							cha	67	# 7	096				
Ch3Min	State of N			ication of Asbestos C. 8:60-7 and 12:120-7)		nto	E	E		E				
GAC Project # 060-18		(Furst	iant to N.J.A.C	<u>c</u> . 8:00-/ and 12:120-/)):	11111								
Date of Notification (1)	Name of Building Owner/Operator (2)													
April 4, 2018		RUTGERS, THE S	STATE UN	VERSI	TY OF	MJ	2018	8						
Agencies Notified	encies Notified Notification Type Initial Notification					Street Address ENVIRONMENTAL HEALTH & SAFETY DEBT (DEHS)								
□ EPA	Charles and Property and		ification #1 –	ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS &										
□ DCA	(New Start	& Comple	tion Dates &	City, State, Zip Code										
X DOL			om work area)	PISCATAWAY, NJ	08854	With the second	Elmanning Control	ACCOUNTS AND ADDRESS OF THE PARTY OF THE PAR	And and address of a seal line					
☑ DEP- No Longer REQUIRED ☑ DOH		gency (i ication)	ncluding	Name of Contact			none Nu							
	□ Cance			MICHAEL F. SMITH, ENV. 848-445-2550 HEALTH & SAFETY										
		, iiou	FACILITY IN	FORMATION	Y									
Name of Facility Where Abatement is	Taking Place (3))		Type of Facility (4)		10/2-23/2								
CARPENDER HALL, BLDG	# 8312			☐ School (K-12)										
Street Address				Subchapter 8 (other than										
DOUGLASS CAMPUS				XI Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years										
City (5) County	(6)	County	Code (7)	# of Floors: 4 Bldg. Age: 100+ year					ears					
	DLESEX		Ise Only)	Current Use (prior if beir	ng demolished	i): ACA	DEMIC							
Name of Monitoring Firm Hired by Bld	g. Owner (8)	ASCM N	No.	Name of Contractor (9)										
ATC		00098	8	CDEENIMOOD ADA	TELLENT O									
Street Address				GREENWOOD ABA Street Address	TEMENT	ONSU	_TANI	S, INC						
3 TERRI LANE				Officer Address										
				511 MAIN STREET										
City, State, Zip Code				City State, ZipCode										
BURLINGTON, NJ 08016 Project Manager for Monitoring Firm	BUTLER, NJ 07405 Telephone Number License Number													
Project Manager for Monitoring Firm Telephone N BRIAN R. KEARNEY 609-386-				releptione Number		License	3 Numbe	er						
0-5-11-101-10-101	300000000000000000000000000000000000000			973-492-0477 00840										
<u>Scheduled Start Date (10)</u> 04/13/18 <u>Scheduled Completion Date (11)</u> 04/16/18				Name of OSHA Monitor	_									
Occupancy Status During Abatemen				ENVIROVISION, IN Street Address	С.									
□Facility Closed/Vacated During Er	20-21 WARGARAW	ROAD, BL	DG# 35	5E										
☐Abatement Performed Outside of	Normal Facility	Hours -												
Describe:		(0.4.110		City, State, Zip Code FAIRLAWN, NJ 07410										
☑ Other- Describe: Schedule: 8AM – 8AM Daily (24 HOURS & WEEKENDS AS NEEDED)				I AIRLAWN, NO 074	10									
WEEKENDO AO NEEDED)														
Scope of Work (Check all that apply)					-									
□≥ 3 sf or >3 lf		IX	Renovation		☐Full Contain ☐ Mini-Enclos		n Negat	ive Pres	sure					
\ge 160 sf or \ge 260 lf		Glove bag		re / Wra	n & Cut									
52336 (75 .)			■ Demolition		Non-Exemp				⊃rocedı	ıre				
	Location Norma			bestos Containing Material	Amou	nt		ent Type						
	olely by Maint./Co aff? (12)	ustodiai	VAT, or other mis	nal systems insulation, surfac	ing, (Speci		Remove	Repair E	ncap E	nclose				
Y	ES NO	NA		st.										
Single Work Area 1 (1st, 2nd,&	X		VAT		1,593	SF	X							
3 rd Floors – Connected Through Stairwell)														
Name of Reg. Waste Hauler	NJDEP Was		ID#	Cubic Yards of Waste:	20 CY	Name o	f Regist	ered Lan	dfill					
See Hauler Below #1 & 2	G.R.O.W.S. North Landfill													
Hauler #1) Greenwood Abatement Co	nsultants, Inc	Butler, N.	J 07405		Disposal Da	te		ity, State						
NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509			100 New Ford Rd. Morrisville											
NJ DEP # 4509				19067					-					
		Mary and Mary 1887		2	15-736-1	700								
Completed by (Print or Type) RAYMOND C. PEDALINO Title SENIOR PROJECT				Signature Date										
TATINOND C. FEDALINO	MANAGER			Raymond C. Pr	Raymond C. Pedalino April 4,			, 2018						
	and Coli	•		THE STATE OF THE S										

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) March 23, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) OL & □ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA ■ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CARPENDER HALL, BLDG# 8312 School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) **DOUGLASS CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK (State Use Only) **MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN R. KEARNEY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/04/18 04/10/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address 20-21 WARGARAW ROAD, BLDG# 35E Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 8AM - 8AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) □Full Containment with Negative Pressure □ > 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure X > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ☑Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Basement, 1st, 2nd, & 3rd X VAT 2100 SF Floors Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 20 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 04/10/2018 NJ DEP # 4509 19067

215-736-1700

Date

March 23, 2018

Raymond C. Pedalino

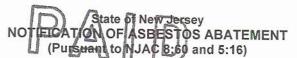
MANAGER

SENIOR PROJECT

Title

Completed by (Print or Type)

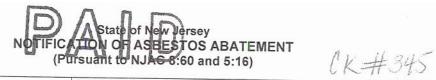
RAYMOND C. PEDALINO



Date of Notification (1) Name of Building Owner/Operator (2) 04 09 18 Verizon Agencies Notified Type Notification Street Address **⊠** EPA 67 Bloomfield Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Newark, NJ 07104 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number CUNTROL & ☐ Cancellation Alex Baylor 301-802-5112 CENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 67 Bloomfiled Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ 07104 10,000 50 3 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Managaement Inc. JVN Restoration Inc. Street Address Street Address 8436 Enterprise Avenue 47 Foster Road City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 23 / 18 06 / 09 / 18 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/<u>5:00</u>PM-<u>1:30</u>AM LIC NY 11101 Scope of Work (Check all that apply) \boxtimes \geq 3 sf or \geq 3 lf \subseteq \geq 160 sf or \geq 260 lf □ Renovation ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure 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 Basement X П Meter Room 150 LF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting G.R.O.W.S., Inc. NJ-566 15 City, State Disposal Date City, State Hackettstown, NJ 05/02/18 Morrisville, PA Completed By (Print or Type) Title Signature Date Ralph Barnhardt Project Manager 04-09-13

D&S Proj. #: 18-84 Date of Notification (1) 0	#: Ci	lyn vass reet Add	ress , Zip Code WELL, N ontact	The second secon	APR 10 2018 ASBECTOS CONTROL & LICENSINO									
			FAC	CILITY INFORM	IATIC	N								
Name of facility where abatement lyn vasser Street Address City (5)	t is taking place			,		unty Code (7)	Subc	ol (K - 12 hapter 8 (Other Comm etc.	ercial				
CALDWELL						ate use only)	Current Use (F	e (Prior if being demolished)						
Name of Monitoring Firm Hired by	Bldg. Owner			ASCM No.	1	Name of Abatement	t Contractor (9)							
Street Address					-	D & S RESTOR	LATION, INC.							
Name and the second						20 California A	Ve							
City, State, Zip Code					-	City, State, Zip Code								
Decision						Paterson, NJ 07	7503							
Project Manager for Monitoring Firr	n	Ph	none Numb	per		Telephone Number License Number								
Chat Bat was				973-345-8020		(1169							
Start Date (10)	Sched. (Completi	on Date (1	1)		Name of OSHA Mon D & S Restorati								
04/19/18				Street Address	ion, mc.									
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe:	ment.	20 California Avenue City, State, Zip Code												
Other-Describe: NORMAL F Scope of Work (check all that apply					-	Paterson, NJ 07	503							
≥ 160 sf or ≥260 lf	Renovation Demolition Is location in	ormalli	and notely			☐ Full Containment w/negative pressure ☐ Mini-enclosure ☐ Glovebag procedure ☐ Non-Exempted (*) and Non-friable procedure								
Location of asbestos-containing	by maintena	nce/cust	odial	1			A		R	R	E n	E		
material (acm) to be abated in facility (13)	Yes	No	N/A	material (A	or a CM)	sbestos-containing	Amount (Specify SF or LF)		m o v	p a i	c a p	n c L		
basement		X		PIPE INSULAT		ON	42 l ft		e		П			
basement		X		bare heating pipe		3	30 l ft	- 2011						
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506	Hauler II		ibic Yards of Wa	aste	Name of Registered TULLYTOWN, I		COVER	<u> </u>					
City, State	Disposal Da	ate		City, State	ALSOURCE RE	COVER	1							
PATERSON, NJ 07503 Completed by (Print or Type)	04/20/18	TODE TOWN, FA												
BOGDAN JOLDZIC	Т		Signature				Date							
	PRESIDEN Do not use th		or asbestos	s licensure exen	nnted	activities		04/04/2018						

State of NJ Notification of Asbestos Abatement D&S Proj. #: 18-87 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 4 / 0 4 / 1 8 karen casey Agencies Notified Type Notification Street Address ☐ EPA CENSING X Initial Amended DEP City, State, Zip Code Amendment #: DOL Emergency Upper Montclair, NJ 07043 DOH. (including Name of Contact justification) Telephone Number ☐ DCA Cancellation karen casey **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) karen casey Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Upper Montclair essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 04/20/18 05/25/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 If Renovation Mini-enclosure ≥160 sf or >260 lf Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Е by maintenance/custodial asbestos-containing Ε е e Description of asbestos-containing n staff(12) Amount material (acm) to be m n p material (ACM) (Specify SF or C abated in facility (13) 0 C Yes a No LF) a N/A ٧ p e basement PIPE INSULATION 20 1 ft M basement PIPE fitting 25 elbows X basement bare heating pipes 60 L FT X 3rd floor closet bare heating pipes 61ft \boxtimes Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/23/18 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 04/04/2018 ASB-41 Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)				Nam	e of Buildi	ng Owner/Operator	(2)	010110	3, 0					
04/19/18					rizon	ng Owner/Operator	ME	CE	П	W/	E			
Agencies Notified Type	Notification	n		Stree	et Address			9 15	1]	V	<u>L</u>			
□ EPA 🛛 II														
☑ DOLWD ☐ A	mended							IIII AI	PR 1	0 0	040	70000		
☑ DHSS A	mendment	#	_		State, Zip			IT L VI	1) 1	0 2	UIO	100		
□ DCA □ E	mergency (includir	ng		sking Ri							1		
1 2 2 2 1 2 2	ustification)			Nam	e of Conta	ct		Telephone Nu	mber	Trind	TROI	ρ.		
	ancellation			Br	ain Kings	sbury	Telephone Number CONTROL & (201) 388-0620 NSING							
Name of Equility Where Abeter				FA	CILITY	NFORMATION								
Name of Facility Where Abaten Verizon		Type of Facility (
Street Address		☐ School (K-12) ☐ Subchapter 8 (Other than K-12)												
		☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,												
4 Skiles Avenue		homes, etc.)												
City (5)							Square Feet	# of Floors Bldg. Age						
Piscataway, NJ		10,000	2 50											
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pric	r if being demo	lished)					
Middle sex								~	- 0					
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)							
ESIS						JVN Restoration Inc								
Street Address		375 1131743	-			Street Address								
10 Exchange Place						47 Foster Ro	ad							
City, State, Zip Code		= 2377				City, State, Zip C	ode							
Jersey City, NJ 07302						Staten Island								
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No. License No.								
Brain Kingsbury			(2	201) 38	8-0620	718-605-6256								
Start Date (10)	ite (11)	Name of OSHA M	Name of OSHA Monitor											
04 /19 /18	1 100	Testor Tech												
Occupancy Status During Abate			431		18	Street Address	dress							
☐ Facility Closed/Vacated Durin		10 59 Jackso	n Augnus											
Abatement Performed Outsid	de of Norma	l Facilit	v Hou	s - Des	cribe	City, State, Zip Co		*						
Time of Abatement: 8:00AM	- <u>5:00</u> PM/_	P	M	AM		LIC NY 11101								
Scope of Work (Check all that a	pply)					LIO NT TITO								
						☐ Full Cont	ainment with Nega	tive Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati		on									
23 _ 100 01 01 <u>7</u> 200 11		□ ре	molitic	n		☐ Glovebaç	g Procedure mpted (*) and Non-	Eriable Proced	uro					
		Is	Locat	ion		Z HOIT EXC	Tipica () and 14011-	Triable Froced		-1				
Location of Normall Asbestos-Containing Material (ACM) TO BE ABATED Maintenan						Description of	f		Ab	atem	ent I	ype		
					Asbe	stos Containing Mai	terial (ACM)	Amount	Re	Re	Ē	E		
TO BE ABATED IN Facility			todial S		(i.e	., thermal systems i	nsulation,	(Specify	Remova	Repair	cap	clos		
(13)	(13) Surfacing, VA1, or other miscellaneous)							SF or LF)	<u>a</u>		Encapsulate	Enclosure		
		Yes	No	N/A							e e			
Exterior Uper Roof West Wall					Caulkin	g	420SF		\boxtimes					
										П	П	П		
			П	П					+=					
Name of Devict. 1111 4 11 1					Vaste	Cubic Yards of Name of Registered Landfill					Ш			
Newark Carting			H	auler ID	No.	Waste	G.R.O.W.S.,							
City, State				NJ-56	6	2			zans.					
Hackettstown, NJ						Disposal Date								
						05/16/18	Morrisville,P	A						
Completed By (Print or Type)	Title					Signature	Date / /							
Ignatius Marraccino	P	roject	Man	ager		Smiles married 4/9/18								
QD //1						The state of the s		AL CONTRACTOR		2000				