

CH1417

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

Print Form

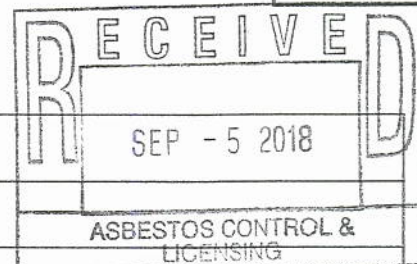
RECEIVED

SEP 5 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/29/2018		Name of Building Owner/Operator (2) Bill Benedict							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928 Name of Contact Bill Benedict							
Telephone Number 									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Chatham		Square Feet 2000+	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-264-9463						
Start Date (10) 09/13/2018		Scheduled Completion Date (11) 09/13/2018	License No. 01306						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Nari Construction, LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 63 Leather Stocking Path							
Scope of Work (Check All That Apply)		City, State, Zip Code Lincoln Park, NJ 07035							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	1200	x		x	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 10 CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager		Signature			Date 08/29/2018		

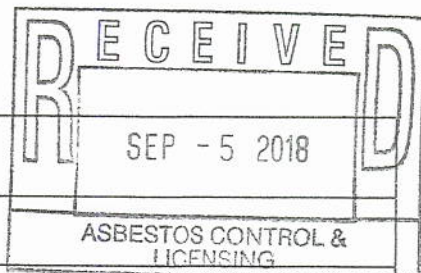
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08-30-18		Name of Building Owner/Operator (2) Rubenstein Properties							
Agencies Notified	Type Notification	Street Address 101 East Main St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact Dave Burkart	Telephone Number (973) 256-6644						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property Building # 38 and 31 A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20-21 Wagaraw Rd.		Square Feet	# of Floors						
City (5) Fair Lawn		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 09-08-18	Scheduled Completion Date (11) 09-11-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Pipe Insulation	80 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 09-14-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature			Date 08-30-18		

CH 2681

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1) 08 / 30 / 18		Name of Building Owner/Operator (2) Ramapo College of NJ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 505 Ramapo Valley Rd							
		City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Gina Mayer-Costa	Telephone Number 201-684-7531						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ramapo College - Linden Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 505 Ramapo Valley Rd		Square Feet 50,000	# of Floors 4						
City (5) Mahwah		Bldg. Age 28 yrs							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) R2							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No. 00112	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address 344 West State Street		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-656-8101	Telephone No. 973-832-4244						
		License No. 01155							
Start Date (10) 09 / 09 / 18	Scheduled Completion Date (11) 09 / 20 / 18	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Linden Hall 62 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Pipes	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) John Geleski		Title PM		Signature 			Date 08/30/18		

CH 7346
D&S Proj. #: 18-181

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

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SEP - 5 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/18/12/19/1/18/1		Name of Building Owner/Operator (2) jennifer yonkers	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code rutherford, nj 07070	
		Name of Contact jennifer yonkers	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jennifer yonkers			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) rutherford			County (6) BERGEN		Bldg. Age [REDACTED]
County Code (7) (State use only)			Current Use (Prior if being demolished) [REDACTED]		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		[REDACTED]		Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]		[REDACTED]		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Telephone Number 973-345-8020	
[REDACTED]		[REDACTED]		License Number 01169	
Start Date (10) 09/13/18		Sched. Completion Date (11) 09/28/18		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		[REDACTED]		Street Address 20 California Avenue	
[REDACTED]		[REDACTED]		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement (behind walls/ceiling)		X		PIPE INSULATION	120 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/14/18		City, State TULLYTOWN, PA		Date 08/29/2018	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]		Date 08/29/2018	

CH 7346
D&S Proj. #: 18-180

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

RECEIVED	
SEP - 5 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 08/12/18		Name of Building Owner/Operator (2) mitchell baum	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code glen rock, nj 07452	
		Name of Contact mitchell baum	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) mitchell baum			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) glen rock	County (6) bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. _____		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]				Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Telephone Number 973-345-8020	
Start Date (10) 09/12/18		Sched. Completion Date (11) 09/28/18		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

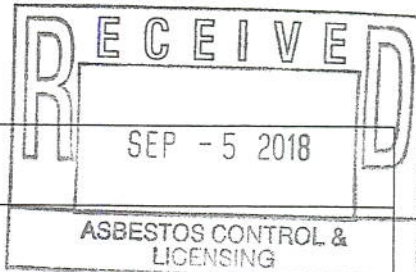
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION	43 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/13/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature _____		Date 08/29/2018

CH 03075
1192-03 B-11

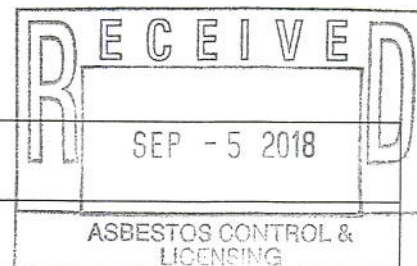
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 9 / 4 / 18			Name of Building Owner/Operator (2) Housing Authority of City of Camden						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2021 Watson Street 2nd Floor City, State, Zip Code Camden NJ Name of Contact N/A					
Telephone Number 856-968-2700									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Branch Village Bldg 11				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1800 South 9th Street				Square Feet >50,000					
City (5) Camden				# of Floors 1					
County (6) Camden				Bldg. Age 70					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Light House Solutions		ASCN No.		Name of Abatement Contractor (9) Delta/BJDS, Inc					
Street Address P.O. Box 354		Street Address 1345 Industrial Blvd							
City, State, Zip Code South Orange NJ 07079		City, State, Zip Code Southampton Pa 18966							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 973 275-5000		License No. 00783					
Start Date (10) 09 / 14 / 18		Scheduled Completion Date (11) 10 / 31 / 18		Name of OSHA Monitor Criterion Labs					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / _____ PM- _____ AM				Street Address 400 Street Road City, State, Zip Code Bensalem, Pa 19020					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 11 crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 11 Underground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE between buildings	240LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill			
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9-4-2018			

Ch63975
192-03 B-13

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

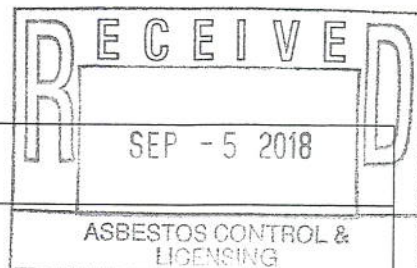


Date of Notification (1) 09 / 04 / 18			Name of Building Owner/Operator (2) Housing Authority of City of Camden			RECEIVED SEP - 5 2018 ASBESTOS CONTROL & LICENSING							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2021 Watson Street 2nd Floor									
City, State, Zip Code Camden NJ						Telephone Number 856-968-2700							
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Branch Village Bldg 13						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1800 South 9th Street						Square Feet >50,000							
City (5) Camden						# of Floors 1		Bldg. Age 70					
County (6) Camden			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Light House Solutions			ASCN No.		Name of Abatement Contractor (9) Delta/BJDS, Inc								
Street Address P.O. Box 354					Street Address 1345 Industrial Blvd								
City, State, Zip Code South Orange NJ 07079					City, State, Zip Code Southampton Pa 18966								
Project Manager for Monitoring Firm Sarah Calandra			Telephone No. 973 275-5000		Telephone No. 215 322-2900		License No. 00783						
Start Date (10) 09 / 14 / 18		Scheduled Completion Date (11) 10 / 31 / 18			Name of OSHA Monitor Criterion Labs								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / ____PM-____AM					Street Address 400 Street Road								
					City, State, Zip Code Bensalem, Pa 19020								
Scope of Work (Check all that apply)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)			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			
			Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Bldg 13 crawlspace			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe		500LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 13 Underground			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe between bldgs		240LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc			NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill						
City, State 58 Pyles Lane New Castle DE					Disposal Date		City, State Waynesburg, Ohio						
Completed By (Print or Type) Christine Del Viscio			Title Administrator			Signature <i>Christine Del Viscio</i>			Date 9-4-2018				

CH 63075
1192-03 B-14

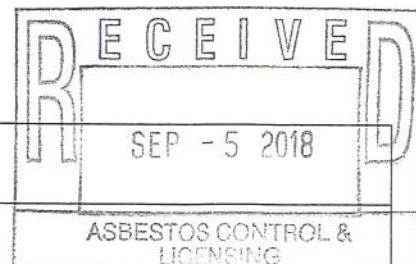
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

PAID



Date of Notification (1) 09 / 04 / 18		Name of Building Owner/Operator (2) Housing Authority of City of Camden		ASBESTOS CONTROL & LICENSING SEP - 5 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2021 Watson Street 2nd Floor							
		City, State, Zip Code Camden NJ							
		Name of Contact N/A		Telephone Number 856-968-2700					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Branch Village Bldg 14				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1800 South 9th Street									
City (5) Camden				Square Feet >50,000	# of Floors 1				
				Bldg. Age 70					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Light House Solutions		ASCN No.		Name of Abatement Contractor (9) Delta/BJDS, Inc					
Street Address P.O. Box 354				Street Address 1345 Industrial Blvd					
City, State, Zip Code South Orange NJ 07079				City, State, Zip Code Southampton Pa 18966					
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 973 275-5000		Telephone No. 215 322-2900	License No. 00783				
Start Date (10) 09 / 14 / 18		Scheduled Completion Date (11) 10 / 31 / 18		Name of OSHA Monitor Criterion Labs					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / _____ PM- _____ AM				Street Address 400 Street Road					
				City, State, Zip Code Bensalem, Pa 19020					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 14 crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 15 Underground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe between the bldgs	240LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State 58 Pyles Lane New Castle DE				Disposal Date	City, State Waynesburg, Ohio				
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9-4-2018			

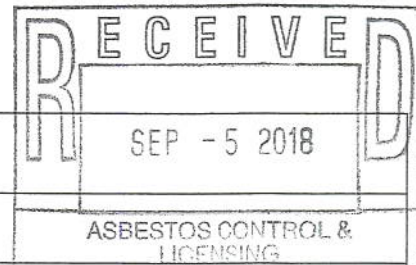
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:46)



Date of Notification (1) 09 / 04 / 18		Name of Building Owner/Operator (2) Housing Authority of City of Camden		RECEIVED SEP - 5 2018 ASBESTOS CONTROL & LICENSING								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2021 Watson Street 2nd Floor City, State, Zip Code Camden NJ Name of Contact N/A		Telephone Number 856-968-2700				
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Branch Village Bldg 16				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 1800 South 9th Street				Square Feet >50,000								
City (5) Camden				# of Floors 1		Bldg. Age 70						
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Light House Solutions			ASCN No.		Name of Abatement Contractor (9) Delta/BJDS, Inc							
Street Address P.O. Box 354			Street Address 1345 Industrial Blvd									
City, State, Zip Code South Orange NJ 07079			City, State, Zip Code Southampton Pa 18966									
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 973 275-5000		Telephone No. 215 322-2900		License No. 00783						
Start Date (10) 09 / 14 / 18		Scheduled Completion Date (11) 10 / 31 / 18		Name of OSHA Monitor Criterion Labs								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / _____ PM- _____ AM				Street Address 400 Street Road City, State, Zip Code Bensalem, Pa 19020								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		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				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
Bldg 16 Crawspace		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe		500 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 16 Underground		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe between Bldgs		240 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc			NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill					
City, State 58 Pyles Lane New Castle DE					Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio			Title Asst. Administrator		Signature <i>Christine Del Viscio</i>			Date 9-4-2018				

CHL3975
192-03 B-17

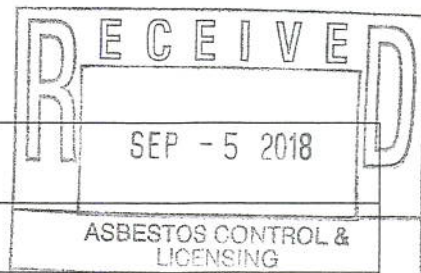
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 09 / 04 / 18		Name of Building Owner/Operator (2) Housing Authority of City of Camden		RECEIVED SEP - 5 2018 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2021 Watson Street 2nd Floor		City, State, Zip Code Camden NJ		Telephone Number 856-968-2700					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Branch Village Bldg 17				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1800 South 9th Street				Square Feet >50,000 # of Floors 1 Bldg. Age 70					
City (5) Camden		County (6) Camden		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Light House Solutions		ASCM No.		Name of Abatement Contractor (9) Delta/BJDS, Inc					
Street Address P.O. Box 354		City, State, Zip Code South Orange NJ 07079		Street Address 1345 Industrial Blvd City, State, Zip Code Southampton Pa 18966					
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 973 275-5000		Telephone No. 215 322-2900 License No. 00783					
Start Date (10) 09 / 14 / 18		Scheduled Completion Date (11) 10 / 31 / 18		Name of OSHA Monitor Criterion Labs					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / PM - PM				Street Address 400 Street Road City, State, Zip Code Bensalem, Pa 19020					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 17 Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 17 Underground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe between Bldgs	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill Minerva Landfill			
City, State 58 Pyles Lane New Castle De				Disposal Date		City, State Waynesburg, Ohio			
Completed By (Print or Type) Christine Del Viscio		Title Asst. Administrator		Signature <i>Christine Del Viscio</i>		Date 9-4-2018			

Ch 63075
1192-03 B-18

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



Date of Notification (1) 09 / 04 / 18		Name of Building Owner/Operator (2) Housing Authority of City of Camden	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2021 Watson Street 2nd Floor	
		City, State, Zip Code Camden NJ	
		Name of Contact N/A	Telephone Number 856-968-2700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Branch Village Bldg 18		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1800 South 9th Street			
City (5) Camden	Square Feet >50,000	# of Floors 1	Bldg. Age 70
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Light House Solutions		Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address P.O. Box 354		Street Address 1345 Industrial Blvd	
City, State, Zip Code South Orange NJ 07079		City, State, Zip Code Southampton Pa 18966	
Project Manager for Monitoring Firm Sarah Calandra	Telephone No. 973 275-5000	Telephone No. 215 322-2900	License No. 00783
Start Date (10) 09 / 14 / 18	Scheduled Completion Date (11) 10 / 31 / 18	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / ____ PM - ____ AM		Street Address 400 Street Road	
		City, State, Zip Code Bensalem, Pa 19020	

Scope of Work (Check all that apply)

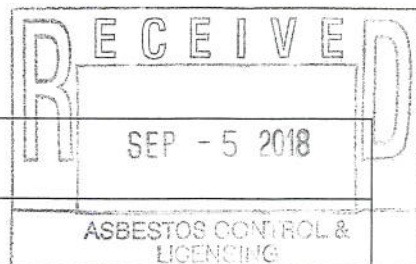
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 18 Crawspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 18 Underground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe between Bldgs	240LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State 58 Pyles Lane New Castle DE			Disposal Date	City, State Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio	Title Asst Administrator	Signature <i>Christine Del Viscio</i>		Date 9-4-2018	

CHL3975
1192-03 B-20

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



Date of Notification (1) 09 / 04 / 18		Name of Building Owner/Operator (2) Housing Authority of City of Camden	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2021 Watson Street 2 nd Floor	
		City, State, Zip Code Camden NJ	
		Name of Contact N/A	Telephone Number 856-968-2700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Branch Village Bldg 20		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1800 South 9 th Street			
City (5) Camden	Square Feet >50,000	# of Floors 1	Bldg. Age 70
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Light House Solutions		Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address P.O. Box 354		Street Address 1345 Industrial Blvd	
City, State, Zip Code South Orange NJ 07079		City, State, Zip Code Southampton Pa 18966	
Project Manager for Monitoring Firm Sarah Calandra	Telephone No. 973 275-5000	Telephone No. 215 322-2900	License No. 00783
Start Date (10) 09 / 14 / 18	Scheduled Completion Date (11) 10 / 31 / 18	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / _____ PM-_____ AM		Street Address 400 Street Road	
		City, State, Zip Code Bensalem, Pa 19020	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BLDG 20 Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 19 Underground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Between Bldgs	240 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG OH	
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMIN	Signature <i>Christine DelViscio</i>	Date 9-4-2018		

PAID

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

check # 11913

Date of Notification (1) 9 / 4 / 18		Name of Building Owner/Operator (2) NJSDA		<div style="border: 2px solid black; padding: 5px; text-align: center;">RECEIVED SEP - 5 2018 ASBESTOS CONTROL & LICENSING</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 991					
		City, State, Zip Code Trenton, NJ 08652-0991				Name of Contact					
						Telephone Number					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Denbo ES-- Pemberton School District				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1412 Junction Road				Square Feet							
City (5) Browns Mills				# of Floors 1							
County (6) Burlington				Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School									
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.		Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address 7 Pleasant Hill Rd		Street Address 1121 N. Bethlehem Pike - Suite 60		City, State, Zip Code Spring House, PA 19477							
City, State, Zip Code Cranbury, NJ 08512		Telephone No. 215 542 7000		License No. 00847							
Project Manager for Monitoring Firm		Telephone No. (732) 390-5858		Name of OSHA Monitor CES							
Start Date (10) 9 / 17 / 18		Scheduled Completion Date (11) 11 / 30 / 18		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/ _____ PM- _____ AM							
Street Address 1121 N. Bethlehem Pike - Suite 60		City, State, Zip Code Spring House, PA 19477									
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf</div><div><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition</div><div><input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</div></div>											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		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			
		Yes No N/A						Removal	Repair	Encapsulate	Enclosure
Exterior Transite Pipe		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Pipe		500 LF estimated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date		City, State Birdsboro, PA 19508							
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco		Date 9/4/2018					