CK 08/50

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
Date of Notification (1)

Date of No	otification (1)	Contract Co.	THE STREET	- Bro - Samo	The second second second second	Building O	wner / Oper	ator (2)								
08	19	/_2015_					ity Electric							111			
/	/			0.5		Street Ad							15				
Agencies		Type of N				_	ding Highw						1	200			
	EPA		Initia				e, Zip Code										
	DOH	V	Amer	iaea idment#	. =	Name of	ding NJ 08	330		Telephor	- Al		_				
	DOL				justification	Bob Fram				I I GIANNA							
				ellation	, , , , , , , , , , , , , , , , , , , ,					1							
					F	ACILITY IN	FORMATIC	N			-				Series and		
Name of F	To a ilitur Mila	ava Alastav	4:-	T-15	DI (0)		l=	/45									
	acility Who		nent is	Taking	Place (3)		Type of Fa	acility (4)									
	· Oubotatio	**						School (K	(K-12)								
Street Add	dress						1 =	Subchapte	50	than K-12	2)						
262 60th 9	Street						V	Other (I.e.		cmmercia	al						
City (E)		C	1		10 10 1	/mg)	0 5	bldgs., ho									
City (5) Avalon		County (6 Cape May			County Code	(7)	Square Fe	eet 000	# Of Floor	'S	Bui	ilding	-	5			
		oupe may					Current U		_	3							
							Sub Statio	10.7	boning don	ononou							
Name of I	Monitoring	Firm Hired	by Blo	dg. Own	er (8)	ASCM NO	Name of A	batement (Contractor	(9)							
27-1								20 0 70									
Vertex Street Add	droop						AND DESCRIPTION OF THE PARTY OF	Contractin	g Group, I	nc.							
	er Industria	Wav					Street Add	aress									
Control of the local division in the local d	, Zip Code						32 William	ns Parkway									
Aston, PA	19014							, Zip Code									
	ngr. For Mo	onitoring F	irm		Telephone Nu	ımber											
Don Heim		(40)	lo i		610.558.8902		_	over NJ. 079									
10	Start Date	/ 2015	Sche	a. Comp 10	letetion Date (1	2015	Telephone	Number		License	Num	ber					
 /	//	/		10 /		2015	973.77	2.3660		00860							
Occupano	y Status D	uring Abat	ement	(Check	Only 1)		Name of OSHA Monitor										
✓			ted Du	ring Ent	ire Period of			Contractin	g Group, I	nc.							
	Abatemen		-1 0		1.5		Street Add	dress									
	Hours - De	t Pertorme	ed Outs	side of N	ormal Facility		32 William	s Parkway									
V		scribe:	FRI-S	UN.				, Zip Code					-		_		
		27		M-3:30P	M			ver, NJ. 07	936								
Scope of	Work (Che	k All That	Apply)														
	Demolitio		8	7	Renovation		Eull Conto	inmant wit	h Nometive	Dranaura							
lн	>3sf or >3		9	ď	Renovation		Mini - Enc	inment wit	n Negative	Pressure	ŧ						
	≥160 sf or							Procedure									
						V	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure	à					
	Location of			I-		Danasiat				l A L							
183	stos Conta		Loc	ls cation	Δ.	Descript sbestos - C				Abateme R	nt 1	/pe	E	E			
100000	aterial (AC	_	77-27	rmally		Material		9	Amount	E	R		N	N			
TC	BE ABAT		U	sed		.e., therma		- 1	(Specify	М	E		С	C			
	in Facility			olely			facing, VAT	,	SF or LF)	1277	P		Α	L			
1	(13)			Main- ance/	or	other misc	ellaneous)			V	A		P S	0			
1			100000000000000000000000000000000000000	stodial						A L	l R		U	U			
			20.77	ff (12)						-	"		L	R			
			YES	NO N/A										工			
1st Floor					Transite Panels	S			2380 SF	7							
Exterior	2		The second liverage of the second		Caulk				100 LF	7			-	-			
											-	<u> </u>	-	\vdash			
Name of Registered Waste Hauler NJDEP Wa						Cubic	Name of R	legistered L	andfill								
JL Davis Waste Hauler ID No						Yards		County Lar									
						of Waste											
City, State Ocean View NJ 08230						Disposal	City. State				1						
Ocean view NJ 00250						Date	2046 Kear Woodbine	NJ 08270									
Completed	d by (Print	or Type)			Title			Signature		7			Date				
Rich Semega Project Mana						ger											
	en semega Project Ma									1-	1 -			10	0/05/15		

CK#24944

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

Date of Notification (1)	0/1/15			Name of Building Owner/Operator (2) Onore										
Agencies Notified	Type Notification			Stree	t Address		506 17th St	reet	. 14					
DEP DOL	Amended Amendment #		_	City, 8	State, Zip C	Code	ce Como, NJ					-	=	
☑ DOH □ DCA	Emergency (in justification) Cancellation	ncludin	g [Name	of Contac		e como, 143		ne Numbe	er			_	
				FA	CILITY INF	ORMATION							_	
Name of Facility Where							Type of Facility (4)							
Street Address	Resi	denti	al				School (K-12) Subchapter 8 (Other than K-12)							
	506 17	7th St	reet			Other (i.e., private & commercial bu homes, etc.)						1701 		
City (5)	Lake Com	10, N.	J 077	19			Square Feet				ge +/-			
County (6)	onmouth				County Code (7) (STATE USE ONLY) Current Use (Prior if being demolis Residential								_	
Name of Monitoring Firm	Hired by Building	Owner	$\overline{}$	ASCM	No.		.1							
	nvironmental				Stevens Environmental Servic Street Address								_	
Street Address	4 Berkeley Pl	ace												
City, State, Zip Code	Freehold, N					City, State, Zip C	9 Box 322 wn, NJ 08501							
Project Manager for Mo			Tele	phone	No.	Telephone No.								
	unocore		-		0-8408		259-968800493							
Start Date (10) 10/9/15	Sche		0/23	etion Da /15	ite (11)	Name of OSHA	vironmen	ntal						
Occupancy Status Durin	ng Abatement (Che					Street Address	822-27-3						_	
Facility Closed/Vacat														
☐ Abatement Performe ☐ Other - Describe: _	a Outside of Norma	ıı Facılı	ty Hou	rs		City, State, Zip C	ode Freehold	d, NJ 07	728					
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat emolitio			Mini-En Gloveba	ntainment with Ne closure ag Procedure empted (*) and N			•				
			Location Location							А	bate Typ	nent e		
Location Asbestos-Containing I		Used	d Solel	y by	Asbes	Description of tos Containing Mar		Amou	unt					
TO BE ABA IN Facility (13)	TED .		ustodia Staff? (12)	77.7		thermal systems i surfacing, VAT, other miscellaneo	insulation, , or	(Spec SF or		Remova	Repair	Encapsulate	Enclosure	
(10)		Yes	No	N/A						/al	7	ılate	ure	
Baseme	ent		×		Th	ermal Duct In	sulation	151	lf	×				
1st flo	or	Th	ermal Duct In	sulation	30	lf	×							
						(wrap & cu	ıt)							
Name of Registered Wa	ete Hauler			JDEP V	Nasta 1	Cubic Yards	Name of Rég	istered I co	ndfill					
Stevens Environ			lauler ID		of Waste	Name of Neg	GROW		lfill					
City, State	Allentown, 1	_ -			Disposal Date 10/23/15/	City, State	/	sville, I						
Completed By Mahlon E. Ste	Title	roiec	t Mar	ager	Signature/		1410111	Date	10/1	/15		_		
	- 10113	1.	OJEC	t Ivial	iugul	_///				10/1	110		_	

ASB-41

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

CE# 2882

Date of Notification (1)	Name of Building Owner / Operator (2)												
10/1/15		Fargo Ba	nk										
Agencies Notified Type Notification		Address	100			U.							
DEP Initial		South Bro State & Zip (The state of the s										
□ DOL □ Amended		delphia, P											
DOH ☐ Emergency		of Contact	A 13101			Т	alanho	ne N	lumb) Or			
DCA Cancellation		Colton)] ii	wie iv	uiii	Je!			
	13. 38333			-									
Name of Equility Whore Abstract is Taking Di		CILITY INF	ORMATION										
Name of Facility Where Abatement is Taking Pl Wells Fargo NBOC	ace (3)		Type of Facili										
Street Address					ther than K-	12)							
100 Fidelity Plaza					e & commerc		s hon	100	etc)				
1001140111411141114111411			Square Feet		of Floors		dg. Ag		,,				
City (5) County (6)	County C	ode (7)	75,000		2		ag. / tg	45+					
North Brunswick Middlesex	County c	,000 (.)	Current Use (being demoli	ished)	100.7/11						
initial cook			Banking Of		oomig comion								
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCM No			Contractor (9	3)							
Environmental Connection	(-)	1.00	'/										
Street Address													
120 North Warren Street		*	Street Address 1123 Beaver Street										
City, State & Zip Code			City, State & Zip Code										
Trenton, NJ 08010			Bristol, PA 19007										
Project Manager for Monitoring Firm Rollie Jones	Telephone		Telephone Number License Number										
	609-392-4		(215)788-6040 00509 Name of OSHA Monitor										
Scheduled Start Date (10) Scheduled Con	npietion Dat 10/12/15	e (11)	Bristol Envi										
Occupancy Status During Abatement (Check or			Street Addres		ilital IIIC.								
Facility Closed/Vacated During Entire P		tement	1123 Beave		t								
Abatement Performed Outside of Norma	al Hours - 7	am to 3pm											
Describe: 6 PM - 2:30 AM			Bristol, PA	19007									
Facility Occupied During Abatement													
Scope of Work (Check all that apply)						- 10 M		_					
≥3 sf or ≥3 If	⊠ Ren	ovation			full Containm //ini-Enclosur		gative	Pres	Sure	ž			
≥160 sf ≥260 lf	KX	olition			Blove Bag Pr								
		iontion			Non-Exempte		Friable	a Pro	cedi	ire			
Location of	Is Location		Description			Amount		atem					
Asbestos-Containing	Normally L		Asbestos-Conf			(Specify	1			Ť			
Material (ACM)	Solely b		Material (A0		8	SF or LF)	D Z	_	Enc	ш			
TO BE ABATED in Facility	Maintenand Custodial S		(i.e., thermal sy insulation, surfact		т		Remova	Repair	aps	lcls			
(13)	(12)		or other miscella				oval	air	Encapsulate	Enclsoure			
	Yes No	N/A							fe				
Bathroom Pipe Chase			Pipe insula	tion		14 LF							
	ЦЦЦ		12 00 00 0	1				Ш	Ш				
Name of Registered Waste Hauler	7.04500		Cubic Yards	Name	of Registere	d Landfill							
Service Transport Inc.	209	uler ID No.	of Waste	Minor	va Landfill								
City, State	203	,,,,,	Disposal Date	City, S									
New Castle, DE			10/12/15		esburg, Oh	nio							
Completed By (Print or Type)	Title	9	Signature Date										
Gino Pizzigoni		ject	Line Peggigoni / fl 10/1/15						· .				
•	Ma	nager	Dino Ty	gego	ne 17		0200700	enchistric					

CK 006140

D&S Proj. #: 2015-336

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

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100	1				
	(-1	Per	-		

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Date of Notification (1)	Name of B	uilding Own	er/Operator (2)									
0 9 / 3 0 / 1 5	sue mcc	onville										
Agencies Notified Type Notificat	Street Add	ress										
DEP Amended	101 dar	iel avenue										
Amendment #:	City, State	, Zip Code										
DOL Emergency	rutherf	ord, nj 070	70									
DOH (including justification)	Name of C	ontact					Telephone	e Numbe	r			
DCA Cancellation		conville					1					
		FACI	LITY INFORM	ATIO	V							
Name of facility where abatement i	s taking place (3)					П	Type of Facility (4					
sue mcconville							=	(K - 12)		V	10/	
Street Address						-		apter 8 (0 Private/C			-12)	
101 denial avenue							Bldgs./l	Homes, e	etc.			
101 daniel avenue	L County (6)					=	Square Feet	# of Floo	rs	В	dg. A	ge
City (5)	County (6)			9753255	unty Code (7) ate use only)	1	Current Use (Pr	ior if hair	a dom	olich	2d/	
rutherford	BERGEN			(5.0	,/		Julient USE (Pr	ioi ii beli	y uem	011511	eu)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatem	ent Co	ontractor (9)	4				
					D & S REST	ORA'	TION, INC.					
Street Address					Street Address							
	74				20 California	_						
City, State, Zip Code					City, State, Zip Co	ode						
					Paterson, N.	2 200 1000	03					
Project Manager for Monitoring Firm	F	hone Numb	er		Telephone Numb			License		er		
					973-345-80 Name of OSHA				1169			
Start Date (10)	Sched. Comple	tion Date (11)		D & S Resto							
10/12/15	10/30/15				Street Address	racioi	i, me.					
Occupancy Status During Abatemer	nt (Check only one)				20 California	Avei	nue					
Facility closed/vacated during Abatement performed outside					City, State, Zip C	ode						
Describe: NORMAL H	OURS			_	Paterson, N.	J 0750	03					
Scope of Work (check all that apply	/)					Fu	II Containment w	/negative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation					=	ini-enclosure	,				
≥160 sf or ≥260 lf	Demolition						ovebag procedur on-Exempted (*) a		friable	proc	edure	1
Location of	Is location normally by maintenance/cu						S 2000 1740 1		R	R	E	E
asbestos-containing material (acm) to be	staff(12)		Description material (sbestos-containin	g	Amount (Specify SI	For	m	р	n c	n
abated in facility (13)	Yes No	N/A	material (ACIVI)			LF)		o v	a i	a p	L
BASEMENT			PIPE INSU	TAT	ION		0014		e ISZI	r		-
DUOFIMEN I	X	#	TITE INSU	LAI	ION		89 l ft			님	片	
1							-		片	屵	片	쓔
				anatoria.		-			#	무	片	+-
				-					片	片	片	卅
Registered Waste Hauler	NJDEP Hauler	ID# C	ubic Yards of V	Vaste	Name of Registe	ered La	andfill		النا		Ш	
D & S RESTORATION, INC.	13506		yd.				ESOURCE RE	COVER	Y			
City, State		Disposal D			City, State							
PATERSON, NJ 07503 Completed by (Print or Type)	Tial	10/13/13	Signature	_	TULLYTOV	VN, P	A	I D.				
BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 09/30	/15			
ASB-41 *	Do not use this form	n for asbesto	s licensure exe	empte	d activities.			1.00/00	1.5		District.	

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		CC		2.8	3			
10 /	5 /	15				of Came		-/							
Aganaias Natified					-				Vi.						
Agencies Notified EPA	Type Notifica	ition				Address									
⊠ DOLWD	☐ Amended	ŀ			(4) F	Box 9512			77 (9)			1			
☑ DOH	Amendme	ent#_				itate, Zip C									
☐ DCA	☐ Emergend		luding			nden, NJ			T=						
(NJAC 5:23-8)	justificatio					of Contact			Telephone Numb	er					
	☐ Cancellat	ion			Jon	n Bond									
					FAG	CILITY IN	FORMATION								
Name of Facility Where A		aking	Place	(3)				Type of Facility							
FILMORE ST RESID	ENCES							School (K-12							
Street Address								☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,							
1715, 1717, 1808 Fil	more Street	t 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	(7)(STATE USE ONLY) Current Use (Prior if being demolished)								
CAMDEN							HOUSING DEEMED UNSAFE								
Name of Monitoring Firm	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abatement Contractor (9)								
Health and Safety S	ervices				117		Controlled E	trolled Environmental Systems							
Street Address							Street Address	900000000000000000 ₹ 557000							
PO Box 365							1121 N. Beth	hlehem Pike - Suite 60							
City, State, Zip Code							City, State, Zip Co	Code							
Berlin, NJ 08009							Spring House, PA 19477								
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No. License No.								
Jim Proctor				С	609-8	39-2432	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Start Date (10)						te (11)	Name of OSHA Monitor								
10 /15 /	15	_ 1	1_/	30	_ / _	15	CES								
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address								
☐ Facility Closed/Vacate							1121 N Bethle	ehem Pike -Su	ite 60						
☐ Abatement Performed	Outside of No	ormal I	Facility	Hour	s - Des	cribe	City, State, Zip Co	ode							
Time of Abatement: 7:	:00AM- <u>5:00</u> F	/M/	PN	-	_AM		Spring House	e, PA 19477							
Scope of Work (Check all	that apply)							1 AN 1 1 NAME AND A							
☐ >3 sf or >3 lf			☐ Re	novati	on		☐ Full Cont	ontainment with Negative Pressure							
≥160 sf or ≥260 lf			☑ De					g Procedure							
32.00						,			n-Friable Procedur	е					
				Locat Iorma						Ab	atem	ent T	уре		
Location Asbestos-Containing N		n l			ely by	Ache	Description o stos Containing Ma		Amount	Re	Re	E	E		
TO BE ABA		'		ntena			., thermal systems		(Specify	Remova	Repair	cap	Enclosure		
IN Facilit	У		Cust	odial ((12)	Staff?	18%	surfacing, VAT		SF or LF)	<u>a</u>	1000	Encapsulate	sure		
(13)		9	Yes	No	N/A	1	other miscellane	ous)				ate	10000		
CEE ATTACHED	2-7500			7 miles		OFF AT	TAGUED		000 \/D	53					
SEE ATTACHED			Ц			SEE AT	TACHED		200 YD per res		Ш	Ш	Ш		
										П	П	П	П		
		-								1					
Name of Registered Wast	e Hauler				JDEP \	Maete	Cubic Yards of	Name of Basis	torad Landfill				Ш		
Waste Management				1 32	auler II		Waste	Name of Regis	sereu Langilli						
	01 140				17273		200/residenc								
City, State							Disposal Date	City, State							
Fairless Hills, PA							11/30/15	Tullytown	PA						
Completed By (Print or Ty	pe)	Title					Signature	11	Dai	te /	1				
Patricia Visco		Of	fice I	Manager Politica / 15/5						11	_				
ACR 41										1			-		

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) Name of Building Owner/Operator (2) 10 15 1 City of Camden Agencies Notified Type Notification Street Address **⊠** EPA PO Box 95120 □ DOLWD ☐ Amended City, State, Zip Code M DOH Amendment # Camden, NJ 08101 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation John Bond **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SYLVAN ST RESIDENCES School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 729, 737, 744 Sylvan Street Residences homes, etc.) City (5) Square Feet # of Floors Blda, 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 10 / 15 / 15 11 / 30 / 15 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
☐ Mini-Enclosure
☐ Glovebag Procedure $\square \ge 3$ sf or ≥ 3 If ☐ Renovation ≥ 160 sf or > 260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Asbestos-Containing Material (ACM) 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 П X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management of NJ **GROWS** 17273 200/residence City, State Disposal Date City, State Fairless Hills, PA 11/30/15 Tullytown PA Completed By (Print or Type) Title Signature Date

ASB-41 JAN 13

Patricia Visco

Office Manager

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)										
	15		City of Camden										
Agencies Notified Type Notification	ation		Street	t Address				17			7		
⊠ EPA ☐ Initial			PO	Box 951	20								
☑ DOLWD ☐ Amended ☑ DOH Amendm			City, S	State, Zip C	Code		\$25.0° (a) 15						
□ DCA □ Emergen		-	Car	mden, NJ	08101								
(NJAC 5:23-8) justificati		9	Name	of Contac	t		Telephone Num	ber			- 1990		
☐ Cancellat			Jol	nn Bond									
			FA	CILITY IN	IFORMATION								
Name of Facility Where Abatement is 7	aking Place	e (3)			(4)								
JASPER ST RESIDENCES						School (K-12	2) 8 (Other than K-12	V.					
Street Address) rcial b	uildina	ıs						
432 Jasper Street Residences						homes, etc.)		3-1					
City (5)						Square Feet	# of Floors	Bldg. Age					
Camden						varies	varies		50+				
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)					
CAMDEN						HOUSING D	DEEMED UNSAF	E					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Health and Safety Services			117										
Street Address													
PO Box 365					1121 N. Beth	nlehem Pike - Suite 60							
City, State, Zip Code					City, State, Zip Co	ode							
Berlin, NJ 08009						use, PA 19477							
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No. License No.								
Jim Proctor		100000000000000000000000000000000000000		39-2432									
Start Date (10)	Scheduled (Name of OSHA Monitor						_		
10 /15 /15	11	/ _ 30		15	CES								
Occupancy Status During Abatement (entra fuert de la company de la	17.7											
☐ Facility Closed/Vacated During Entit					1121 N Bethle	ite 60							
Abatement Performed Outside of No Time of Abatement: 7:00AM-5:00F	ormal Facilit PM/PI	ty Hou M	rs - Des AM	scribe	City, State, Zip Co								
Scope of Work (Check all that apply)					Spring House	e, PA 19477							
□ >3 sf or >3 lf		enovat	row.			ainment with Neg	gative Pressure						
⊠ ≥160 sf or ≥260 lf	N-200	emolitic				Enclosure ebag Procedure							
	-				⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	re					
		s Locat Norma						Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACM		ed Sole		\ \Aaba	Description of			R	R	ш	Ш		
TO BE ABATED	Ma	aintena			stos Containing Ma ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility	Cus	stodial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Val	~	lusc	Sure		
(13)	Yes	No.	N/A	+	other miscellaned	ous)				ate	10		
CEE ATTAQUED	162	-						-					
SEE ATTACHED		10		SEE AT	TACHED		200 YD per res						
				1.5									
						7							
Name of Registered Waste Hauler		1155	JDEP !		Cubic Yards of								
Waste Management of NJ			17273		Waste 200/residenc	GROWS							
City, State					Disposal Date								
Fairless Hills, PA					11/30/15	Tullytown	PA						
Completed By (Print or Type)	Title				Signature		Inc	te			57725-1		
Patricia Visco	Office	Mana	ger		Patur	10/5/15							

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

				W. C
- V	1 = 6			-
00	1	$-l \sim l$		
CARC	P.	101	22	

Date of Notification (1)				Name of Building Owner/Operator (2)													
10 /5		15		City of Camden 0CT 6 2015													
	e Notificat	ion		S	treet	Address	7,127										
	nitial				PO	Box 9512	20										
	Amended			C	ity, S	tate, Zip C	ode										
	Amendmer		_		Can	nden, NJ	081	01									
	Emergency ustification		ing	N	lame	of Contact				Telephone Num	ber						
	Cancellatio	200			Joh	n Bond				-							
					FAC	CILITY IN	FOF	RMATION									
Name of Facility Where Abater	ment is Ta	aking Pla	ce (3)						Type of Facility	(4)							
VIOLA ST RESIDENCES	3								School (K-12	☐ School (K-12)							
Street Address		-12001								8 (Other than K-12							
334 Viola Street Reside	nces								homes, etc.)	rivate and comme	rcial bi	uilding	s,				
City (5)									Square Feet	# of Floors	В	ldg. A	ge				
Camden							varies		50+								
County (6)					Coun	ity Code (7)(STA	TE USE ONLY)	ONLY) Current Use (Prior if being demolished)								
CAMDEN									HOUSING D	DEEMED UNSA	FE						
Name of Monitoring Firm Hired	d by Buildi	ng Own	er (8)	AS	SCM	No.	Name of Abatement Contractor (9)										
Health and Safety Servi			3	117		C	Controlled E	nvironmental	Systems								
Street Address	Street Address								Street Address								
PO Box 365							uite 60										
City, State, Zip Code										_							
Berlin, NJ 08009							S	pring House	e, PA 19477								
Project Manager for Monitoring	g Firm		T	eleph	none l	No.	Tel	ephone No.		License No.							
Jim Proctor				C 6	09-83	39-2432	215 542 7000 00847										
Start Date (10)	Sc	cheduled	Com	pletio	n Dat	te (11)	Nar	me of OSHA M	lonitor								
10 /15 /15	5	_11_	/ _	30	_ / _	15	C	ES									
Occupancy Status During Abai	tement (C	heck on	y one)			Stre	eet Address									
☐ Facility Closed/Vacated Du							1	121 N Bethle	ehem Pike -Su	ite 60							
☐ Abatement Performed Outs						cribe	City	, State, Zip Co	ode								
Time of Abatement: 7:00A	M- <u>5:00</u> PI	W/	PM		ΑM		S	pring House	e, PA 19477								
Scope of Work (Check all that	apply)																
☐ ≥3 sf or ≥3 lf		П	Renov	/ation	1			☐ Full Cont	Containment with Negative Pressure								
≥160 sf or ≥260 lf			Demo					☐ Glovebag	g Procedure								
								Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedu	ire						
			Is Lo	cation mally							At	atem	ent T	уре			
Location of Asbestos-Containing Mater	rial (ACM)	l	Jsed S			Ashe	etne	Description o Containing Ma		Amount	Re	Re	En	E			
TO BE ABATED	101 (/ 1011)		Mainte					rmal systems		(Specify	Removal	Repair	cap	Enclosure			
IN Facility		0	ustodi 1)	al Sta 2)	aff?	the state of		surfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	sure			
(13)		Ye		10	N/A		110	ner miscellane	ous)				ite				
SEE ATTACHED				2001	3000/10000	OFF AT	T A C	NIED.		000 1/0							
SEE ATTACHED				-		SEE AT	IAC	HED		200 YD per re	s 🛛		Ш	Ш			
]													
]														
											П		П	П			
Name of Registered Waste Ha	uler			NJE	DEP V	Vaste	Cub	oic Yards of	Name of Regis	L stered Landfill			_	_			
Waste Management of N	NJ			NJDEP Waste Hauler ID No. 17273				Waste GROWS									
City, State				1 1	1213			00/residenc posal Date	City, State								
Fairless Hills, PA								Tullytown	PA								
Completed By (Print or Type)					Signature	1	In	ate ,		9							
Patricia Visco	Title Offic	е Ма	nage	er			Paters	w Visc		10/	-/	_					

CK 24639

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)															
	01 /	15		Doris Duke Charitable Foundation														
Agencies Notified	Type Notification	on			Street A	ddress								- III-ode				
□ EPA					1112	Duke Pa	rkwa	ay West			***	-						
□ DOLWD □	☐ Amended			-	City, Sta	ate, Zip Co	de									- 1		
□ DHSS	Amendmen	_			Hills	borough,	NJ (08844										
DCA	☐ Emergency justification		iding	ŀ		of Contact				1	Telephone Nun	nber						
(NJAC 5:23-8)	☐ Cancellatio				John	a Floers	ch			h								
					FAC	ILITY INF	ORN	MATION		1	ty (4)							
Name of Facility Where A	Abatement is Ta	king P	lace (3	3)														
1112 Duke Farms F	oundation- N	lain F	louse	8						School (K-12)	12) r 8 (Other than K-12)							
Street Address										Subchapter 6 (Other (i.e., priv	(Other than K-12) ivate and commercial buildings,							
1112 Duke Parkway	y West									homes, etc.)								
City (5)										uare Feet	# of Floors		Bldg. Age					
Hillsborough										5,000	4 100							
County (6)					Count	y Code (7)(STATI	E USE ONLY)										
Somerset								R	Residential									
Name of Monitoring Firm	Hired by Buildin	ner (8)) [ASCM N	No.	Nam	e of Abateme	Contractor (9)										
Environmental Hea				2973	7	Su	perior Aba	atem	nent Inc									
Street Address					Street Address													
655 West Shore Tra	ail				2 Henderson Drive										WEAR-			
City, State, Zip Code					City, State, Zip Code													
Sparta, NJ 07871											_							
Project Manager for Mon	nitoring Firm			Tele	phone N	phone No. Telephone No. License I												
Bill Kerbel					73) 729			73) 808-161		00411								
Start Date (10)	So				letion Date (11) Name of OSHA Monitor Superior Abatement Inc													
10 /12 /	15	_10	_ / .	23	3_ / _	15	Sı	perior Aba	aten	nent Inc								
Occupancy Status Durin							51000	et Address										
□ Facility Closed/Vacat								Henderson	TR. 10-2-2-3	ive								
☐ Abatement Performer Time of Abatement:								State, Zip C										
		101/	'				W	est Caldwe	ell, N	NJ 07006						\dashv		
Scope of Work (Check a	ill that apply)							☐ Full Con	ntainr	ment with Nega	ative Pressure							
≥3 sf or ≥3 lf		0	⊠ Ren	ovat	ion			Mini-End	closu	ıre								
≥160 sf or ≥260 lf		[_ Den	noliti	on			☐ Gloveba	ag Pr	ocedure ted (*) and Non	-Friable Proce	dure						
	75	- 1	le l	oca	tion		-	M MOII-EX	ompo	loo () and rion	1110010111000		Aba	teme	ent Ty	vpe		
Location	n of		N	orma	ally			Description	of									
Asbestos-Containing	Material (ACM))			ely by ance/	Asbes	stos C	Containing Ma	lateria	al (ACM)	Amount		em	Repair	nca	nclo		
TO BE AB					Staff?	(i.e.		rmal systems urfacing, VAT			(Specify SF or LF)		Removal	Ŧ	psu	Enclosure		
IN Faci (13)				(12)		-		er miscellan			SS140 TS40.0334*0				Encapsulate	Œ		
			Yes	No	1000000		es 16											
Main House-Hollywo	ood Wing/Apt	i.					-	Insulation			250 LF	_						
Main House-Hollywo	ood Wing Apt	t.				Transite	Par	neling			5 SF	-						
Main House-Hollywo	ood Wing Apt				Window	/ Ca	ulk			13 Ea	_			Ш				
Main House-Hollywo	ood Wing					Roofing	3				3000 SF		\boxtimes	Ш	Ш	Ш		
Name of Registered Wa	ste Hauler			100	NJDEP			ic Yards of	1	Name of Regist								
Service Transport	Group			- 1	Hauler II SW21		INITIO VA LITTOI DI 1000											
City, State				Disposal Date City, State					yer souther									
New Castle, DE				10	0/23/15		Waynesbur	gh, OH										
Completed By (Print or	Type)	Title						Signature	-	. / /	1//	Date						
Nick Petrovski	nt				-/	11		hus	11	2	-/-	-1	5					
	1.548254					11	11/10	- 001	10	200	/_	1 0	_					