## 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 24 / City of Camden Agencies Notified Type Notification Street Address **⊠** EPA PO Box 95120 **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Camden, NJ 08101 □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation James Rizzo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 620-624 KAIGHN AVENUE STRUCTURE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 620-624 KAIGHN AVENUE STRUCTURE 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) Controlled Environmental Systems Street Address Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_25\_\_ / \_\_17 12 / 31 / 17 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-\_\_AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 If ☐ Mini-Enclosure
☐ Glovebag Proce Renovation ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Asbestos Containing Material (ACM) Amount ncapsulate 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 Notice of Hazard M See Attached Notice of Hazard 200 YD per res  $\boxtimes$ 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 12/31/17 Tullytown PA Completed By (Print or Type) Title Signature Patricia Visco Office Manager



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

Date of Notification (1) 10/20/2017	MD .	Name Arth	e of Building Owne ur Guida	er/Operato	r (2)	ME	G			7 [		
Agencies Notified Type Not	ification		t Address			1131					111	
➤ DOL Ame Eme justif	nl ended ndment # rgency (including ication) cellation	_ Fair	State, Zip Code view, NJ 07022 of Contact ur	2		ASBESTOS CONTROL & Telephonei Numbering						
Name of Equility Where Above			CILITY INFORMA	TION								
Name of Facility Where Abatement Guida's Residence Street Address	is Taking Place (3)				Other (i.e etc.)	(-12) ter 8 (Other th	mmercia	al bu			mes,	
Fairview					Square Feet	# of Flo	ors		Bldg.	Age		
County (6) Bergen			Code (7) USE ONLY)		Current Use (F	Prior if being d	emolish	ed)				
Name of Monitoring Firm Hired by Bu	uilding Owner (8)	ASC	M No.	Name MKD	of Abatement C Property Ma	ontractor (9)	LLC	1000				
Street Address				Street	Address /an Riper Av							
City, State, Zip Code												
Project Manager for Monitoring Firm		Telepho	one No.		hone No. License No. 01336							
Start Date (10) 11/05/2017	Scheduled ( 11/16/201	Completion 7	Date (11)	1	of OSHA Monito	34.7.34						
Occupancy Status During Abatement	(Check Only One)			Street A	Address	*						
Facility Closed/Vacated During B Abatement Performed Outside o Other – Describe:	Entire Period of Abai f Normal Facility Ho	tement urs	nent s City, State, Zip Code									
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× Reno	evation olition		×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	Is Loc	ation			Tron Exemple	o ( ) and Non	-rnable	Abatement				
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Used So Mainter Custodia (12	olely by nance/ I Staff?	Asbestos Coni (i.e. thermal surfa	systems i cing, VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF	2	Remova	Repair	e Encapsulate	Enclosure	
30 (2000)	Yes No	N/A	onier i	niscellane	ous)			oval	air	sulate	sure	
Basement	X		Pipe	insulation	on	146 lin	ft x					
Basement	X		Boile	r insulati	on	19 sq f	t x					
Name of D. J.												
Name of Registered Waste Hauler TBD		NJDEP W Hauler ID TBD			Name of Registered Landfill 110 Sand Company							
City, State				al Date	City, State	State						
Completed by Darko Raloski	Title Project M	anager	Si	gnature					20/2017			

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PAID		FICATION	te of New Jer OF ASBESTO	OS ABATE						-	March Street		
2	(1		to NJAC 8:60			M	門	是 引	M	E	1		
Date of Notification (1) 10/20/2017			Building Own	er/Operator	(2)	IKI							
Agencies Notified Type Notification		Street Ad	idress				Loc	252	017		UJI	Çes -	
EPA Initial		City Stat	te, Zip Code			Ited back	-	1	-			- 1	
DEP Amended Amendment			eth, NJ 072	02		-A	ASBESTOS CONTROL &						
Emergency ( justification)  DCA  Cancellation		Name of Patricia					Tele	phone Num	ber	Wednesday.			
	DI (0)	FACIL	LITY INFORM	ATION	Т	f E - ille - (	4)						
Name of Facility Where Abatement is Takin Relucio's Residence	g Place (3)				_	f Facility (							
Street Address					I S	chool (K-1 ubchapter	8 (Othe	er than K-12)					
						ther (i.e. p	rivate 8	& commercia	l build	ings, I	nome	s,	
City (5) Elizabeth					Square		# of	Floors	BI	dg. Ag	ge		
County (6) Union		County C	Code (7) ISE ONLY)		Curren	t Use (Prid	or if bei	ng demolishe	ed)				
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM	l No.		e of Abatement Contractor (9)  D Property Maintenance LLC								
Street Address					Address Van Ri	Address /an Riper Ave							
City, State, Zip Code					, State, Zip Code fton, NJ 07011								
Project Manager for Monitoring Firm		Telephor	ne No.	Telepl	hone No 899-90	License No	).						
Start Date (10)	Scheduled Co 11/15/2017		Date (11)	57.7.7.5	ne of OSHA Monitor								
11/04/2017 Occupancy Status During Abatement (Chec				Street	Address	S							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Abate nal Facility Hou	ement urs		City, S	State, Zip	Code							
Other – Describe:													
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Scope of Work (Check All That Apply)										9		
	Is Loc									Abate Ty	ment		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Norm Used So Mainter Custodia (12	blely by nance/ al Staff? 2)	(i.e. the	Description Containing I rmal system surfacing, VAner miscella	Material ns insula AT, or		(\$	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes No		_	· · · · · ·	-4:		4-	7C In #	V				
Basement	X		F	Pipe insula	ation	L.	77	76 In ft	X				
		-											
N		NJDEP W	lanta I C	ubic Yards		Name of	Regist	ered Landfill					
Name of Registered Waste Hauler TBD		Hauler ID	No. of	Waste				ompany					

Disposal Date

Project Manager

Signature

Date

10/20/2017

City, State

Man.

Melville, NY 11747

City, State

Completed by

Darko Raloski



D&S Proj. #: 17-288

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

Date of Notification (1)    1   0   /   2   0   /   1   7    Agencies Notified	t:	Street Addr	rian ess Zip Code nj 0711 ntact drian	ner/Operator (2)	ASBESTOS CONTROL & LICENSING Telephone Number										
Name of facility where abatement  bruce adrian  Street Address  City (5)		nty (6)				unty Code (7)	_	Subcl	ol (K - 12 hapter 8 (	Other to Committee Committ	ercial	(-12) ldg. A	age		
newark  Name of Monitoring Firm Hired by  Street Address  City, State, Zip Code	ess Bldg. Own			ASCM No.	(St	Current Use (Prior if being demolished)  Name of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code									
Project Manager for Monitoring Firm  Start Date (10)  10/24/17  Occupancy Status During Abatemer  Facility closed/vacated during  Abatement performed outside  Describe:	Sched	I. Completion 7/17 Inly one) Indoor of abate	ment.			Paterson, NJ 07503  Telephone Number 973-345-8020  Name of OSHA Monitor D & S Restoration, Inc.  Street Address 20 California Avenue  City, State, Zip Code									
Other-Describe: NORMAL H Scope of Work (check all that apply  ≥ 3 sf or >3 lf  ≥160 sf or ≥260 lf  Location of asbestos-containing material (acm) to be	Renovation Demolition Is location					Paterson, NJ	Full C Mini-e	re	Non-friable pr		edure E n c	E			
abated in facility (13) basement boiler & storage rm basement several locations	Yes	No X	N/A	PIPE INSUL PIPE INSUL	ATI			30 l ft 5 l ft		o v e	a :- L	а р			
	NJDE 135		- 1		aste	Name of Registers TULLYTOWN City, State TULLYTOWN	I, RES		COVER						

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

Date of Notification (1)	24 /	17	7					wner/Operator					and the latter to the latter t	-	Tre second	
					1			IG ANG - JOI	nt Base - McG	uire Dix Lak	ehurst	AF	BW	7 🖺	In	
Agencies Notified  EPA	Type Notifi	cation			1200,000,000	et Address							760		TO NO.	
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⊠ DOH	Amendr					State, Zip				day.					19	
☐ DCA	☐ Emerge		ncludir	- ig	_		-	cGuire Dix La	Lakehurst AFB, NJ 08641-5406							
(NJAC 5:23-8)	justifica	150				Name of Contact Telephone Number										
	☐ Cancell	ation			CI	/ISgt Dav	/id /	A Brown		-						
Name of Early 188					FA	CILITY II	NFC	RMATION								
Name of Facility Where			g Plac	e (3)					Type of Facility	NOT 100						
3322 Cyber Opera	tions Squad	dron							School (K-1)	2)	14 40)					
Street Address									☐ Subchapter ☐ Other (i.e., p	orivate and cor	K-12) nmercia	Lbu	ildinas			
3322 Wonnacott A	ve								homes, etc.	)	microid	· Du	nunigo	9		
City (5)								le:	Square Feet	# of Floors	3	Blo	dg. Ag	е		
Joint Base - McGu	ire Dix Lake	ehurs	t AFE	0864	11-540	6			10,000	1		5	50+			
County (6)					Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use (Pr	rior if being de	molishe	d)				
Burlington									Cyber Ops-	Office- Han	iger					
Name of Monitoring Firm		lding (	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)	)						
TTI Environmental	<							Controlled E	nvironmental s	Systems						
Street Address			1000				_	reet Address		•						
1253 N. Church St								1121 N. Beth	lehem Pike - S	uite 60						
City, State, Zip Code							Ci	ty, State, Zip Co	ode	- Marie					_	
Moorestown, NJ 08	8057							Spring House	e, PA 19477							
Project Manager for Mor	nitoring Firm			Tele	phone	No.	Te	lephone No.		License No	0.				-	
				8	56 840	8800	1	215 542 7000		00847						
Start Date (10)		Sched	uled C	omple	tion Da	ate (11)	Na	me of OSHA M	lonitor			-				
11 /6 /	17	_1	2 /	15	_ /	17_	(	CES	•							
Occupancy Status Durin	g Abatement (	Check	only	one)			Str	reet Address								
Facility Closed/Vacate	ed During Ent	ire Per	iod of	Abate	ment			1121 N. Bethl	ehem Pike - S	uite 60						
Abatement Performed	d Outside of N	lormal	Facilit	y Hour	s - Des	s - Describe City State 7:- Code										
Time of Abatement: 7	7:00AM- <u>5:00</u> F	PM/	PN	1	_AM	AM Spring House, PA 19477										
Scope of Work (Check a	Il that apply)							, ,							-	
≥3 sf or ≥3 If			M D-					☐ Full Cont	ainment with Neg	gative Pressure	е					
≥160 sf or ≥260 lf				novati				<ul><li>☐ Mini-Encl</li><li>☑ Glovebag</li></ul>								
									mpted (*) and No	n-Friable Proc	edure					
				Locat								Aba	temen	t Tyr	oe .	
Location Asbestos-Containing		A)		Norma d Sole	-			Description of				v T	ת	ш	ш	
TO BE ABA		")	Ma	intena	nce/			Containing Mat		Amount (Specify		Removal	Repair	nca	nclo	
IN Facili	ity		Cust	todial 3	Staff?	(	., thermal systems insulation, surfacing, VAT, or			SF or LF)			=	Encapsulate	Enclosure	
(13)		ŀ	Vac	(12)	21/2	-	ot	her miscellaned	ous)				1	ate	O.	
- fc:			Yes	No	N/A		-									
office						Pipe & I	Fitti	ng (tent & glo	ove bag)	220 LF				] [		
exterior transite		$\boxtimes$		exterior	tra	nsite (non Fr	iable procd)	634 SF				] [				
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Name of Registered Was	te Hauler			N.	JDEP V	Vaste	Cub	oic Yards of	Name of Regist	tered Landfill					=	
Geppert Recycling				H	auler IE	No.	Wa	ste		erks Commu	ıntiy L	and	Ifill			
City, State							Dis	posal Date	City, State				2008			
Hatfield, PA								2/15/17	Birdsboro,	PA 19508						
Completed By (Print or Ty	/pe)	Title						Signature	11		Date	_			_	
Patricia Visco		fice N	lanag	jer			Patu	an Visc	-2-	10/	ント	11,				

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Data of	Notification (1)	9			(1		t to NJAC 8:60 ar					W			
Date of	0/23/17					Name	of Building Owner HELLI	(1)		114	0.0	6805	1	A CONTRACTOR	
Agencie	es Notified	Type N	otification			Street	Address	Tau		IN OCT	25	2011		Contract of the Contract of th	
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-		⊠ En	nendment nergency	(includin	g	Mama	MOUTVE	de 1	NI O	1075					
DO			stification) ancellation			Name (	of Contact (LUN)	Paul	,	Telephone Nu	ımber	-1		7	
Name o	f Facility Where	Ahatemer	nt is Takin	a Place	(3)	FAC	ILITY INFORMAT	ION						E	
K	25 id en		HOW	.4	(3)				Type of Facility	305					
Street	iress ,	1	11010	£					School (K	-12) er 8 (Other than K-1	12)				
City (5)									Other (i.e. etc.)	private & commerc	ial bui	ldings	, hom	es,	
City (5)	Mo	UTU	ule						Square Feet 200	# of Floors	i	Bidg. /	Age		
County	(6) Belg	001					Code (7) USE ONLY)		Current Use (P	ior if being demolis		0			
Name of	f Monitoring Firm		Building (	Owner (8	8)		M No.	Nome			HERIL				
P	ROJORT M	WAGE	OR	· · · · · (e	′/	/1001	W 140.	1 1/1 1	of Abatement Co	10 43	nasin	7			
Street A	ddress	V							Address	11	0				
City Sta	ite, Zip Code							2	SO N 1	niceland	/				
Oity, Ota	ite, zip code							City, S	tate, Zip Code	1 2-	7/	65			
Project N	Manager for Mon	itoring Fir	m		T	Telepho	ne No.	Teleph	one No.	License		01			
01 10								201	600 518		30	5			
Start Da	te (10) 10/25	1/2		Schedu	10.00	1	Dáte (11)	Name	of OSHA Monito						
Occupar	ncy Status During		ent (Checi	k Only O	ne)	3/31	117	Stroot	Address						
☐ Fac	ility Closed/Vaca	ated Durin	a Entire P	Period of	Abaten	l nent		Succe	Address						
L Aba	atement Performe er – Describe: _	ed Outsid	e of Norm	al Facilit	y Hours	3		City, St	tate, Zip Code					*******	
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The same of the sa	sf or ≥3 If		77	Z I	Renova	tion		Г	1						
_ ≥16	0 sf or ≥260 If			-	Demolit				Full Containment with Negative Pressure Mini-Enclosure						
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					s Locati					a y and Horri nat	1	Abate			
Asbe	Location stos-Containing		ACM)		Normal ed Sole			scription		543 Wd	-	Ту	ре	_	
	TO BE ABA	TED	ACIVI)	0.0000000000000000000000000000000000000	aintenar stodial S		Asbestos Cont (i.e. thermal	taining M systems	aterial (ACM) insulation,	Amount (Specify	70	_	Enc	Щ	
	In Facilii (13)	ty			(12)	, com	surfa other r	cing, VA7 niscellan	r, or eous)	SF or LF)	Remova	Repair	Encapsulate	Enclosure	
				Yes	No	N/A					val	=	ılate	ure	
BOS	Ement	-			X		D. Do	WR	r.A	85LF	t				
					( )		rire	1010	y	0 1 4	(0				
											-				

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

ABUTENEUT City, State

0036592

G C Disposal Date

City, State

Completed by 7014

VICE PResident

Signature

Date