

CH 3096
GAC Project # 060-18

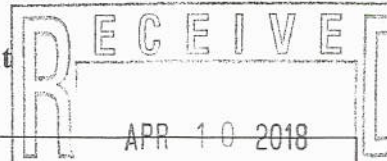
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 3096
RECEIVED
APR 10 2018
NJ 0 2018

| | | | |
|--|---|---|------------------------------------|
| Date of Notification (1) April 4, 2018 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – (New Start & Completion Dates & Basement removed from work area) <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| 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) CARPENDER HALL, BLDG# 8312 | | 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 DOUGLASS CAMPUS | | Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years | |
| City (5) NEW BRUNSWICK | County (6) MIDDLESEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | ASCM No. 00098 | |
| Street Address 3 TERRI LANE | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | City, State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN R. KEARNEY | | Telephone Number 609-386-8800 | License Number 00840 |
| Scheduled Start Date (10) 04/13/18 | | Scheduled Completion Date (11) 04/16/18 | |
| 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: <input checked="" type="checkbox"/> Other- Describe: Schedule: 8AM – 8AM Daily (24 HOURS & WEEKENDS AS NEEDED) | | Name of OSHA Monitor ENVIROVISION, INC. | |
| Street Address 20-21 WARGARAW ROAD, BLDG# 35E | | City, State, Zip Code FAIRLAWN, NJ 07410 | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| 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 miscell.) | Amount (Specify SF or LF) |
| Single Work Area 1 (1 st , 2 nd , & 3 rd Floors – Connected Through Stairwell) | <input checked="" type="checkbox"/> | VAT | 1,593 SF |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 20 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509 | | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Disposal Date 04/16/2018 | | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date April 4, 2018 |

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

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



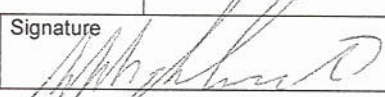
GAC Project # 060-18

| | | | |
|--|--|---|---|
| Date of Notification (1) March 23, 2018 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| 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) CARPENDER HALL, BLDG# 8312 | | 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 DOUGLASS CAMPUS | | Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years | |
| City (5) NEW BRUNSWICK | County (6) MIDDLESEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | ASCM No. 00098 | |
| Street Address 3 TERRI LANE | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | Street Address 511 MAIN STREET | |
| Project Manager for Monitoring Firm BRIAN R. KEARNEY | | City, State, Zip Code BUTLER, NJ 07405 | |
| Telephone Number 609-386-8800 | | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 04/04/18 | | Scheduled Completion Date (11) 04/10/18 | |
| Name of OSHA Monitor ENVIROVISION, INC. | | Street Address 20-21 WARGARAW ROAD, BLDG# 35E | |
| 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: Schedule: 8AM – 8AM Daily (24 HOURS & WEEKENDS AS NEEDED) | | City, State, Zip Code FAIRLAWN, NJ 07410 | |
| 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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Basement, 1st, 2nd, & 3rd Floors | 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 miscell.) VAT | Amount (Specify SF or LF) 2100 SF |
| Abatement Type Remove Repair Encap Enclose | | <input checked="" type="checkbox"/> | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 20 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 | | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 04/10/2018 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> |
| | | Date March 23, 2018 | |

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

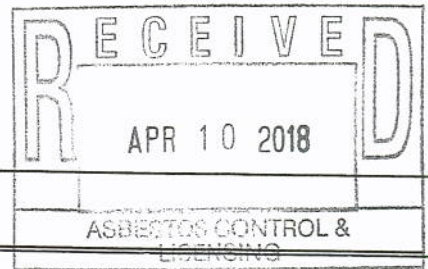
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK #346

| | | | | | | | | | |
|--|---|---|--------------------------|---|--|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 04 / 09 / 18 | | Name of Building Owner/Operator (2) Verizon | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 10 2018 ENVIRONMENTAL CONTROL & LICENSING </div> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 67 Bloomfield Avenue City, State, Zip Code Newark, NJ 07104 Name of Contact Alex Baylor | | | |
| Telephone Number 301-802-5112 | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon | | | | 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 67 Bloomfield Avenue | | | | | | | | | |
| City (5) Newark, NJ 07104 | | | | Square Feet 10,000 | # of Floors 3 | | | | |
| | | | | Bldg. Age 50 | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| 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 8436 Enterprise Avenue | | | | Street Address 47 Foster Road | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | | | City, State, Zip Code Staten Island NY 10309 | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | | Telephone No. 718-605-6256 | License No. 00774 | | | | |
| Start Date (10) 04 / 23 / 18 | | Scheduled Completion Date (11) 06 / 09 / 18 | | Name of OSHA Monitor Testor Tech | | | | | |
| 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 - Describe Time of Abatement: 5:00PM-1:30AM | | | | Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101 | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 150 LF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meter Room | | <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 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 Hackettstown, NJ | | Disposal Date 05/02/18 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Ralph Barnhardt | | Title Project Manager | | Signature  | | | Date 04-09-18 | | |

D&S Proj. #: 18-84

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



Date of Notification (1)
04/10/18

Name of Building Owner/Operator (2)

lyn vasser

Street Address

City, State, Zip Code

CALDWELL, NJ 07006

Name of Contact

lyn vasser

Telephone Number

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amended

Amendment #:

☐ Emergency (including justification)

☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

lyn vasser

Street Address

City (5)

CALDWELL

County (6)

essex

County Code (7)
(State use only)

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)

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

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

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

04/19/18

Sched. Completion Date (11)

05/25/18

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ Demolition

- ☐ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☒ Glovebag procedure
- ☐ 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)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

| R | R | E | E |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| m | e | n | n |
| o | p | c | c |
| v | a | a | a |
| e | i | p | p |
| | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input 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"/> |

basement

PIPE INSULATION

42 lf

basement

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

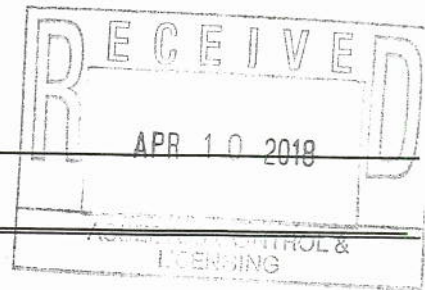
Title

PRESIDENT

Signature

Date

04/04/2018



| | | | |
|--|--|--|--|
| Date of Notification (1) 10/4/10/14/11/18 | | Name of Building Owner/Operator (2) karen casey | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Upper Montclair, NJ 07043 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact karen casey | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) karen casey | | | 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) Upper Montclair | County (6) essex | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) 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 973-345-8020 | | License Number 01169 |
| Start Date (10) 04/20/18 | | Sched. Completion Date (11) 05/25/18 | 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 | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

| | | | | | | | | | |
|--|--|--|-----|---|---|-------------------------------------|----------------------------|-------------------------------------|--------------------------|
| Scope of Work (check all that apply) | | | | <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 | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | | <input checked="" type="checkbox"/> Renovation | | <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> 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) | 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 | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 20 l ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement | | <input checked="" type="checkbox"/> | | PIPE fitting | 25 elbows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement | | <input checked="" type="checkbox"/> | | bare heating pipes | 60 L FT | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3rd floor closet | | <input checked="" type="checkbox"/> | | bare heating pipes | 6 l ft | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 2 yds. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | | | |
| City, State PATERSON, NJ 07503 | | Disposal Date 04/23/18 | | City, State TULLYTOWN, PA | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | | Date 04/04/2018 | | |

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

CK #345

| | | | | | | | | | |
|--|---|---|--------------------------|--|---------------------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 04 / 19 / 18 | | Name of Building Owner/Operator (2) Verizon | | <div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 16px; font-weight: bold; margin-top: 5px;">APR 10 2018</div> | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 1 Verizon Way City, State, Zip Code Basking Ridge, NJ Name of Contact Brain Kingsbury | | Telephone Number (201) 388-0620 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon | | | | 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 4 Skiles Avenue | | | | Square Feet 10,000 | | | | | |
| City (5) Piscataway, NJ | | | | # of Floors 2 | | | | | |
| County (6) Middle sex | | | | Bldg. Age 50 | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | | ASCM No. | | Name of Abatement Contractor (9) JVN Restoration Inc | | | | | |
| Street Address 10 Exchange Place | | Street Address 47 Foster Road | | | | | | | |
| City, State, Zip Code Jersey City, NJ 07302 | | City, State, Zip Code Staten Island NY 10309 | | | | | | | |
| Project Manager for Monitoring Firm Brain Kingsbury | | Telephone No. (201) 388-0620 | | License No. 00774 | | | | | |
| Start Date (10) 04 / 19 / 18 | | Scheduled Completion Date (11) 05 / 23 / 18 | | Name of OSHA Monitor Testor Tech | | | | | |
| 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 - Describe Time of Abatement: 8:00AM-5:00PM / ____ PM - ____ AM | | | | Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101 | | | | | |
| 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 |
| Exterior Uper Roof West Wall | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Caulking | 420SF | <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 Newark Carting | | NJDEP Waste Hauler ID No. NJ-566 | | Cubic Yards of Waste 2 | | Name of Registered Landfill G.R.O.W.S., Inc. | | | |
| City, State Hackettstown, NJ | | Disposal Date 05/16/18 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Ignatius Marraccino | | Title Project Manager | | Signature <i>Ignatius Marraccino</i> | | Date 4/9/18 | | | |