State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)
April 4, 2018

Name of Building Owner/Operator (2)
RUTGERS, THE STATE UNIVERSITY OF NJ

Type of Facility (4)
[ ] School (K-12)
[ ] Subchapter 8 (other than K-12)
[ ] Other (i.e. private & commercial buildings, homes, etc.)
Sq. Feet: N/A  # of Floors: 4  Bldg. Age: 100+ years

Current Use (prior if being demolished): ACADEMIC

Location of Asbestos-Containing Material (ACM) in Facility (13)
[ ] Is Location Normally Used Solely by Maint./Custodial Staff? (12)
[ ] Yes  [ ] No  [ ] NA
[ ] Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)
[ ] Amount (Specify SF or LF)
[ ] Abatement Type
[ ] Remove  [ ] Repair  [ ] Encap  [ ] Enclose

Cubic Yards of Waste: 20 CY

Name of Registered Landfill
G.R.O.W.S. North Landfill

Disposal Date
04/16/2018

City, State, Zip Code
100 New Ford Mill Rd., Morrisville, PA 19067

Hauler #1: Newark Carting, Inc., Newark, NJ 07114
NJ DEP # 4509

Hauler #2: Newark Carting, Inc., Newark, NJ 07114
NJ DEP # 4509

Completed by (Print or Type) RAYMOND C. PEDALINO
Title SENIOR PROJECT MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CARPENTER HALL, BLDG# 8312

Street Address
DOUGLASS CAMPUS

City (5) NEW BRUNSWICK  County (6) MIDDLESEX  County Code (7) 00098

Type of Monitoring Firm Hired by Bldg. Owner (8)
[ ] ASCM No. ASCM No. 00098

License Number 00840

Name of Contractor (9)
GREENWOOD ABATEMENT CONSULTANTS, INC.

Street Address
511 MAIN STREET

City, State, Zip Code
BURLINGTON, NJ 08016

Project Manager for Monitoring Firm
BRIAN R. KEARNEY

Telephone Number 609-386-8800

Name of OSHA Monitor
ENVIROVISION, INC.

Street Address
20-21 WARGARW ROAD, BLDG# 35E

City, State, Zip Code
FAIRLAWN, NJ 07410

Scope of Work (Check all that apply)
[ ] ≥ 3 sf or ≥ 3 if
[ ] > 250 sf or ≥ 250 if
[ ] Renovation  [ ] Demolition  [ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure  [ ] Glove bag Procedure / Wrap & Cut  [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)
[ ] YES  [ ] NO  [ ] NA

Single Work Area 1 (1st, 2nd, & 3rd Floors - Connected Through Stairwell)
[ ] VAT

1,593 SF

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID # See Below

Cubic Yards of Waste: 20 CY

Name of Registered Landfill
G.R.O.W.S. North Landfill

Disposal Date
04/16/2018

City, State, Zip Code
100 New Ford Mill Rd., Morrisville, PA 19067

Hauler #1: Newark Carting, Inc., Newark, NJ 07114
NJ DEP # 4509

Hauler #2: Newark Carting, Inc., Newark, NJ 07114
NJ DEP # 4509

Completed by (Print or Type) RAYMOND C. PEDALINO
Title SENIOR PROJECT MANAGER

Signature Raymond C. Pedalino
Date April 4, 2018
**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)**
March 23, 2018

**Agencies Notified**
- [ ] EPA
- [ ] DCA
- [ ] DOL
- [X] DEP - No Longer REQUIRED
- [ ] DOH

**Notification Type**
- [X] Initial Notification
- [ ] Amended Notification #
- [ ] Emergency (including justification)
- [ ] Cancelled

**Name of Building Owner/Operator (2)**
RUTGERS, THE STATE UNIVERSITY OF NJ

**Street Address**
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS

**City, State, Zip Code**
PISCATAWAY, NJ 08854

**Name of Contact**
MICHAEL F. SMITH, ENV. HEALTH & SAFETY

**Telephone Number**
848-445-2550

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
CARPENTER HALL, BLDG# 8312

**Street Address**
DOUGLASS CAMPUS

**City (5)**
NEW BRUNSWICK

**County (6)**
MIDDLESEX

**County Code (7)**

<table>
<thead>
<tr>
<th>ASCM No.</th>
<th>00098</th>
</tr>
</thead>
</table>

**Name of Monitoring Firm Hired by Bldg. Owner (8)**
ATC

**Street Address**
3 TERRI LANE

**City, State, Zip Code**
BURLINGTON, NJ 08016

**Project Manager for Monitoring Firm**
BRIAN R. KEARNEY

**Telephone Number**
609-386-8800

**Scheduled Start Date (10)**
04/04/18

**Scheduled Completion Date (11)**
04/10/18

**Occupancy Status During Abatement (Check only one)**
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
  - [X] Other - Describe: Schedule: 8AM - 8AM Daily (24 HOURS & WEEKENDS AS NEEDED)

**Scope of Work (Check all that apply)**
- [ ] >3 sf or >3 if
- [X] 160 sf or >260 if
- [X] Renovation
- [X] Demolition

**Location of Asbestos-Containing Material (ACM) in Facility (13)**
- [ ] Is Location Normally Used Solely by Maint./Custodial Staff (12)
  - [YES] NO

**Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)**

**Amount (Specify SF or LF)**
2100 SF

**Abatement Type**
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glove Bag Procedure / Wrap & Cut
- [X] Non-Examplated (*) and Non-Friable Procedure

**Basement, 1 st, 2 nd, & 3 rd Floors**
- [X] VAT

**Location Name of Registered Landfill**
G.R.O.W.S. North Landfill

**Disposal Date**
04/10/2018

**City, State**
100 New Ford Hill Rd. Morrisville, Pa 19067

**215-736-1700**

**Completed by (Print or Type)**
RAYMOND C. PEDALINO

**Title**
SENIOR PROJECT MANAGER

**Signature**
Raymond C. Pedalino

**Date**
March 23, 2018

**Copies To:** Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney
### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
04 / 09 / 18

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

**Street Address**
67 Bloomfield Avenue

**City, State, Zip Code**
Newark, NJ 07104

**Telephone Number**
301-802-5112

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**FACILITY INFORMATION**

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

**Street Address**
67 Bloomfield Avenue

**City (5)**
Newark, NJ 07104

**County (6)**
Essex

**Name of Monitoring Firm Hired by Building Owner (8)**
USA Environmental Management Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
JVN Restoration Inc.

**Street Address**
47 Foster Road

**City, State, Zip Code**
Staten Island NY 10309

**Telephone No.**
718-606-6256

**License No.**
00774

**Name of OSHA Monitor**
Testor Tech

**Street Address**
10 59 Jackson Avenue

**City, State, Zip Code**
LIC NY 11101

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**Start Date (10)**
04 / 23 / 18

**Scheduled Completion Date (11)**
06 / 09 / 18

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>Yes</td>
<td>Full Containment with Negative Pressure</td>
<td>150 LF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>Meter Room</td>
<td></td>
<td>Full Containment with Negative Pressure</td>
<td>150 LF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mini-Enclosure</td>
<td>150 LF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glovebag Procedure</td>
<td>150 LF</td>
<td>☒ Full Containment with Negative Pressure</td>
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<tr>
<td></td>
<td></td>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>150 LF</td>
<td>☒ Full Containment with Negative Pressure</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
NJ-566

**Cubic Yards of Waste**
15

**Name of Registered Landfill**
G.R.O.W.S., Inc.

**City, State, Zip Code**
Morrisville, PA

**Disposal Date**
05/02/18

**Completed By (Print or Type)**
Ralph Barnhardt
Title: Project Manager

**Signature**

**Date**
05/02/18

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*Do not use this form for asbestos licensure exempted activities.
State of N.J.
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
04/18/18

Name of Building Owner/Operator (2)
Lyn Vasser

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended

Type of Abatement (3)
☐ Emergency (including justification)
☐ Cancellation

Type of Facility (4)
☒ Other (Private/Commercial Bldgs./Homes, etc.)
☐ Other (Subchapter 8, Other than K-12)
☐ School (K - 12)

Square Feet

# of Floors

Bldg. Age

Facility Information

Name of Facility where abatement is taking place (3)
Lyn Vasser

Street Address

City (5)

County (6)

County Code (7) (State use only)
essex

ASCM No.

Name of Abatement Contractor (9)
D & S Restoration, Inc.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

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)
☒ >200 sq ft or >3 if
☒ Renovation
☐ Demolition

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)

Removal
Repair
Encapsulation
Enclosure

basement

PIPE INSULATION
42 LF

bare heating pipes
30 LF

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
04/20/18

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
04/04/2018

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 18-87

Date of Notification (1)

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOL</td>
<td>Initial</td>
<td>karen casey</td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td>Upper Montclair, NJ 07043</td>
</tr>
<tr>
<td>DOA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

Name of Contact: karen casey

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

karen casey

Street Address

City: Upper Montclair, County: Essex

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCN No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Type of Facility (4)

- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Type of Facility: Other (Private/Commercial Bldgs./Homes, etc.)

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describe: NORMAL HOURS

Start Date (10)

04/20/18

Sched. Completion Date (11)

05/25/18

Scope of Work (check all that apply)

- >3 sf or >3 ft
  Renovation
  Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

<table>
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<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff(12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>basement</td>
<td>No</td>
<td>PIPE INSULATION</td>
<td>20 LF</td>
</tr>
<tr>
<td>basement</td>
<td>No</td>
<td>PIPE fitting</td>
<td>25 elbows</td>
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<tr>
<td>3rd floor closet</td>
<td>No</td>
<td>bare heating pipes</td>
<td>60 LF FT</td>
</tr>
<tr>
<td>3rd floor closet</td>
<td>No</td>
<td>bare heating pipes</td>
<td>61 LF</td>
</tr>
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</table>

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

04/23/18

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

04/04/2018

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1): 04 / 19 / 18

Name of Building Owner/Operator (2): Verizon

Name of Facility Where Abatement is Taking Place (3): Verizon

Street Address: 1 Verizon Way

City, State, Zip Code: Basking Ridge, NJ

Name of Contact: Brain Kingsbury

FACILITY INFORMATION

Type of Facility (4): School (K-12)

Square Feet: 10,000

# of Floors: 2

Bldg. Age: 50

Current Use (Prior if being demolished): Testor Tech

Type of Abatement:ICATION

License No.: 00774

Name of Abatement Contractor (9): JVN Restoration Inc

Street Address: 47 Foster Road

City, State, Zip Code: Staten Island NY 10309

Telephone No.: 718-605-6256

Name of OSHA Monitor: Testor Tech

Street Address: 10 59 Jackson Avenue

City, State, Zip Code: LIC NY 11101

Start Date (10): 04 / 19 / 18

Scheduled Completion Date (11): 05 / 23 / 18

Occupancy Status During Abatement (Check only one):
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: 8:00AM-5:00PM/____PM—____AM

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

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

<table>
<thead>
<tr>
<th>Exterior Upper Roof West Wall</th>
<th>Caulking</th>
<th>420SF</th>
</tr>
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<th>Name of Registered Landfill</th>
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<th>Cubic Yards of Waste</th>
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Completed By (Print or Type): Ignatius Marraccino

Title: Project Manager

Signature: Ignatius Marraccino

Date: 4/9/18

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