(1× 3)157

Date of Notification (1) 08/21/15					of Building Brunswic				:		AL	G 2	7	71		
Agencies Notified	Type Notification				Address Loute 18									1	Ti-E	Çş
DEP DOL	Initial Amended Amendment				ate, Zip Co Brunswi		08816				- 11			17		
X DOH X DCA	iustification) Cancellation				of Contact y Leiser					Tele	ephone -	VI				
				FAC	ILITY INFO	ORMAT	ION								-	
Name of Facility Where a Irwin Elementary so		g Place (3)						Typ	oe of Facility (School (K-1	25					YOU -	
Street Address 71 Racetrack Road									Subchapter Other (i.e. p etc.)					dings	hom	CS.
City (5) East Brunswick,NJ	08816							Squ	uare Feet	# of	Floors		В	ldg. F	vge	
County (6) Middlesex					Code (7) USE ONLY			Cur	rrent Use (Prid	or if bei	ng demi	olishe	d)			
Name of Monitoring Firm Environmental Des		Owner (8)		ASCI	M No.				batement Con	tractor	(9)	- 19w	-			
Street Address 5434 King Avenue,	Suite 101						Street 606 h		ress Bride Avenu	ie						
City, State, Zip Code Pennsauken, NJ 08	3109								Zip Code nd Park, NJ	0742	4					
Project Manager for Mon Tom Pruno	itoring Firm			Telepho	ne No. 06-4545		Teleph	ione			Licens 0110					
Start Date (10) 08/22/15		Scheduled					Name	of O	SHA Monitor ironmental	Lahe						
Occupancy Status During	g Abatement (Chec	k Only One	2)				Street									
Facility Closed/Vaca	ated During Entire P	eriod of At	oatem	ent			2333	Ro	ute 22 Wes	st						
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility I	Hours						Zip Code lew Jersey	07083	3				****	
Scope of Work (Check A	ll That Apply)	1						-								-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		processed.	nova molit				×	N C	ull Containme Iini-Enclosure Blovebag Proc Ion-Exempted	edure					0	
No. 11 Control of the		Is I	ocati	on			-	3 17	ton-Exempted	() aric	NOII-	nable		-	ment	
Location		No	ormall	у		De	scription	of				-		Ту	pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Main Custo	Sole itenar dial S (12)	ice/ staff?		thermal surfa	taining M systems cing, VA niscellan	irisu T, or		(S	mount pecify or LF)		Removai	Repair	Encapsulate	Enclosure
Hallwa	ys	168	INO	N/A X	wet,wra	p&cut	dispos	al o	f asbesto	3	35 If	-				
Name of Registered Was	te Hauler			JDEP W		Cubic	Yards		Name of F	Register	red Lan	dfill				
Lilich Corporation			H	auler ID	No.	of Wa	ste		G.R.O.V	V.S La	andfild					
City, State Woodland Park, NJ ()7424					Dispos	sal Date		City, State Morrisvi		nsilvai	nia			-	
Completed by Momo Glavatovic		Title Vice P	resid	dent		S	ignature	(350	5		Date 08/2		5	manu priamani N	

CK 2082

Date of Notification (1)		Name o	f Building Owner/G	Operator (2	Phon(00	2015 A	lic an	,		40
Agencies Notified Type Notification		Street A	ddress	COSI	MITOTRE	2015 A	06 / 1	F.F.	7:	59
EPA Initial		161	1 HAA	24	7	J. 1 1 1 2 1	1			
DEP Amended Amendment #		City, Sta	ite, Zip Code	A A	I DP	254ª1	ICER	BIN	B	1
☐ DOH Emergency (inclu	uding	Name of	f Contact	111	3 00	Telephone N	umher		-	
DCA Cancellation		Eric P								
Name of Facility Where Abatement is Taking Pla	ace (3)	FACI	LITY INFORMATI		Type of Facility (4	·)			27	-
	5.07			E	School (K-12					
Street Address						8 (Other than K- rivate & commer		dinas.	home	es.
City (5)				12	etc.) Square Feet	# of Floors		ldg. A		
City (5) Piscotaury					1664	7	"	V .	ge	
County (6)			Code (7)	(Current Use (Prio	r if being demoli	shed)	9		
middlex			USE ONLY)	_	Mono	/				
Name of Monitoring Firm Hired by Building Owner	er (8)	ASCN	/I No.	A CONTRACTOR OF THE PROPERTY O	Abatement Cont ndustries Inc.					
Street Address				Street A	A STATE OF THE STA					-
				33,702=3703=	3ox 915					
City, State, Zip Code				100	te, Zip Code New Jersey 0	12723				}
Project Manager for Monitoring Firm		Telepho	ne No.	Telepho		License	No.			
					99-7499	01196				
Start Date (10) 8 24 15 Sch	neduled Cor	1	Date (11)	Name of	OSHA Monitor					
Occupancy Status During Abatement (Check On				Street A	ddress					
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Fa	d of Abaten	nent		City Cta	to Zin Codo					
Other – Describe:	acility nours			City, Sta	te, Zip Code					
Scope of Work (Check All That Apply)					/					
≥3 sf or ≥3 lf	Renova			X		nt with Negative	Pressu	re		
≥160 sf or ≥260 lf	Demolit	tion			Mini-Enclosure Glovebag Proce					
	72W 25 2				Non-Exempted	(*) and Non-Fria	able Pro	Cedure Abate		
Location of	Is Locat Normal		Do	scription o				Ty		
Asbestos-Containing Material (ACM)	Used Sole Maintena		Asbestos Con	taining Ma	terial (ACM)	Amount	-	}	m	_
TO BE ABATED In Facility	Custodial 8 (12)			cing, VAT,	or	(Specify SF or LF)	Remova	Repair	caps	Enclosure
(13)	* * *		other r	niscellane	ous)		oval	air	Encapsulate	sure
	res No	N/A	000 m	2 .	,	12-16				
		X	17720AD	PH	pe	150 Ft	X			
			in	4 lat	JOU		-			\dashv
		-					-		-	
Name of Registered Waste Hauler	l N	JDEP W	laste Cubic	Yards	Name of R	Registered Landf	FII			
Brick Industries Inc.	H	lauler ID 1602			GROWS		J.C.			
0.1. 01-1-		1002	1	1						
City, State			Dispo	sal Date	City, State					
Brick, New Jersey	itle	15 15	8	sal Date	PA		Date /			

		1			OF ASBI				NT (K.	#-11	5	7		
Date of Notification (1)					f Building		perator	r (2)	27	15 4	16 27 J	-			
August 24, 2015	T NI - AIG AI	40000			Van Ho	uten					" S. F ;	te -			
	Type Notification			Street A 263 H	.aaress ludson A	lve			*		1.50	*	116	à	
EPA DEP	X Initial Amended		-		ite, Zip Co					21	7.6	112	21		
X DOL	Amendment #				cong Nu		3				· /		+1		
X DOH	Emergency (in justification)	ncluding		Name or	f Contact					Tel	ephone Nur	nber			
DCA	Cancellation			Leigh	Van Ho	uten									
Name of Facility NAM		D1 /6		FACI	LITY INFO	DRMATI	ON	_							
Name of Facility Where A	Abatement is Taking	Place (3	5)					1 1 3	pe of Facility (4)					
Street Address	···							F	School (K-1 Subchapter		orthon V 1))			
16 Western								H	Other (i.e. p	rivate 8	commerci	al build	dings,	home	es,
City (5)			()					80	etc.) quare Feet		Floors		202(27)		
Butler								2000	000	2	Floors	1 22	ldg. <i>A</i> 50+	ige .	
County (6)					Code (7)			Cı	urrent Use (Pri	or if bei	ng demolish	ed)			
Bergen				(STATE	USE ONLY)			1	louse						
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	ΛNo.		1		Abatement Cor				3-2-5		
n/a				n/a					a Managem	ent Co	orp				
Street Address n/a							Street		7); 7, 7, 7, 4						
City, State, Zip Code									/ Lane e, Zip Code						
n/a									Park NJ 07	035					
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph			000	License N	n			_
n/a	3			n/a					7950		01193	٠.			
Start Date (10)		Schedul	ed Con	pletion	Date (11)		Name	of C	OSHA Monitor						
Sept 2, 2015		Sept 3	, 201	5			Lozr	nica	a Managem	ent Co	orp				
Occupancy Status During	g Abatement (Check	Only Or	ne)				Street								
Facility Closed/Vaca	ated During Entire Pe	eriod of	Abatem	ent					/ Lane						
Abatement Perform Other – Describe:	ed Outside of Norma	al Facility	/ Hours	i					e, Zip Code				-1-1 2		
	U.T 4 A 1 A						Linc	coln	Park NJ 07	'035				-	
Scope of Work (Check A	ii That Appiy)	-						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containme Mini-Enclosure		Negative P	ressu	re		
			, , , , , , , , , , , , , , , , , , , ,						Glovebag Prod	cedure					
			a 3						Non-Exempted	d (*) and	d Non-Friab	le Pro			
-4-000-000 45 -000-00		5330	Locati Vormal											ement pe	
Location Asbestos-Containing		Use	d Sole	ly by	Ashes		scription		erial (ACM)	Δ	mount			_	
TO BE ABA	ATED	269.25	intenar todial S			thermal	system	s ins	sulation,	(S	pecify	Re	Z	inca	Enc
In Facili (13)	ity		(12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
,		Yes	No	N/A		0.1101	, noodiidi	.,,,,,	100			/al	=	llate	ıre
Basem	ent			X	Asl	pestos	Pipe I	Insi	ulation	14	0 LF	X			
											<u> </u>	21			
												-			
Name of Registered Was	te Hauler		N	JDEP W	l /aste	Cubic	Yards		Name of	Registe	red Landfill		_		
Loznica Manageme	nt Corp		1.7/85%	auler ID		of Was			GROW						
City, State			0	03313	/	TBD	nal Det		- 2000						
Lincoln Park, NJ 070	035					TBD	sal Date		City, Stat		A 19067				
Completed by		Title					ignature	e /)		19007 Da	te			
E. Cirovic		2000	etary				0		www	1	-700	ug 24	l, 20	15	



CK 5046

Date of Notification (1) 8/24/15	.1				Building (Operator	(2)	2016 AUG	727		1=				
Agencies Notified	Type Notification		1	Street Ad 349 Cla	ddress ayton Ro	oad		r	5		<i>in</i> 7.	: 57)			
EPA DEP DOL	Initial Amended Amendment		100		te, Zip Constown N		094		41/2		1,3	-7				0
DOH DCA	justification) Cancellation		1 12	Name of Tony	Contact					Tel	ephone N	Numb	pr			
				FACIL	LITY INFO	RMA	TION									
Name of Facility Where Vacant House	Abatement is Takin	g Place (3)						-	of Facility (4	37.						
Street Address		,							School (K-1) Subchapter		er than K	-12)				
1135 N 31st Street								×	Other (i.e. p				build	ings,	home	s,
City (5)									e Feet	# 01	Floors		BI	dg. A	ge	
Camden NJ 08105		13	80					Hous	se	2			35	5 +		
County (6) Camden					Code (7) ISE ONLY)			Curre	nt Use (Prid Se	or if bei	ng demo	lished	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Aba	tement Con	tractor	(9)					
Street Address				l				Addres								
City State 7in Code								30x 32								
City, State, Zip Code								70.00	ip Code n NJ 080	91						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		1000 and \$100	none N 753-9			License 00727					
Start Date (10) 8/25/15		Schedule 8/26/15		pletion [Date (11)		Name Sam		A Monitor							
Occupancy Status Durin	ng Abatement (Ched	k Only On	e)				Street	Addres	SS	-					-	-
	cated During Entire ned Outside of Norr			ent			City, S	State, Z	ip Code		<u></u>					
Scope of Work (Check A			200										-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тпас другу)		enovat emoliti					Mir Glo	I Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					a	
		ls	Locatio	on			*							Abate	ment	
Locatio	n of	l N	lormall d Solel	у	to 10		escription	n of				-		Ту	ре	
Asbestos-Containing TO BE AB		Mai	ntenar	ice/			ntaining I al system				mount Specify		R	_	Enc	Щ
In Faci (13)	ility	Cust	odial S (12)	taff?	,	sur	facing, VA	AT, or			F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		Ulife	IIIISCEIIA	neous)					val	=	late	ure
Exterior	Siding	165	NO	X		Ev	terior Si	dina		10	200 SF	-	x			
LAterior	Sidilig						lellol Si	uirig		12	.00 31		^	-		
				-								-				
		-										_				
Name of Registered Wa	ste Hauler		l N	JDEP W	laste	Cub	ic Yards	- 14	Name of	Degist	ared Land	dfill				
United Roll Off	Ste Haulei		Н	auler ID 2459		1 1 1 1 1 1 1 1	aste		G.R.O.		Sieu Lain	um				
City, State Elm NJ	ver colored is extraored to a						osal Date	9	City, Stat Morrisv		A 19067	7				
Completed by		Title					Signatur	ē _	,			Date		- 1+1-7		
Anthony T Perna		Presi	dent					~		_		8/2	4/15	5		

Clear 14195

Date of Notification (1) 8/24/15					Building Develor			(2)		CF15	dere					
Agencies Notified	Type Notification			Street A	ddress								\$			
EPA EPA	× Initial			PO Bo						-					g)	
DEP × DOL	Amended Amendment				ite, Zip Co sex, NJ		6									
× DOH DCA	Emergency justification) Cancellation				f Contact s Santos	3				Tel	ephone N	umhr				
				FACI	LITY INFO	RMAT	ON									
Name of Facility Where	Abatement is Takir	ig Place (3)					Туре	of Facility (4)						
Street Address									School (K-1 Subchapter	A Theory or your	er than K-	12)				
1853 Compass Co	urt								Other (i.e. petc.)	rivate a	& commer	cial b	ouilo	lings,	home	es,
City (5)			79					Squar	e Feet		fFloors		I	ldg. A	ge	
Toms River								2200		2			6)		
County (6) Ocean					Code (7) USE ONLY)			Curre	nt Use (Prid	or if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Λ No.		Name	of Abat	ement Con	tractor	(9)					
					×		ABS	Envir	onmental	Serv	ices, LL	С				
Street Address								Addres	s 3, 4 E G	ate D	rive					
City, State, Zip Code								State, Zi		20.20						
D. J. M. C. M.								ilonesia serve	NJ 074	18						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			hone No 764-2:			License 703	No.				
Start Date (10) 9/2/15		Schedule 9/30/15		npletion	Date (11)		Name	of OSH	IA Monitor							
Occupancy Status Durin	g Abatement (Che						Street	Addres	s							
Facility Closed/Vac	ated During Entire	Period of A	Abaten	nent												
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours			_	City, S	State, Zi	p Code							
Scope of Work (Check A	II That Apply)									75						
≥3 sf or ≥3 lf			enova						Containme		Negative	Pres	ssur	е		
× ≥160 sf or ≥260 lf			emoli	ion				Glo	i-Enclosure vebag Proc	edure						
							×	Nor	n-Exempted	l (*) an	d Non-Fria	able I		-		
Location		0.00	Locat Vorma										-	Abate Ty	ement pe	
Asbestos-Containing		Use	d Sole	ly by	Asbes		scriptior taining N		(ACM)	А	mount				m	
TO BE AB.		1000000	odial S		(i.e.		system cing, VA		tion,		Specify or LF)		Removal	Repair	ncap	Encl
(13)			(12)				niscellar				1		loval	pair	Encapsulate	Enclosure
		Yes	No	N/A											te	
exteri	or			Х			siding			20	00 SF	х				
												1				
												_				
Name of Pagistared War	eta Haular			LIDEDIA	lanta	Cubia	Vasda		Name of	i - t -						
Name of Registered Was Freehold Cartage	ne naulei		H	IJDEP W		of Wa	Yards ste		Name of I Western							
City, State			1	5959		TBD	201 17-4-				.o Lanui					
Freehold, NJ						TBD	sal Date		City, State Birdsbo		4					
Completed by		Title				5	Signature	e []		**************************************	1	Date	_			
A. Scott Higgins		Presi	dent					W	_		8	3/24	/15			

Date of Notification (1) 8/24/15				Building (Develop			(2)	40		700			-		
Agencies Notified Type Notification			Street Ad								Ţ	7.	~ ~		
EPA Initial Amended Amendment #.			City, Sta	te, Zip Co sex, NJ		16		<u> </u>	1	ii ii			ેંઠ:		
□ Emergency (in justification) □ DCA □ Cancellation		N	Name of	Contact Santos			1.25		Tele	ephone N	umh	er			
			FACII	LITY INFO	RMAT	ION	08900	•							
Name of Facility Where Abatement is Taking	Place (3)						Туре	of Facility (4))						
Street Address 7 Hope Drive								School (K-12 Subchapter 8 Other (i.e. pri	(Othe			build	lings,	home	es,
City (5) Sayreville				4				e Feet	# of 2	Floors		B 6	ldg. A	ge	
County (6) Middlesex				Code (7) JSE ONLY)		<i>2</i>	Currer	nt Use (Prior	if beir	ng demol	ishe	3)			
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCM	No.				ement Contr			.C	V			
Street Address				(6)))		Street	Addres								
City, State, Zip Code					<u> </u>	City, S	tate, Zi	00000 101100 20000							
Project Manager for Monitoring Firm		Т	elephor	ne No.		Teleph	one No	1,		License	No.	*****			
	Scheduled 9/30/15	Com	pletion [Date (11)				A Monitor							
Occupancy Status During Abatement (Check		-				Street	Addres	S			-				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Aba I Facility H	iteme ours	ent			City, St	tate, Zip	o Code							
Scope of Work (Check All That Apply)					_						7/02	_			
23 sf or ≥3 lf ≥160 sf or ≥260 lf	- 011075	ovati				×	Mini Glov	Containmer i-Enclosure vebag Proce	dure					2	
	Is Lo	catio	n						/ 4110					ment	
Location of	Nor Used S	mally				escription					-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (1	enandial St	ce/ taff?		therma surfa	ntaining M Il systems acing, VA miscellan	s insulat T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
ovtorior	Yes 1	No	N/A			_1.01			400	20.05	_				
exterior			X			siding				00 SF	-	2			
exterior			Х			roof felt			10	0 SF	>	2			
Name of Registered Waste Hauler		250935	DEP W	맛있어면 어린	Cubic of Wa	Yards		Name of Re	egiste	red Land	fill				
Freehold Cartage		100000000000000000000000000000000000000	959	IVO.	TBD	1516		Western	Berk	s Land	fill				
City, State Freehold, NJ					Dispo TBD	sal Date		City, State Birdsboro	o, PA						
Completed by A. Scott Higgins	Title Preside	nt				Signature	1	~	-		Date 3/24				

(K#3741)

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

(.C)	1 }		(Pur	suant to	NJAC 8:50 a	12.120	"	21	ATE					
Date of Notification (1) 8/25/15			10000	ame of B Ray Ric	uilding Owner e	r/Operator	(2)		10 11	¹⁹ 27	F1.			
, 1901.0.00	pe Notification			treet Add	lress t Washingte	on Ave			:		** Z	40		
× EPA × DEP × DOL	Initial Amended Amendment #_				, Zip Code gton, New	Jersey			16	ch h	71 -	<i>ξ</i>		
☑ DOH ☐ DCA	Emergency (inc justification) Cancellation	cluding		lame of C Billy	Contact				Telepi	hone Nur	nber			
				FACILI	TY INFORMA	ATION								_
Name of Facility Where Abar Former Bank Street Address	tement is Taking F	Place (3)					Sc St	Facility (4) chool (K-12) ubchapter 8 ther (i.e. pri	(Other	than K-12	2) al buildi	nas h	ome	8
33 W. Washington Av	е						et	c.)	vale of c	JOHN NOT CE				
City (5) Washington							Square 4500	Feet	# of F	loors	50 50	ig. Ag)+	е	
County (6)				County Co	ode (7) SE ONLY)		1 2000	t Use (Prior er Bank	if being	demolish	ned)			
Warren Name of Monitoring Firm Hi	red by Building Ov	vner (8)		ASCM	No.	90 83		ement Control		3)				
Street Address						Stree	et Address	- S						
City, State, Zip Code						City,	State, Zip		722					
			1-	Talanhan	o No		phone No.			License N	No.			
Project Manager for Monitor				Telephon		732	2-294-17	757		00029				
Start Date (10) 9/3/15	1 D (2)	Schedule 9/14/15		pletion C	ate (11)	Nam	e of OSH	A Monitor						
Occupancy Status During A	Abatement (Check	Only On	e)			Stree	et Address	S						
Facility Closed/Vacate Abatement Performed Other – Describe: 7am	Outside of Norma	eriod of A Il Facility	Hours	ent		City,	State, Zip	o Code						
Scope of Work (Check All 7														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				Min X Glo	Containme i-Enclosure vebag Proc i-Exempted	edure				e	
			- 100						()			Abate	ment	
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Ma Cust	Locati Normal d Sole intena todial (12)	lly ely by nce/ Staff?	` s	Descripti Containing rmal syste surfacing, \ her miscel	Material ms insula VAT, or	(ACM)	(S	nount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
roof		Yes	No	N/A X	ro	oofing m	aterial		15	00sf	x			
outdoors		+ 1		X		sidin			50	00sf	x			
				X		floor t			1:	50sf	x			
Kitchen and		-		1										
see attached Name of Registered Waste	114		1	VJDEP W	Vaste C	ubic Yard	s	Name of	Registe	red Land	fill		1	1
Ace Insulation Co., In			F	Hauler ID	No. o	f Waste 0		Chrins						
City, State Colts Neck, New Jers	sev				1	isposal Da /14/15	ate	City, Stat Easton						
Completed by Bree McGuire		Title	etarv	Treasu	urer	Signat	ure 1 00 A	il			Date 8/25/1	5		
Diee McGuile		0001	J y		10.073		acl	1						

* Do not use this form for asbestos licensure exempted activities.

Location of	1	Locati Normal		Description of	A COLUMN TO THE PARTY OF THE PA			ype ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	CIICIOSUIE
	Yes	No	N/A			-		te	G
overhead in drive-thru			х	transite	1500sf	x	-		
windows			х	glazing	8 windows	x		1	1
upper roof			X	flashing and caulking	200lf	x			

(33 W. Washington Are Washington, N.J. Cont.)

Pg 2 0+2

2016 NUG 27 FM 7: 40

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ August 20, 2015 Notification Type Agencies Notified Street Address ■ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **D**EPA DCA ■ Amended Notification # 1 – 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL City, State, Zip Code new areas and quantity 5 ▼ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 ■ Emergency (including X DOH Name of Contact Telephone Number justification) MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) P NJ HALL, BLDG# 3014 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS # of Floors: 4 Bldg. Age: 80 years Sq. Feet: N/A City (5) County (6) County Code (7) NEW BRUNSWICK (State Use Only) Current Use (prior if being demolished): ACADEMIC MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/21/15 08/24/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf **X**Renovation Mini-Enclosure ■ Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 lf X Non-Exempted (*) and Non-Friable Procedure ls Location Normally Used Abatement Type Location of Asbestos-Containing Description of Asbestos Containing Material Amount (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO Rooms 302 & 405 240SF X X VAT Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill 08/24/15 NJDEP # 28969 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Completed by (Print or Type) August 20, 2015 RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino MANAGER

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

GAC Project # 060-15

Date of Notification (1)					Name of Building Owner/	Operator (2)				
July 21, 20)15				RUTGERS, THE ST			TY OF	- NJ		
Agencies Notified		lotification			Street Address						
□EPA	1000	☑ Initial I			ENVIRONMENTAL					2	
□ DCA		Amende			27 ROAD 1, BLDG	4086, LI	VINGST	ON C	AMPU	S	
⊠ DOL		Emerged	ency (ii	ncluding	City, State, Zip Code			***	em C.T.		
DEP- No Longer REQUIRED		justific	ation)		PISCATAWAY, NJ	08854		2 14			
⊠ DOH		Cancel	lled		Name of Contact	- 1.11.7	Telep	hone N	umber		
					MICHAEL SMITH, E		201		F > 2	, la	
				540W IT (WE	HEALTH & SAFET	<u> </u>		91	N		
Name of Facility Where Abatement	ia Takina	Dloop (2)		FACILITY INF	Type of Facility (4)			#FEB	***************************************	- 1-1	
NJ HALL, BLDG# 3014	IS TAKING	Flace (3)			School (K-12)				-5-		
					Subchapter 8 (other th	an K-12)		<u></u>	7.		
Street Address	DUID				Other (i.e. private & co		nuildinas h	omes et			
COLLEGE AVENUE CAN	PUS					of Floors					
City (5) Cou	inty (6)		County	Code (7)			-				
NEW BRUNSWICK	/IDDL	ESEX	(State I	Use Only)	Current Use (prior if being	g demolish	ned): ACA	ADEMIC			
Name of Monitoring Firm Hired by	Bldg. Owr	ner (8)	ASCM		Name of Contractor (9)						
Cardno ATC			0098	}	CDEENIMOOD ADA		CONCL		TO IN	_	
Ctrook Address					GREENWOOD ABA	IEMENI	CONSU	LIAN	15, IN	٠.	
Street Address 3 TERRI LANE					Street Address						
3 IERRI LANE					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 08016					BUTLER, NJ 07405						
Project Manager for Monitoring Fire		elephone N	lumber		Telephone Number		Licen	se Numb	er		
BRIAN KEARNY		609-386-									
					973-492-0477		0084	40			
Scheduled Start Date (10)	100		Completio	n Date (11)	Name of OSHA Monitor						
08/21/15	10	08/24/15			ENVIROVISION, INC	•					
Occupancy Status During Abater	nent (Ch	eck only o	ne)		Street Address						
□Facility Closed/Vacated During				it	20-1-10-10-10-10-10-10-10-10-10-10-10-10-						
□Abatement Performed Outside					20-21 WARGARAW	ROAD					
Describe					City, State, Zip Code						
⊠Other – Describe: Shift Ho											
	(24	hours a	s need	led)	FAIRLAWN, NJ						
Scope of Work (Check all that appl	\ <u>\</u>										
Scope of Work (Check all that appl	<u>V1</u>					Full Con	tainment v	vith Nea	ative Pr	essure	
≥ 3 sf or ≥ 3 lf				☑Renovation		Mini-En		viai ivog	auvo i i	000010	
□ ≥ 160 sf or ≥ 260) If			□ Demolition	_		ag Procedu	ıre			
				_ 200		Non-Exen	37		Friable	Procedu	ure
Location of Asbestos-Containing	Is Loca	tion Normal	lly Used	Description of Asl	pestos Containing Material	Am	nount		ment Typ		
Material (ACM) in Facility (13)		by Maint./Cu	ustodial		nal systems insulation, surfac		pecify SF	Remove	e Repair	Encan	Enclose
	Staff? (YES	12) NO	NA	VAT, or other mis	cell.)	orl	LF)	Kemov	c (topali	Litoap	Litologo
Room 302	120	X	147	VAT		12	OSF	X		1	T
		100	-	VAI		12	.001		-	1	+
		-	-						-	-	+
Name of Reg. Waste Hauler		JDEP Was	to Hauler	ID #	01: 1 (14)	F CV	Name	of Regi	etered I	andfill	
See Hauler Below #1 & 2	100	See Below		10 #	Cubic Yards of Waste:	5 CY		O.W.S.			āll
Hauler #1) Greenwood Abatemen	t Consult	tants, Inc	Butler, 1	NJ 07405		Disposal			City, Sta		M:II
NJDEP # 28969	N 6		• •			08/24/	15			w Ford I rrisville,	
Hauler #2) S TG – 58 Pyles Lane, NJ DEP # 20990	New Cas	tie, De 1972	20						19067	, is vine,	, . u
									215-736	-1700	
Completed by (Print or Type)	Title		DO 150		Signature		Date	lule: O	4 004	-	
RAYMOND C. PEDALING	6.500	NIOR P		<i>)</i> [Raymand C. Fe	dalino		July 2	1, 201	5	
	M/	ANAGER	<								



Date of Notification (1)				Building Owne			*		1000	2	7		
08117/15		17	ST	EPHEN	SC	HWE	EIGE	2					3.1
Agencies Notified Type Notification		S	treet Ac	ldress					0				1
EPA E Initial		1	182	YAUT	ACAL	J BY	Local	P13.	, h -				
		C	ity, Stat	e, Zip Code									
DEP Amended Amendment #		- \	1401	Contact	TL N	4	0704	3					
☐ Emergency (ir justification)	iciuaing	N	lame of	Contact		~		Telephone N	umber				
□ DCA □ Cancellation		1	USTI	EPHEN	SCH	WE	GER	1''					~
				ITY INFORMA									
Name of Facility Where Abatement is Taking	Place (3)					Туре	of Facility (4	4)					
VRESI DENTIAL							chool (K-1						8
Street Address								8 (Other than K- rivate & commer		iidir	200	homo	\C
~ 82 YANTACAW BROOK	P 13.						tc.)	ilvate & confine	Gai Di	mun	iys,	TOTTLE	5,
City (5)	,					Square	e Feet	# of Floors	T		g. Ag		
MONTCLAIR						V21	00 SF	: 2	1	U	75	VK	5.
County (6)				Code (7)		Currer	nt Use (Prid	or if being demol					
V ESSEX		(5	STATE L	ISE ONLY)		VP.	FSIDE	ENCE					
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	Name		ement Con						
NIA					LE	510	SERVE	CES INC.					
Street Address						Addres							
					150	به ا	APLE	AVE.					
City, State, Zip Code					City, S	State, Zi	A P L E	- West of the second					
					Int A	LLIN	10TOW	NO D	100	7			
Project Manager for Monitoring Firm		T	elephor	ne No.	Telep	hone No).	N) 03	No.				
Q 135 15			1.55					1 04	07				
	Scheduled	Com	pletion [Date (11)	Name	of OSH	A Monitor	. 0 %					-
Month of the Control	0910			, ,	1 = 0	LAU	4/	ALODIA					
Occupancy Status During Abatement (Check			12		Street	Addres	s	1200017					
					156	MAI	DEE .	9 VE.					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	enod of Ab al Facility H	ateme lours	ent		City.	State, Zi	p Code						
☐ Other – Describe:								Ny 07	007				
Scope of Work (Check All That Apply)					p- 14		, /	")	1				
	₩ Rei	novati			,	□ Full	Containm	ent with Negative	Drace	cure			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	D. # 10.00 10.00 0.00	molitic						WAAP F			,		
							vebag Prod						
	T				L	□ Nor	n-Exempted	d (*) and Non-Fri	able P			ment	-
	1	ocatio								-	Ty		8
Location of	Used	rmally Solely			Description		(4.04.0)	A		T			
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenan	ce/	Asbestos C	containing i mal system			Amount (Specify	2	0	_	Enc	m
In Facility	Custo	dial St (12)	taff?	, sı	urfacing, V	AT, or		SF or LF)	Kellova		Repair	aps	clos
(13)		(12)		oth	er miscella	neous)			DVd.		air	Encapsulate	Enclosure
	Yes	No	N/A									æ	
			W	0.74	-		~1011	150 51	- 1	-			
BASEMENT		_	X		I IN		FLIAM	The state of the s					
KITCHEW			X	LIN	OLEV	114		1605	F ×				
Name of Registered Waste Hauler		N.	JDEP W	laste Cu	ibic Yards		Name of	Registered Land	ifili				
55		Ha	auler ID	No. of	Waste								
NEWARK CARTING I	VC.	0	540	75	3	3		.O.W.S					
City, State					sposal Date		City, Stat			25			
NEWARIL NJ.				0	91001	15	MOR	RISVILLE		A			
Completed by	Title				Signatur	e de	Wa		Date		,	زيو	
LESLAU WALODILA	PILE	81 E	ぼん	T	1	- 11/10	War.		081	17	11	5	



		1000			- 10		0)		2477		110000		
Date of Notification (1)				Building O					a a .		~		
08121115			treet Ad		100	183		OFIN	巴山大比比				
Agencies Notified Type Notification		10.50						-			- 33-		
□ EPA 🖼 Initial			/ L / L	CLLI	- 60	10 /	TVF						-
□ DEP □ Amended	ш	1		e, Zip Cod			2 10						
☐ DOL Amendment ☐ Emergency (U	= W +	M K	, N	3_	0710	> 4 Telephone Nur	-6	-		
首 DOH justification)		100							I elephone Nur	nber			
□ DCA □ Cancellation		1		SEPI			21					1	
2.	- Di (2)		FACIL	ITY INFO	RMATIC		Typo	of Facility (4	\				-
Name of Facility Where Abatement is Takin							Type C	n raciity (4):				
VHOLY CROSS CEME	TERY							chool (K-12) 3 (Other than K-12	2)			
Street Address							A C	obcrapter of ther (i.e. pr	ivate & commerci	al buik	dings,	home	s,
340 RIDGE RD.							e	tc.)			2000000		2
City (5)								e Feet			ldg. A	•	
WORTH ARLINGTON	J								U 2		7	YE	74
County (6)		C	ounty C	ode (7)			Currer	nt Use (Prior	if being demolish	ned)			
BERGEN		(3	STATEU	SE ONLY)			ULE	MED	ERY ADI	NIA	215	FRA	role
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	ement Cont	ractor (9)				
NIA						LES	0	SERVI	CES INC				
Street Address						Street							
						156	MA	PLE A	4VE.				
City, State, Zip Code						City, St							
City, State, Zip Code									I NA D	70	17		
Decident Managers for Manitosing Firm		Тт	elephon	ne No		Teleph	one No	0101	License N	lo.	. /		
Project Manager for Monitoring Firm			elebilor	ie ivo.					0116				
	Scheduled		-leties F	Data (111)				A Monitor	0110	4			
Start Date (10) 08 31 15				Jale (11)		100000000000000000000000000000000000000	E (1000) (E) (10						
	03/05		٥			Street	Addros	NA	Loans				
Occupancy Status During Abatement (Chec	ck Only One)												
A Facility Closed/Vacated During Entire			ent			156	MA	PLE A	VE.				_
□ Abatement Performed Outside of Norr □ Other – Describe:	nal Facility H	ours						Code	53	. ·			
						WA	661	A O P D VA	NJ 070	5 7			
Scope of Work (Check All That Apply)													
(1) ≥3 sf or ≥3 lf	· 기계 전기 기계	novat							nt with Negative I		ire		
≥160 sf or ≥260 lf	□ Der	noliti	non			Ä	Min	i-Enclosure vebag Proc	WRAP & C	OF			
									(*) and Non-Friat	ole Pro	cedur	е	
	le Le	ocatio									Abate	ement	
# 100700 AND # 10070010 #A		rmally	22.00		Doo	adation	of				Ту	ре	
Location of Asbestos-Containing Material (ACM)	Used :	Solel	y by	Asbesto		scription aining N		(ACM)	Amount			т	*****
TO BE ABATED	Maint Custoo		100000000000000000000000000000000000000	(i.e. t		systems		tion,	(Specify	Re	Z.	nca	Enclosure
In Facility		12)	tan:			cing, VA			SF or LF)	Remova	Repair	psu	losi
(13)					Other II	liscellai	icous)			/al	-	Encapsulate	Тe
	Yes	No	N/A										
BASSIMENT			X	8	Dimo	145	41.1	. 2 14	225 LF	X			
OAST ME WI			*1		140	143	V 1 V 1	()					
											-		
×													
										174			
Name of Registered Waste Hauler		I N.	JDEP W	aste	Cubic	Yards		Name of F	Registered Landfil	1	1		
		V.55	auler ID	100	of Was	ste		925. (375)					
DEWARK CARTING INC.		0	540	9	2		- 1		O. W. 5				
City, State						sal Date		City, State					
NEW XKK, NY					091	107/	15	MORI	LISUILLE		a A		
Completed by	Title				S	ignature	?	. 1		ate			
LESLAU NALODUA	AUTE	61	DIEN	5		2	_	Noh	_	081	21/	15	
The state of the s										_			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	00	Milleri		0.7		JAC 8:60 and 5	1 6	rek its	K	50	98	*
	/	15			City of Ca	mden	\ - /					MARK
Agencies Notified	Type Notificat	ion		Sti	eet Addres	e .		9015 3110 07				
⊠ EPA ⊠ DOLWD	☐ Initial				PO Box 9			2015 AUG 27	hill.	10:	16	
☑ DOLWD	Amended				y, State, Zi							
DCA	Amendmer							A comment		: 15	. 4	
(NJAC 5:23-8)		(includ	ling		Camden, I			à Litte	14	21	-/ t.	
	☐ Cancellatio	120	The	no E	me of Conta			Telephone Nu			-	
		1120		1958	ohn Bond	d						
Name of Facility Where A	hatement in Tal	2036	301-	E F	ACILITY	INFORMATION		000 017-01		-		
SOUTH 7 th STREET	PESIDENCE	ang Pia	ice (3	3)			Type of Fac	ility (4)			-	
Street Address	KLOIDENCE	3					☐ School (I	<-12)				
	20. 0400. 040						── Subchap	ter 8 (Other than K 1	2)			
1912, 2268, 2272, 24 City (5)	20, 2422, 242	4, 242	6 24	61 Sou	th 7 th St F	Residences	homes, e	Drivate and comm	ercial	build	lings,	
Camden							Square Feet				602 14	
							Varies		- 1	Bldg	. Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)		varies		50	+	
CAMDEN				100000	m, couc	(MOTATE OSE ONLY)		(Prior if being demol	ished)		
Name of Monitoring Firm H	lired by Building	Owne	r /8\	TASCI	VI No.	1	HOUSING	G DEEMED UNSA	FE			
Health and Safety Se	ervices	, 0 11110	(0)	Section 1	100000000000000000000000000000000000000	Name of Abaten	nent Contractor	(9)				
Street Address				11	/	Controlled E	Environmenta	al Systems				
PO Box 365						Street Address						
City, State, Zip Code						1121 N. Beth	nlehem Pike -	Suite 60				
						City, State, Zip C		Cuite 00				
Berlin, NJ 08009						Spring Hous						
Project Manager for Monito	ring Firm		Te	elephone	No.	Telephone No.	SE, FA 194//					
Jim Proctor					839-2432	215 542 7000		License No.				
Start Date (10)	Sche	duled			ate (11)			00847				
8 / _28 /	15	10	/ :	30 /	15	Name of OSHA N	/lonitor					
Occupancy Status During A	hatement (Cho	ale and				CES						
Facility Closed/Vacated I	During Entire B	only	one)			Street Address		de la differencia de la companya de	-			
Abatement Performed Or	utside of Name	eriod of	Abat	ement		1121 N Bethl	ehem Pike -S	iuite 60				
Time of Abatement: 7:00	DAM-5:00PM/	II Facili	y Ho	urs - De	scribe	City, State, Zip Co						
			VI	AIM		Spring House						
cope of Work (Check all the	at apply)											
] ≥3 sf or ≥3 lf] ≥160 sf or ≥260 lf		□ Re	enova emolit	tion ion		Glovebac	Procedure	egative Pressure				
		Is	Loca	ation		⊠ Non-Exer	mpted (*) and N	on-Friable Procedur	е			
Location of		1	Vorma	ally		D			Ab	atem	nent T	vpe
Asbestos-Containing Mat	erial (ACM)	Use	d Sol	ely by	Asbes	Description of tos Containing Mat	erial (ACM)		100	_		T
TO BE ABATE! IN Facility	<u>D</u>	Cust	inten	ance/ Staff?	(i.e.	thermal systems in	nsulation	Amount	em	Repair	nca	0
(13)		Ouo	(12)			surfacing, VAT.	or	(Specify SF or LF)	Removal	₹.	psi	Eliciosure
20 20		Yes	No	N/A		other miscellaneo	ous)		-		Encapsulate	re
EE ATTACHED				10	SEE ATT	ACHED		000 1/2				
						TOTIED		200 YD per res				
				1								
me of Registered Waste Ha	auler		Ц							П	П	П
Vaste Management of	NI I		N	JDEP W		Cubic Yards of	Name of Regis	stered Landfill				
	LVJ		H	auler ID 17273	NO.	Vaste	GROWS	wirdin				
/, State					Ī	200/residenc Disposal Date						
airless Hills, PA						10/30/15	City, State					
npleted By (Print or Type)	Title						Tullytown	PA				
atricia Visco	1	fice N4	00-			Signature	11	Date	-	1	-	
11	01	fice M	anaç	jer		Fortrue	as Ilas	200 8	1	El	1-	
2					CHARLES TO SERVICE STREET		- L '66	1	8 / Can	4311 1	r. 11	