Box 95120</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Camden, NJ 08101</td>
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<td>City, State, Zip Code</td>
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<tr>
<td>Berlin, NJ 08009</td>
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<tr>
<td>Project Manager for Monitoring Firm</td>
</tr>
<tr>
<td>Jim Proctor</td>
</tr>
<tr>
<td>Telephone No.</td>
</tr>
<tr>
<td>609-839-2432</td>
</tr>
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<td>Start Date</td>
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<td>5 / 23 / 16</td>
</tr>
<tr>
<td>Scheduled Completion Date</td>
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<tr>
<td>8 / 5 / 16</td>
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<tr>
<td>Occupancy Status During Abatement</td>
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<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/_______PM-_______AM</td>
</tr>
<tr>
<td>Scope of Work (Check all that apply)</td>
</tr>
<tr>
<td>≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>≥160 sf or ≥260 If</td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/Custodial Staff?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
</tr>
<tr>
<td>200 YD per res</td>
</tr>
<tr>
<td>Abatement Type</td>
</tr>
<tr>
<td>Full Containment with Negative Pressure</td>
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<tr>
<td>Mini-Enclosure</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Fireable Procedure</td>
</tr>
</tbody>
</table>

### ASBESTOS CONTROL & LICENSING

### Name of Abatement Contractor
Controlled Environmental Systems

### Street Address
1121 N. Bethlehem Pike - Suite 60

### City, State, Zip Code
Spring House, PA 19477

### License No.
00847

### Name of OSHA Monitor
CES

### Street Address
1121 N Bethlehem Pike - Suite 60

### City, State, Zip Code
Spring House, PA 19477

### Name of Registered Waste Hauler
Waste Management of NJ

### NJDEP Waste Hauler ID No.
17273

### Cubic Yards of Waste
200/residence

### Name of Registered Landfill
GROWS

### City, State
Fairless Hills, PA

### Disposal Date
8/5/16

### City, State
Tullytown PA

### Completed By (Print or Type)
Patricia Visco

### Title
Office Manager

### Signature
[

**ASB-41**

**JAN 13**

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

Date of Notification (1)  5 / 11 / 16  
Name of Building Owner/Operator (2)  
City of Camden  

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

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

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
GRANT STREET RESIDENCE  

Street Address  

City (5)  Camden  
County (5)  CAMDEN  
County Code (7)  STATE USE ONLY  
Current Use (Prior if being demolished)  
HOUSING DEEMED UNSAFE  

Name of Monitoring Firm Hired by Building Owner (8)  
Health and Safety Services  
ASCN No. 117  
Name of Abatement Contractor (9)  
Controlled Environmental Systems  
Street Address  1121 N. Bethlehem Pike - Suite 60  
City, State, Zip Code  Spring House, PA 19477  
Telephone No.  215 542 7000  
License No.  00847  

Project Manager for Monitoring Firm  Jim Proctor  
Telephone No.  C 609-339-2432  

Start Date (10)  5 / 23 / 16  
Scheduled Completion Date (11)  8 / 5 / 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/ 5:00PM - 7:00AM  

Scope of Work (Check all that apply)  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (*) and Non-Failable Procedure  

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

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

Amount (Specify SF or LF)  200 YD per res  
Abatement Type  

<table>
<thead>
<tr>
<th>See Attached</th>
<th>200 YD per res</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
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</tbody>
</table>
| Name of Registered Waste Hauler  
Waste Management of NJ  
City, State  Fairless Hills, PA  
Completed By (Print or Type)  Patricia Visco  
Title  Office Manager  
Signature  

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
5 / 11 / 16

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City of Camden

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

Street Address
PO Box 95120

City, State, Zip Code
Camden, NJ 08101

Name of Contact
John Bond
Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LINE STREET RESIDENCE

Street Address

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

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCM No.
117

Name of Abatement Contractor (9)
Controlled Environmental Systems

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

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

Start Date (10)
5 / 23 / 16
Scheduled Completion Date (11)
8 / 5 / 16

Occuancy 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 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)

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)

 SEE ATTACHED

SEE ATTACHED

200 YD per res

Abatement Type

SEE ATTACHED

200 YD per res

200 YD per res

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
Tullytown PA

Disposal Date
8/5/16

Signature
Date

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Date of Notification (1) 5 / 11 / 16
Name of Building Owner/Operator (2) City of Camden

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

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

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

Name of Contact
John Bond

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DECATUR STREET RESIDENCE

City (5)
Camden

County (6)
CAMDEN

Name of Monitoring Firm Hired by Building Owner (8)
Health and Safety Services
ASCM No.
117

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

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)
HOUSING DEEMED UNSAFE

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

Name of OSHA Monitor
CES

Project Manager for Monitoring Firm
Jim Proctor
Telephone No.
609-639-2432

Telephone No.
215 542 7000
License No.
00847

Start Date (10)
5 / 23 / 16
Scheduled Completion Date (11)
8 / 5 / 16

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- Facility Closed/Vacated During Entire Period of Abatement
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Scope of Work (Check all that apply)
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

SEE ATTACHED

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

- Yes
- No
- N/A

Location Normally Used Solely by Maintenance/ Custodial Staff?

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
Repair
Recapture

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
8/5/16

City, State
Tullytown PA

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

Date
3/11/16

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